

# UNOFFICIAL COPY

No. 21191

93918402

October 10, 1993

93918402

I, ROBERT D. MICHAELS, Attorney at Law, after being duly sworn and upon oath, state that the attached documents affect the real property, commonly described as 2102 Wing Street, Rolling Meadows, Il. 60008, and legally described as follows:

Lot 332 in Rolling Meadows Units No. 2, being a Subdivision of the South 1/2 of Section 25, Township 42 North, Range 10, East of the Third Principal Meridian, in Cook County, Illinois.

. DEPT-01 RECORDINGS \$29.50  
. T37777 TRAN 0893 11/12/93 09:40:00  
. #0451 # \*-93-918402  
. COOK COUNTY RECORDER

PIN: 02-25-405-040

*Robert D. Michaels*  
Robert D. Michaels

SUBSCRIBED AND SWORN TO  
before me this 9  
day of Nov, 1993.

*Irsta M. Jimmie*  
Notary

" OFFICIAL SEAL "  
IRSTA M. JIMMIE  
NOTARY PUBLIC STATE OF ILLINOIS  
MY COMMISSION EXPIRES 7/30/96

ROBERT D MICHAELS  
780 LEE ST  
DES PLAINES, IL 60016

29.50  
6

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No. 21191

NOTICE OF PROBATE

The undersigned, Patrick J. Sheahan, was appointed representative of the estate of Eleanor Ann Sheahan, deceased, of Rolling Meadows, Illinois, on April 8, 1993, by the Circuit Court of Cook County, County Department, Probate Division (Case No. 93P-2822, Docket No. 002, Page No. 193) and is acting as representative on the date hereof.

Decedent died on February 26, 1993, owning real estate legally described on Exhibit A made a part of this notice with the Permanent Real Estate Index No. and the extent of decedent's interest, if other than total, indicated thereon.

The street address of the real estate is 2102 Wing, Rolling Meadows, Illinois.

\* \* \*

RELEASE OF ESTATE'S INTEREST IN REAL ESTATE UNDER INDEPENDENT ADMINISTRATION

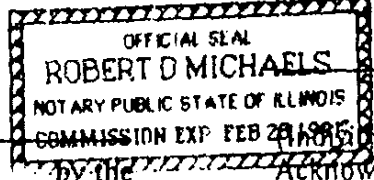
The undersigned independent representative releases the estate's interest in the above real estate and confirms that title passed at decedent's death to the following heirs or legatees:

Name	Address	Share
Patrick J. Sheahan	1910 W. First Street, Davenport, Iowa	One-Third (1/3)
Michael J. Sheahan	2102 Wing, Rolling Meadows, IL	One-Third (1/3)
Christopher J. Sheahan	2102 Wing, Rolling Meadows, IL	One-Third (1/3)

Dated: 11-9-93

X Patrick J. Sheahan (Representative)

Address: 1910 W. First Street, Davenport, Iowa 52802



(Corporate Acknowledgment) Acknowledged before me this day of 1993, signed, duly authorized officer of the corporation as its

(Individual Acknowledgment) Acknowledged before me this day of 1993. (Notary Public)

This instrument was prepared by and should be mailed to: Robert D. Michaels, 780 Lee St., S-108, Des Plaines, IL. 60016

03915102

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9 3 7 1 5 1 0 2

Lot 332 in Rolling Meadows Units No. 2, being a subdivision of the South one-half (1) of Section 25, Township 42 North, Range 10, East of Third Principal Meridian, in Cook County, Illinois

PIN: 02-25-405-040

Property of Cook County Clerk's Office

93915102

# UNOFFICIAL COPY

No. 21191

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS  
COUNTY DEPARTMENT - PROBATE DIVISION

ESTATE OF:	)	No.	
	)	Docket	
ELEANOR ANN SHEAHAN,	)	Page	002
	)		193
Deceased	)		

PATRICK J. SHEAHAN, on oath states:

1. The decedent, ELEANOR ANN SHEAHAN, died at Rolling Meadows, Illinois, on February 26, 1993 at the age of 59 years.

2. I am of legal age. I reside at 1910 W. First Street in Davenport Iowa. I am a son of the decedent.

3. The decedent was married once and only once to JAMES T. SHEAHAN. The marriage between ELEANOR ANN SHEAHAN and JAMES T. SHEAHAN was terminated by divorce in 1978.

4. The following children and no others were born to or adopted by the decedent:

Name of Child

PATRICK J. SHEAHAN, an adult, married to DIANA SHEAHAN;

MICHAEL J. SHEAHAN, an adult, unmarried; and

CHRISTOPHER J. SHEAHAN, an adult, unmarried.

