

FEB 14 1986
STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

L. 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.

LOCAL REGISTRAR
L. Lonnie C. Edwards M.D. M.P.A.

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

STATE FILE NUMBER
6033390

DATE OF DEATH
2/12/86

DECEASED NAME
Robert A. Shea

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER
DECEASED NAME

1. RACE (WHITE, BLACK, AMERICAN INDIAN, NATIVE ALASKAN, HISPANIC, OTHER) **White**
 2. SEX **Male**
 3. DATE OF BIRTH (MO., DAY, YEAR) **May 12, 1927**
 4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Chicago**
 5. CITIZENSHIP (U.S.A., FOREIGN) **U.S.A.**
 6. HOSPITAL OR OTHER INSTITUTION (NAME, ADDRESS, CITY, STATE) **Letter Carrier**
 7. NAME OF SURVIVING SPOUSE (NAME, ADDRESS, CITY, STATE) **Marice Simmons**
 8. SOCIAL SECURITY NUMBER **359-18-0564**
 9. USUAL OCCUPATION **Retired**
 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **Married**
 11. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) **Yes**
 12. RESIDENCE STREET AND NUMBER **3035 N. Normandy Avenue**
 13. CITY, TOWN, TWP. OR ROAD DISTRICT NO. **Chicago**
 14. FATHER - NAME **Alphonse Shea**
 15. MOTHER - MAIDEN NAME **Eleanor Dookerhoff**
 16. MARITAL STATUS (MARRIED, NEVER MARRIED, WIDOWED, DIVORCED) **Married**
 17. MAILING ADDRESS (STREET AND NO. OR R.F.D. OR PO BOX) **3035 N. Normandy Ave., Chicago, IL 60641**
 18. DEATH WAS CAUSED BY: (CHECK ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
 (a) **Respiratory Failure**
 (b) **Chronic Obstructive Lung Disease**
 (c) **Coronary Heart Failure**
 19. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH (LIST) **Coronary Heart Failure**
 20. DATE OF OPERATION, IF ANY **2/12/86**
 21. MAJOR FINDINGS OF OPERATION **Chronic Obstructive Lung Disease**
 22. SIGNATURE AND ADDRESS OF CERTIFIER **Joseph A. Slater, D.C. 7447 N. Tolson, Chicago, IL**
 23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) **Joseph A. Slater, D.C. 7447 N. Tolson, Chicago, IL**
 24. CEMETERY OR CREMATOR NAME **St. Mary's**
 25. THE MONTELAIR-LUCANIA FUNERAL HOME **6901 N. Belmont Avenue Chicago, Illinois 60634**
 26. LOCAL REGISTRAR SIGNATURE **L. Lonnie C. Edwards M.D. M.P.A.**

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Property of Cook County Clerk's Office

UNOFFICIAL COPY

MARITAL STATUS AFFIDAVIT

3 4 5 5

(East) 1/5

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

Handwritten mark resembling a 'G' or '6'.

Maria C. Shea, being sworn on oath states that

at the time he took title to the property described in Certificate of Title

she was Married (give marital status)

Subsequent to that time (use applicable paragraph (s)):

(a) She was married to Robert A. Shea in the City of Chicago, State of Illinois, on April 04, 1959.

(b) the marriage was terminated by a judgment order in Case # in the Court of County, State of on 19, and affiant's marital status has not changed since that date.

(c) that the marriage was terminated by the death of Robert A. Shea, which occurred in the County of Cook and affiant's marital status has not changed since that date. (Attach death cert.)

(d) that after termination of the marriage as set forth in paragraph above, he was married again, and that marriage being to in the City of State of on 19.

The legal description of the property described in Certificate of Title # is as follows:

LOT 47 (EXCEPT THE NORTH 80 FEET THEREOF) IN FIRST ADDITION TO MONT CLARE GARDENS, BEING A SUBDIVISION OF THE WEST 1/2 OF THE NORTHEAST 1/4 (EXCEPT THAT PART TAKEN FOR RAILROAD) OF SECTION 30, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Handwritten notes: 13-30-210-029, 30377 - No record, Chicago, IL 60634, NO

Affiant further states that S he makes this affidavit to induce the Registrar of Titles, Cook County, Illinois, to issue her Certificate of Title free and clear of all objections regarding marital status.

Subscribed and sworn to before me this 27 day of July, A.D. 1987.

Notary Public (Signature)

Maria C. Shea (Affiant's signature with name at time title was taken)

(Affiant's current signature)

Commission expires 4-3-88

3638455

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Handwritten mark

3638455

REGISTERED
HARRY "BUS" YORELL
197 JUL 28 PM 1:00

3638455

3638455

IDENTIFIED No.	Registrar of Terrors Titles HARRY "BUS" YORELL L.T.I.
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INTERCOUNTY TITLE CO. OF ILLINOIS
120 WEST MADISON
CHICAGO, ILLINOIS 60602

Box 97

S1139931