

# UNOFFICIAL COPY

## AFFIDAVIT OF HEIRSHIP

William McKeown, hereinafter referred to as affiant, states under oath that he resides at 2055 West 50<sup>th</sup> St, Chicago, Illinois; that he provides this affidavit of heirship to PNTN, Three First National Plaza Suite 1400, Chicago, Illinois for decedent and title holder of record Mary Lou McKeown for real property commonly known as 2055 W. 50<sup>th</sup> St, Chicago, Illinois. The affiant further states that the decedent Mary Lou McKeown was his mother and that the decedent died on August 26, 1997 (death certificate attached), and

The decedent was married once and then to Robert R. McKeown who predeceased the decedent on January 5, 1979 (death certificate attached).

That of this marriage 4 children were

born:

|                   |             |
|-------------------|-------------|
| William T McKeown | 346-46-7167 |
| Kelly A McKeown   | 346-46-7207 |
| Kathleen McKeown  | 318-54-6670 |
| Janet Scheld      | 322-60-8117 |

That this is not homestead property and further that these four named and unduly are the sole heirs of Mary Lou McKeown without prejudice to the contrary and further that they are of sound mind and of legal age.

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That the decedent had no other children  
That a will was ~~filed~~ executed; dequy testat,  
but no probate was opened.



MAIL TO:  
WILLIAM PARKER  
122 MICHIGAN  
CHICAGO, IL. 60602

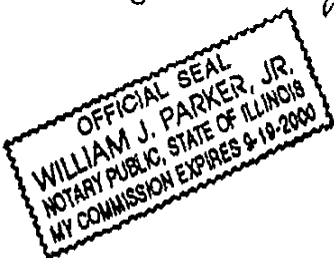
✓ William F McKean  
William F McKean  
William F McKean

PROFESSIONAL NATIONAL  
TITLE NETWORK, INC.

Signed & sworn  
28<sup>th</sup> day of April 1998

William J. Parker, Jr.

William J. Parker, Jr.



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## LEGAL DESCRIPTION

LOT 4 IN THE RESUBDIVISION OF LOTS 41 TO 50, BOTH INCLUSIVE, IN BLOCK 58 IN CHICAGO UNIVERSITY SUBDIVISION IN THE NORTHWEST 1/4 OF SECTION 7, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N.# 20-07-125-002

