

STATE OF ILLINOIS)
COUNTY OF COOK)

AFFIDAVIT OF HEIRSHIP

JOANNE M. SHINNICK, being duly sworn on oath, states:

1. That she personally knew the Deceased, is of legal age and resides at 3822 S. Union, Chicago, Illinois.

2. That the decedent, George W. Shinnick, Jr., died on May 18, 1992 and at the time of his death was a widower and a resident of Chicago, Illinois, County of Cook.

3. That decedent's spouse namely: Celine (Dougherty) Shinnick predeceased decedent on July 6, 1988.

4. That George W. Shinnick, Jr., and Celine (Dougherty) Shinnick were married only once to each other.

5. Nine children were born of the marriage of George W. SHINNICK, Jr. and Celine (Dougherty) Shinnick, namely:

- THOMAS J. SHINNICK (Divorced - Donna Friari)
- NADINE S. PERMINAS (Married - David Perminas)
- TERRENCE G. SHINNICK (Married - Suzanne McElmeel)
- TIMOTHY M. SHINNICK (Married - LuAnne Pech)
- CELINE S. FLYNN (Married - Michael Flynn)
- GEORGE W. SHINNICK III (Married - Kimberly Schaller)
- MICHAEL K. SHINNICK (Bachelor)
- KATHLEEN S. DUDDLESTON (Married - Thomas Duddelston)
- JOANNE M. SHINNICK (Spinster)

6. Neither CELINE SHINNICK nor GEORGE W. SHINNICK, JR., adopted any children nor had any children outside the marriage.

7. That decedent owned 1/2 the property located at 3758 South Union, Chicago, Illinois.

8. That decedent died intestate.

93030198

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Handwritten initials/signature

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9. That based on the foregoing, the decedent left surviving
as her heirs the following:

THOMAS J. SHINNICK
NADINE S. PERMINAS
TERRENCE G. SHINNICK
TIMOTHY M. SHINNICK
CELINE S. FLYNN
GEORGE W. SHINNICK III
MICHAEL K. SHINNICK
KATHLEEN S. DUDDLESTON
JOANNE M. SHINNICK

AND FURTHER AFFIANT SAYS NAUGHT.

Joanne M. Shinnick

JOANNE M. SHINNICK

Subscribed and Sworn to before me
this 7th day of March, 1992.

Maureen Dallyak

Notary Public
NOTARY PUBLIC STATE OF CALIFORNIA
COMMISSION NO. 123456789
EXPIRES 12/31/95

County Clerk's Office

93050198

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Property of Cook County Clerk's Office

21000 10/10/10
JANUARY 10 10 10
2650 W. 13TH ST
CHICAGO, IL 60602



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88109086

please return to:

ADRIENNE B. HENNINGER
2550 W. 95TH ST
CHICAGO, IL 60642

Property of Cook County Clerk's Office

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STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
613536

July 8, 1988.

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, LONNIE C. EDWARDS M.D. M.P.A.,
LOCAL REGISTRAR OF VITAL STATISTICS
OF THE CITY OF CHICAGO, DO HEREBY
CERTIFY THAT I AM THE KEEPER OF
THE RECORDS OF BIRTHS, STILLBIRTHS
AND DEATHS OF THE CITY OF CHICAGO
BY VIRTUE OF THE LAWS OF THE
STATE OF ILLINOIS AND THE
ORDINANCES OF THE CITY OF CHICAGO.
THAT THE ACCOMPANYING CERTIFICATE
ON THIS SHEET IS A TRUE COPY AS A
RECORD KEPT BY ME IN PURSUANCE OF
SAID LAWS AND ORDINANCES.

