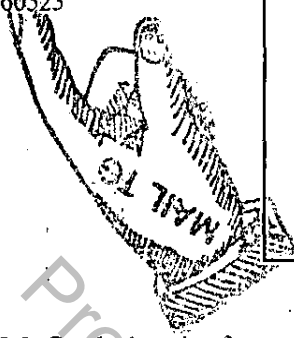


MAIL TO:  
Michael E. Webster  
WEBSTER & SCHELLI  
1301 W 22nd Street  
Suite 705  
Oak Brook, Illinois 60523

99496488

5248/0001 10 001 Page 1 of 3  
1999-05-24 08:57:10  
Cook County Recorder 25.50



(The above space for recorder's use only)

James P. McGrath hereinafter referred to as the affiant deposes and states that the affiant resides at 4710 N. Leamington, Chicago, Illinois;

That the decedent, Mary Alice Delaney, at the time of her death was one of the owners of the property in Cook County, Illinois, legally described as follows:

LOT 7 IN BLOCK 8 IN ROBERT'S MILWAUKEE AVENUE SUBDIVISION OF LOTS 5 AND 10 OF THE SUBDIVISION OF THAT PART WEST OF MILWAUKEE OF MILWAUKEE AVENUE OF LOT 5 IN SCHOOL TRUSTEES' SUBDIVISION OF SECTION 16, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT THE NORTH 1 1/2 RODS AND SOUTH 4 RODS OF SAID LOT 5), IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number(s): 13-16-121-008-0000

Address: 5245 W. Windsor, Chicago, Illinois 60630

That said decedent died on APRIL 26, 1990, without a Will.

That said decedent's death certificate is attached;

That the total value of the probatable estate of said decedent including her taxable interest in the above real estate is less than \$50,000.00;

That no Illinois Inheritance Tax and no Federal Estate Tax were due from the decedent's estate.

DATED this 27TH day of APRIL, 1999.

James P. McGrath  
James P. McGrath

Unit A S15616490 183  
SASA DIVISION OF INTERCOUNTY

Property of Cook County Clerk's Office

*Handwritten initials*

# UNOFFICIAL COPY

STATE OF ILLINOIS     )  
                                  )     SS.  
COUNTY OF DUPAGE    )

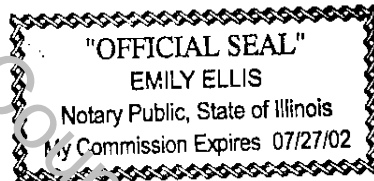
The undersigned, a notary public in and for the above county and state, certifies that James P. McGrath known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me in person and acknowledged that she signed, sealed and delivered the instrument as her free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and notary seal this

27TH day of APRIL, 1999.

Emily Ellis  
Notary Public

My commission expires: 07/27/02



994966488

UNOFFICIAL COPY

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10

STATE FILE NUMBER 245

APR 27 1990

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

SS

DECEASED NAME: FIRST MARY, MIDDLE DELANEY, LAST DELANEY

1. MARY ALICE DELANEY

CITY OF DEATH: COUNTY OF COOK, CITY OF CHICAGO

DATE OF DEATH: APRIL 26, 1990

SEX: FEMALE

AGE - LAST BIRTHDAY (YRS): 73

DATE OF BIRTH: APRIL 26, 1990

UNDER 1 DAY: HOURS 5c, MIN 5c

DATE OF DEATH: APRIL 26, 1990

2. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED

8a. MARRIED

USUAL OCCUPATION: Home Maker

11a. Home Maker

8b. JAMES A. Delaney

NAME OF SURVIVING SPOUSE (INCLUDE NAME, IF WIFE)

11b. At Home

KIND OF BUSINESS OR INDUSTRY

12. 12

EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

9. No

WAS CEASED EVER IN US ARMED SERVICES? (YES/NO)

13d. COOK

COUNTY

13e. IL

ZIP CODE

14a. WHITE

RACE (WHITE, BLACK, AMERICAN INDIAN, OR OTHER)

14b. KINO / YES

OF THIS PANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PORTUGUESE, ETC.)

16. Alice M. Carey

MOTHER - NAME

17a. HOSP' REC

RELATIONSHIP

17b. 17c7435 W TALCOTT CHICAGO, IL 60631

MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP)

18. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or asphyxiation. List only one cause of death.

ACUTE NECROTIZING ENTEROCOLITIS ETIOLOGY UNDETERMINED 11 DAYS

Immediate Cause (Final disease or condition resulting in death)

(a) DUE TO, OR AS A CONSEQUENCE OF

(b) DUE TO, OR AS A CONSEQUENCE OF

(c) DUE TO, OR AS A CONSEQUENCE OF

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

20a. APRIL 15, 1990

DATE OF OPERATION, IF ANY

20b. BLOWOUT DUE DENAL STUMP

MAJOR FINDINGS OF OPERATION

21a. APRIL 26, 1990

DATE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

22a. SIGNATURE: *Robert Mutterperl*

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)

22c. TASSOS P NASSOS MD 7435 W TALCOTT CHICAGO, IL 60631

23. ROBERT MUTTERPERL D.O.

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

24a. Burtal

SEMETERY OR CREMATORY - NAME

24b. Meryhill

24c. Niles, Illinois

CITY OR TOWN

STATE

24d. Chicago, Illinois

CITY OR TOWN

STATE

25a. John V May, Inc. 4553-61 Milwaukee Ave. Chicago, Illinois 60630

FUNERAL DIRECTOR'S SIGNATURE

25b. *Robert J. Schubbe*

LOCAL REGISTRAR'S SIGNATURE

25c. 6500

DATE OF LOCAL RECORDING (MONTH, DAY, YEAR)

APR 27 1990



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

99496488