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STATE FILE NUMBER

STATE OF ILLINOIS

## MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO 16:33  
 REGISTERED NUMBER 594

|  |   |  |  |  |   |
|--|---|--|--|--|---|
| 1. DECEASED-NAME<br><b>MARY COOK</b>   | FIRST<br><b>MARY</b>  | MIDDLE<br><b>I.</b>  | LAST<br><b>MC KEOWN</b>  | SEX<br><b>FEMALE</b>   | DATE OF DEATH (MONTH DAY YEAR)<br><b>3 AUGUST 26, 1997</b>  |
| 2. COUNTY OF DEATH<br><b>COOK</b>  | 3. AGE - LAST BIRTHDAY (YRS) MO'S DAY<br><b>59 50</b>   | 4. UNDER 1 YEAR (DAYS) 5C<br><b>50</b>   | 5. UNDER 1 DAY (HOURS) 5D<br><b>50</b>   | 6. DATE OF BIRTH (MONTH DAY YEAR)<br><b>30 November 14, 1937</b>   | 7. IF HOSP. OR INST. INDICATE DOA OF EMPER. FOR IMPATIENT (SPECIFY)<br><b>EMER RM.</b>            |
| 8. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER<br><b>Evergreen Park</b>                     | 9. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER GIVE STREET AND NUMBER)<br><b>Little Company of Mary Hospital</b>                     | 10. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)<br><b>None</b>  | 11. WAS DECEASED DETENTIVE OR AMBIGUOUS (YES/NO)<br><b>9</b>   | 12. HIGHEST GRADE COMPLETED (Elementary School (0-8))<br><b>12</b> | 13. COUNTY<br><b>Cook</b>   |
| 14. SOCIAL SECURITY NUMBER<br><b>361-28-8118</b>   | 15. USUAL OCCUPATION<br><b>11a Clerk</b>  | 16. KIND OF BUSINESS OR INDUSTRY<br><b>11b Astra Ind</b>   | 17. CITY, TOWN, TWP. OR ROAD DISTRICT NO<br><b>Chicago</b>   | 18. EDUCATION (SPECIFY)<br><b>12</b>                               | 19. COUNTY<br><b>Cook</b>   |
| 18a. RESIDENCE (STREET AND NUMBER)<br><b>2055 W 50th St.</b>                             | 18b. RACE (WHITE, BLACK, AMERICAN INDIAN, OTHER)<br><b>WHITE</b>  | 18c. OF HISPANIC ORIGIN? (YES OR NO) (YES) SPECIFY:<br><b>14b (X) NO</b>   | 18d. MOTHER-NAME FIRST, MIDDLE, LAST<br><b>Marion Sheehan</b>  | 19a. AUTOPSY (YES/NO)<br><b>NO</b>                                 | 19b. IF FEMALE, WAS THERE A QUINCY IN PAST THREE MONTHS?<br><b>YES/NO</b>                         |
| 19. STATE<br><b>Illinois</b>   | 20. ZIP CODE<br><b>60609</b>  | 21. RELATIONSHIP<br><b>17b Son</b>   | 22. MAILING ADDRESS (STREET AND NO. OR R.T.D. CITY OR TOWN STATE ZIP)<br><b>2055 W 50th St. Chi Ill.</b> | 23. HOUR OF DEATH<br><b>4:56 PM</b>                                | 24. DATE SIGNED (MONTH DAY YEAR)<br><b>28 August 1997</b>   |
| 23. FATHER-NAME FIRST, MIDDLE, LAST<br><b>Francis Smalley</b>                            | 24. IMMEDIATE CAUSE (Final disease or condition resulting in death)<br><b>(a) Myocardial infarction</b>                                       | 25. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST<br><b>(b) vascular disease<br/>(c) diabetes mellitus</b> | 26. MAJOR FINDINGS OF OPERATION<br><b>Coronary heart failure</b>   | 27. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>                | 28. NOTE IF AN INQUIRY WAS INVOLVED IN THIS DEATH (CONTACT FOR MEDICAL EXAMINER MUST BE NOTIFIED) |
| 25. INFORMANT'S NAME (TYPE OR PRINT)<br><b>William Mc Keown</b>                          | 26. DATE OF OPERATION, IF ANY<br><b>8-25-97</b>   | 27. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED<br><b>At home, South Side, Ill</b>            | 28. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)<br><b>Thomas McInerneys Jones P.H.</b>                 | 29. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>                | 30. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>  |
| 26. BIRTHDAY (MONTH DAY YEAR) AND LAST SAW HIM (EVALUATE ON)<br><b>8-25-97</b>           | 27. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED<br><b>At home, South Side, Ill</b> | 28. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)<br><b>Thomas McInerneys Jones P.H.</b>   | 29. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>  | 30. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>                 | 31. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>   |
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| 69. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>                                      | 70. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>  | 71. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>  | 72. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>   | 73. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>                | 74. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>  |
| 70. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>                                       | 71. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>   | 72. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>   | 73. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>  | 74. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>                 | 75. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>   |
| 71. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>                                      | 72. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>  | 73. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>  | 74. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>   | 75. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>                | 76. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>  |
| 72. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>                                       | 73. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>   | 74. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>   | 75. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>  | 76. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>                 | 77. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>   |
| 73. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>                                      | 74. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>  | 75. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>  | 76. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>   | 77. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>                | 78. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>  |
| 74. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>                                       | 75. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>   | 76. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>   | 77. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>  | 78. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>                 | 79. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>   |
| 75. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>                                      | 76. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>  | 77. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>  | 78. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>   | 79. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>                | 80. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>  |
| 76. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>                                       | 77. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>   | 78. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>   | 79. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>  | 80. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>                 | 81. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>   |
| 77. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>                                      | 78. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>  | 79. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>  | 80. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>   | 81. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>                | 82. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>  |
| 78. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>                                       | 79. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>   | 80. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>   | 81. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>  | 82. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>                 | 83. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>   |
| 79. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>                                      | 80. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>  | 81. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>  | 82. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>   | 83. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>                | 84. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>  |
| 80. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>                                       | 81. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>   | 82. DATE (MONTH DAY YEAR)<br><b>28 August 1997</b>   | 83. ILLINOIS LICENSE NUMBER<br><b>228 636 06036</b>  | 84. DATE (MONTH  |   |

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REGISTERED NUMBER

DECEASED NAME Robert

SEX Male

DATE OF BIRTH (MO. DAY, YEAR) Jan 16, 1930

DATE OF DEATH (MO. DAY, YEAR) January 5th, 1979

CITY OF DEATH Chicago

RACE (WHITE, BLACK, AMERICAN INDIAN, NATIVE HAWAIIAN, PACIFIC ISLANDER)

ORIGIN OR DESCENT American

AGE - LAST BIRTHDAY (YEARS, MONTHS, DAYS) 48

HOSPITAL OR OTHER INSTITUTION Mercy Hospital

DATE OF BIRTH (MO. DAY, YEAR) Jan 16, 1930

CITIZENSHIP (CITIZEN, NATURALIZED CITIZEN, ALIEN)

UNITED STATES

HOSPITAL OR OTHER INSTITUTION Mercy Hospital

DATE OF BIRTH (MO. DAY, YEAR) Jan 16, 1930

CITY OF DEATH Chicago

STATE OF BIRTH (IF NOT IN ILLINOIS)

UNited States

HOSPITAL OR OTHER INSTITUTION Mercy Hospital

DATE OF BIRTH (MO. DAY, YEAR) Jan 16, 1930

CITY OF DEATH Chicago

SOCIAL SECURITY NUMBER

334-24-4564

HOSPITAL OR OTHER INSTITUTION Mercy Hospital

DATE OF BIRTH (MO. DAY, YEAR) Jan 16, 1930

CITY OF DEATH Chicago

RESIDENCE (STREET AND NUMBER)