Set notes



THIS CERTIFIED COPY VALID
WHEN MULTICOLOR SEAL AND
BLUE SIGNATURE ARE AFFIXED

REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS	613536
DECEASED - NAME CELINE SHINNICK	SEX FEMALE	DATE OF DEATH 3. JULY 6, 1988
1. RACE (WHITE, NEGRO, INDIAN, ETC.) WHITE	DATE OF BIRTH (MO., DAY, YEAR) AUGUST 1927	COUNTY OF DEATH Cook
2. CITY, TOWN, VILLAGE, OR ROAD DISTRICT NUMBER Chicago	IF DECEASED IN HOSPITAL OR OTHER INSTITUTION, GIVE NAME AND NUMBER OF HOSPITAL OR INSTITUTION (IF IN A HOSPITAL, GIVE HOSPITAL DEPARTMENT) MERCY HOSPITAL & MEDICAL CENTER	76. IF DECEASED IN HOSPITAL OR OTHER INSTITUTION, GIVE NAME AND NUMBER OF HOSPITAL OR INSTITUTION (IF IN A HOSPITAL, GIVE HOSPITAL DEPARTMENT) MERCY HOSPITAL & MEDICAL CENTER
3. CITIZENSHIP (IF NOT IN U.S.A.) USA	11. NAME OF SURVIVING SPOUSE (MARRIED, WIDOWED, DIVORCED) GEORGE SHINNICK	77. NAME OF SURVIVING SPOUSE (MARRIED, WIDOWED, DIVORCED) GEORGE SHINNICK
4. SOCIAL SECURITY NUMBER 325-20-7340	12. KIND OF BUSINESS OR INDUSTRY OWN HOME	13. WAS DECEASED EVER IN U.S. ARMY OR NAVY OR MARINE CORPS? NO
5. RESIDENCE - STREET AND NUMBER 3822 S UNION	13a. HOME ADDRESS (STREET AND NO., CITY, TOWN, VILLAGE, OR ROAD DISTRICT NO., ZIP CODE) CHICAGO	13b. NONE
6. FATHER - NAME MICHAEL DOUGHERTY	14. MOTHER - MAJOR NAME ALICE BARDET	STATE ILLINOIS
7. RELATIONSHIP TO DECEASED HOSPITAL ADMITTING CLERK	15. MAILING ADDRESS (STREET AND NO., R.F.D., CITY OR TOWN, STATE, ZIP CODE) STEVENSON EXPY AT KING DRIVE	
8. DEATH WAS CAUSED BY: HEPATIC FAILURE	16. DEATH WAS CAUSED BY: HEPATIC FAILURE	
9. ICD-9 CODE 57.1	17. ICD-9 CODE 57.1	
10. DATE OF OPERATION, IF ANY JULY 6, 1988	18. MAJOR FINDINGS OF OPERATION CARCINOMA OF PANCREAS W/ LIVER FAILURE	19. AUTOPSY (YES/NO) NO
20. DATE OF OPERATION, IF ANY JULY 6, 1988	21. HOUR OF DEATH 11:45 A.M.	20b. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO
21. NAME AND ADDRESS OF CERTIFIER Lester Subramanian	22. DATE SIGNED (MO., DAY, YEAR) JULY 6, 1988	22a. ILLINOIS LICENSE NUMBER 22b. J6-41610
22. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER Seshan Subramanian MD 3303 S HALSTED CHICAGO, ILL 60608	23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER Seshan Subramanian MD 3303 S HALSTED CHICAGO, ILL 60608	
23. BURIAL CREMATION BURIAL	24. CEMETERY OR CREMATION PLACE Holy Sepulchre	24a. CITY OF TOWN North Illinois
24. FUNERAL HOME McKeon Funeral Home	25. FUNERAL DIRECTOR'S SIGNATURE Margaret C. McKeon	24b. CITY OR TOWN North Illinois
25. LOCAL REGISTRAR'S SIGNATURE Lester Subramanian	26. DATE REC'D BY LOCAL REGISTRAR JUL 8 1988	25a. FUNERAL DIRECTOR'S BUSINESS LICENSE NUMBER 6127
26. ILLINOIS DEPARTMENT OF PUBLIC HEALTH	27. ILLINOIS DEPARTMENT OF PUBLIC HEALTH	26a. DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR) JUL 8 1988