



UNOFFICIAL COPY

CHICAGO TITLE INSURANCE COMPANY

505 E. NORTH AVE., CAROL STREAM, IL 60188



00527120

DECEASED JOINT TENANCY AFFIDAVIT

① ure
H20023231
2
P

STATE OF ILLINOIS }
COUNTY OF COOK } ss.

Order No.: 1408-TEST0000-HE

being duly sworn states that Joanne F. Tyrrell resides at 1045 Aspen Street,
in the City of Hoffman Estates. PLN 07-14-105-007

That she was acquainted with Thomas Robert Tyrrell deceased who, at the time of death,
was one of the owners of the land in Cook County, Illinois, described as:

Lot 1 in block 9 in Hoffman Estates 1, a subdivision of that part of the west 1/2 of the northwest 1/4 and that part of the northwest 1/4 of the southwest 1/4 of Section 14 Township 41 north, Range 10 East of the third principle meridian, lying north of Higgins Road together with that part of the northeast 1/4 of section 15, Township 41, north, Range 10 east of the third principle meridian, lying north of Higgins Road, All in Cook County, Illinois.

That the deceased died May, 5th, 1991, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

mail to/prop: Harris Banks
150 W. Wilson St.
Palatine, IL 60067

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$650,000 dollars.

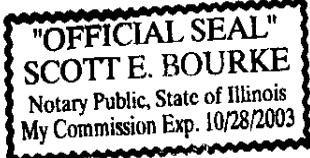
Affiant makes this affidavit for the purpose of inducing Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said
Scott Bourke
this 14th day of June, A.D. 2000

00527120
4674/0131 05 001 Page 1 of 2
2000-07-14 12:06:26
Cook County Recorder 43.00

Scott Bourke
Notary Public

Joanne F. Tyrrell
(Affiant's Signature)



BOX 333-CTI

UNOFFICIAL COPY

00527120

REGISTRATION DISTRICT NO 16. <i>OE</i>		STATE OF ILLINOIS				STATE FILE NUMBER	
REGISTERED NUMBER 214		MEDICAL CERTIFICATE OF DEATH					
DECEASED - NAME FIRST MIDDLE LAST Thomas Robert Tyrrell			SEX 2 Male		DATE OF DEATH (MONTH DAY YEAR) 3 May 5, 1991		
COUNTY OF DEATH Cook		AGE - LAST BIRTHDAY (YRS) 5a. 66		UNDER 1 YEAR 5b. 5c.		DATE OF BIRTH (MONTH DAY YEAR) 5d. May 31, 1924	
CITY TOWN, TWP. OR ROAD DISTRICT NUMBER Hoffman Estates		HOSPITAL OR OTHER INSTITUTION - NAME IF NOT IN EITHER, GIVE STREET AND NUMBER 1045 Aspen Street				IF HOSP. OR INST. INDICATE C.C. OF EMER. RM. INPATIENT, SPECIFY 6c.	
BIRTH PLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, IL		MARRIED NEVER MARRIED, WIDOWED, DIVORCED, SPECIFY 8a. Married		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Joanne - Paul		WAS DECEASED SERVICEMAN OR ARMED FORCES? YES/NO 9. Yes	
SOCIAL SECURITY NUMBER 361-14-1930		USUAL OCCUPATION 11a. Repairman		KIND OF BUSINESS OR INDUSTRY 11b. Telephone		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. College (1-4 or 5) 2	
RESIDENCE (STREET AND NUMBER) 13a. 1045 Aspen Street			CITY TOWN, TWP. OR ROAD DISTRICT NO. 13b. Hoffman Estates		INSIDE CITY (YES/NO) 13c. Yes		COUNTY 13d. Cook
STATE 13e. Illinois		ZIP CODE 13f. 60133		RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 14a. White		OF HISPANIC ORIGIN? (SPECIFY NO OR YES; IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) 14b. NO YES SPECIFY	
FATHER - NAME FIRST MIDDLE LAST 15. Thomas W. Tyrrell			MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST 16. Pearl M. McGookin				
INFORMANT'S NAME (TYPE OR PRINT) 17a. Joanne Tyrrell			RELATIONSHIP 17b. Wife		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 1045 Aspen Street, Hoffman Estates.		
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 the cause on each line.							
Immediate Cause (Final disease or condition resulting in death)		a. Renal Failure					1-2 years
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a)		b. Diabetes Mellitus					Many years
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. Severe Atherosclerotic Cardiovascular Disease						AUTOPSY (YES/NO) 19a. No	WAS AUTOPSY PERFORMED AND MARKED WITH COMPLETION OF CAUSE OF DEATH? YES/NO 19b.
DATE OF OPERATION IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.				IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO	
DID (D) OR DID NOT (N) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. 4/14/91				WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. Yes		HOUR OF DEATH 21c. 4:15 P.M.	
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) 22b. May 8, 1991	
SIGNATURE 22a. <i>Frederick J. Berlinger MD</i>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. Dr. Berlinger 1575 N. Barrington Road, Hoffman Estates, IL				ILLINOIS LICENSE NUMBER 22d. 36-45733	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.						NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
BURIAL, CREMATION REMOVAL (SPECIFY) 24a. Cremation		CEMETERY OR CREMATORY - NAME 24b. Cremation Services		LOCATION CITY OR TOWN STATE 24c. Rosemont, IL		DATE (MONTH DAY YEAR) 24d. May 8, 1991	
FUNERAL HOME 25a. Ahlgren & Sons, Ltd., 330 West Golf Road, Schaumburg, IL 60195-3698		FUNERAL DIRECTOR'S SIGNATURE 25b. <i>James R. Ahlgren</i>				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 9485	
LOCAL REGISTRAR (TYPE OR PRINT) 26a. KAREN L. SCOTT, M.D. REGISTRAR		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) 26b. May 08, 1991					

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statutes relating to the registrar of birth, stillbirth and death.

Date: July 23, 1996

Signed: *Pauline McCreary*

At Cook County Department of Public Health - Local Registrar