5. Based on the foregoing, decedent left surviving as her only heirs the following, all of whom survived the decedent, and, in the absence of an indication to the contrary, are of legal age, are mentally competent, and, if children, are natural children:

PATRICK J. SHEAHAN  
MICHAEL J. SHEAHAN  
CHRISTOPHER J. SHEAHAN

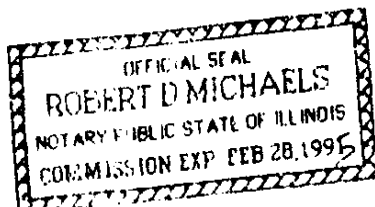
*Patrick J. Sheahan*  
\_\_\_\_\_  
PATRICK J. SHEAHAN

93918-402

SUBSCRIBED AND SWORN TO  
before me this 25  
day of SEPTEMBER, 1993.

*Robert D. Michaels*  
\_\_\_\_\_  
Notary

ROBERT D. MICHAELS, #21191  
Attorney for Representative  
780 Lee Street, S-108  
Des Plaines, Il. 60016  
708/824-6564



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DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16883	STATE OF ILLINOIS		STATE FILE NUMBER
<b>MEDICAL CERTIFICATE OF DEATH</b>				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME FIRST MIDDLE LAST	SEX	DATE OF DEATH MONTH DAY YEAR	
	Eleanor A. Sheahan	2 Female	3 February 26, 1993	
	COUNTY OF DEATH	AGE-LAST BIRTHDAY (YRS) MCS DAYS	UNDER 1 YEAR UNDER 1 DAY	DATE OF BIRTH MONTH DAY YEAR
	4 Cook	5a 59 5b	5c	5d October 19, 1933
	CITY TOWN TWP OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER GIVE STREET AND NUMBER)		# HOSP OR INST. INDICATE S.O.A. OF FEMER RM. INPATIENT (SPECIFY)
A	6a Arlington Heights	6b Northwest Community Hospital		6c Inpatient
DECEASED	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)	
	7 Chicago, IL	8a Divorced	8b None	
B	SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONE) HIGHEST GRADE COMPLETED
C	10 349-26-6567	11a Accountant	11b Military Defense	12 12
D	RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO) COUNTY
E	13a 7102 Wing St.		13b Rolling Meadows	13c Yes 13d Cook
	STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES. IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
	13e Illinois	13f 60008	14a White	14b NO YES SPECIFY
PARENTS	FATHER-NAME FIRST MIDDLE LAST	MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST		
	15 Not Available	16 Eleanor Gleason		
	INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR P.O. BOX) CITY OR TOWN STATE ZIP	
1	17a Patrick J. Sheahan	17b Son	17c 1910 W. First St., Davenport, IA 52802	
2	18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.			
3	Immediate Cause (Final disease or condition resulting in death) (a) Acute Myocardial Infarction			
	DUE TO, OR AS A CONSEQUENCE OF (b) Coronary Artery Disease			
CAUSE	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (c)			
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I			
4	Acute Right Hemiplegia; Diabetic Mellitus			
5	DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	AUTOPSY (YES/NO)	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? (YES/NO)
N	20a	20b	19a No	19b
P	19. (1) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH
	21a 2/25/93		21b No	21c 12:28 P.M.
	22. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.			DATE SIGNED (MONTH DAY YEAR)
CERTIFIER	22a SIGNATURE	22b 2/26/93		
	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER	
	22c L. D. ANAGNOSTOPOULOS 1614 W. CENTRAL, ARLINGTON HGTs IL 60005		22d 03 6-040097	
	23. NOTE: IF AN ANATOMY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED			
DISPOSITION	BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME	LOCATION CITY OR TOWN STATE	DATE (MONTH DAY YEAR)
	24a Burial	24b Arl. Hts./Wheeling Twp.	24c Arlington Heights, IL	24d March 3, 1993
	FUNERAL HOME NAME	STREET AND NUMBER OR P.O. BOX CITY OR TOWN STATE ZIP		
	25a MATZ FUNERAL HOME	410 East Rand Rd. Mount Prospect, Illinois 60056		
	FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S LICENSE NUMBER		
	25b Fred R. Corban, Jr.	25c 034-010713		
	LOCAL REGISTRAR'S SIGNATURE	DATE OF LOCAL REGISTRATION (MONTH DAY YEAR)		
	26a Karen L. Scott, M.D.	26b March 1, 1993		
	REGISTRAR			

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named as Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE MARCH 1, 1993

SIGNED *C. Lavinia Brown*

AT EVANSTON

LOCAL REGISTRAR

Illinois OFFICIAL TITLE

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.