633 W. 48th St

HOSPITAL OR OTHER INSTITUTION Mercy Hospital

DATE OF BIRTH (MO. DAY, YEAR) Jan 16, 1930

CITY OF DEATH Chicago

FATHER NAME

James

HOSPITAL OR OTHER INSTITUTION Mercy Hospital

DATE OF BIRTH (MO. DAY, YEAR) Jan 16, 1930

CITY OF DEATH Chicago

MOTHER NAME

Mckeown

HOSPITAL OR OTHER INSTITUTION Mercy Hospital

DATE OF BIRTH (MO. DAY, YEAR) Jan 16, 1930

CITY OF DEATH Chicago

DEATH WAS CAUSED BY

1. (a) *Chronic hepatic failure following hepatic metastasis*

HOSPITAL OR OTHER INSTITUTION Mercy Hospital

DATE OF BIRTH (MO. DAY, YEAR) Jan 16, 1930

CITY OF DEATH Chicago

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

(b) *Chronic Hepatic failure following hepatic metastasis*

HOSPITAL OR OTHER INSTITUTION Mercy Hospital

DATE OF BIRTH (MO. DAY, YEAR) Jan 16, 1930

CITY OF DEATH Chicago

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH (PART I).

(c) *None*

HOSPITAL OR OTHER INSTITUTION Mercy Hospital

DATE OF BIRTH (MO. DAY, YEAR) Jan 16, 1930

CITY OF DEATH Chicago

ACCIDENT INQUIRY (YES OR NO)

Yes

HOSPITAL OR OTHER INSTITUTION Mercy Hospital

DATE OF BIRTH (MO. DAY, YEAR) Jan 16, 1930

CITY OF DEATH Chicago

PLACE OF INJURY (STREET AND NUMBER)

201. Chicago Board of Education

HOSPITAL OR OTHER INSTITUTION Mercy Hospital

DATE OF BIRTH (MO. DAY, YEAR) Jan 16, 1930

CITY OF DEATH Chicago

DATE OF INJURY (MONTH, DAY, YEAR)

ago

HOSPITAL OR OTHER INSTITUTION Mercy Hospital

DATE OF BIRTH (MO. DAY, YEAR) Jan 16, 1930

CITY OF DEATH Chicago

LOCATION (CITY AND STATE)

Chicago, Cook, Illinois

HOSPITAL OR OTHER INSTITUTION Mercy Hospital

DATE OF BIRTH (MO. DAY, YEAR) Jan 16, 1930

CITY OF DEATH Chicago

DATE DECEDENT WAS PRONOUNCED DEAD

January 5th, 1979

HOSPITAL OR OTHER INSTITUTION Mercy Hospital

DATE OF BIRTH (MO. DAY, YEAR) Jan 16, 1930

CITY OF DEATH Chicago

DATE SIGNED

8:20p.

HOSPITAL OR OTHER INSTITUTION Mercy Hospital

DATE OF BIRTH (MO. DAY, YEAR) Jan 16, 1930

CITY OF DEATH Chicago

DECEASED NAME

ROBERT H. KIRSCHNER, M.D.

HOSPITAL OR OTHER INSTITUTION Mercy Hospital

DATE OF BIRTH (MO. DAY, YEAR) Jan 16, 1930

CITY OF DEATH Chicago

PLACE OF INJURY (STREET AND NUMBER)

St. Mary's

HOSPITAL OR OTHER INSTITUTION Mercy Hospital

DATE OF BIRTH (MO. DAY, YEAR) Jan 16, 1930

CITY OF DEATH Chicago

LOCATION (CITY AND STATE)

Evergreen Park, Ill

HOSPITAL OR OTHER INSTITUTION Mercy Hospital

DATE OF BIRTH (MO. DAY, YEAR) Jan 16, 1930

CITY OF DEATH Chicago

DATE SIGNED

FEB 8 1979

HOSPITAL OR OTHER INSTITUTION Mercy Hospital

DATE OF BIRTH (MO. DAY, YEAR) Jan 16, 1930

CITY OF DEATH Chicago

LOCAL REGISTRAR'S SIGNATURE

*Thomas E. Brown*

HOSPITAL OR OTHER INSTITUTION Mercy Hospital

DATE OF BIRTH (MO. DAY, YEAR) Jan 16, 1930

CITY OF DEATH Chicago

DATE SIGNED

FEB 8 1979

HOSPITAL OR OTHER INSTITUTION Mercy Hospital

DATE OF BIRTH (MO. DAY, YEAR) Jan 16, 1930

CITY OF DEATH Chicago

STATE OF ILLINOIS

COUNTY OF COOK

CITY OF CHICAGO

MARCH 6, 1979

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO } SS

I, Murray C. Brown, M.D. 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.

*Murray C. Brown*  
Murray C. Brown, M.D.  
Local Registrar of Vital Statistics  
City of Chicago

This Certified Copy VALID  
When MULTICOLOR SEAL And  
BLUE SIGNATURE Are Affixed.



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