**UNOFFICIAL COF** 

COOK COUNTY RECORDER EUGENE "GENE" MOORE SKOKIE OFFICE

00895414

4619/0003 43 006 Page 1 of 2000-11-15 09:21:31

Cook County Recorder

STATE OF ILLINOIS COUNTY OF COOK	(ss.	
Anna May Piley		being duly sworn
states that she resides	at 505 Banyon Drive	in the City of
Northbrook, Illinois		
That she was acq	uainted with Joseph Cha	arles Riley
deceased who, at the time of		the owners of the land in
That the deceased died certified copy of death cert	March 16, 2000	, as evidenced by a ached hereto.
That the deceased died	: 1	
Leaving no Las	t Will & Testament.	
	: Will & Testament a copy of he unproven will should by f	which is attached hereto. The iled with the Clerk of the

DECEASED JOINT TENANCY AFFIDAVIT

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 deceased, does not exceed the sum of \$350,000.00 dollars.

Box of the Probate Division of the Circuit Court of

Probate Division of the Circuit Court of

Subscribed and sworn to before me by the said Surviving spouse/affiant THIS INSTRUMENT WAS PREPARED BY

Leaving a Last Will & Testament which was filed in the Unproven Will

day of November

County, Illinois about

Illinois.

.A.D. 💥 2000

NOTARY PUBLIC

OFFICIAL CHRISTIAN A. CARINI NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 10/8/2003

(affiant's signature) \*(NOTE ATTACH LEGAL DESCRIPTION & PIN# OF PROPERTY



EUGENE "GENE" MOORE

## **UNOFFICIAL COPY**

00895414 Page 2 of 3

MAIL TO DE CHRISTIAN A. CARINI P.C.
7919 N. LINCOLN
SKOKIE, IL 60077

Lot 64 (except the North 77.50 feet) and Lot 63 (except the North 77.50 feet) in Loretree Subdivision Unit Number 2, being a Subdivision of the North 940.93 feet of the North West quarter of the South West quarter of Section 5, Township 42 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois \*\*

Permanent Tax No. 04-05-312-022

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Clart's Office

	DISTRICT NO. [ (( )			FFIC	STATIL OF	LLINCS		P	ĭ	STAT NUME	FPage 3 ( EFILE BER	of 3	
	REGISTERED NUMBER		MEI	DICAL C	ERTIFI	CATE	OF	DEA					
Type or Print in	DECEASED-NAME		PST	MIDDLE	LAST	•	SEX	,			(MONTH, DAY, YEAR	٦)	
PERMANENT INK  o Funeral Directors,	ı. Joseph	<u> </u>	narles	Riley			2. Má		_ 19,		6, 2000		
apital, or Physicians Handbook for	COUNTY OF DEATH			AGE-LAST BIRTHDAY (YRS)	MOS DAYS		_		IRTH (MON				
INSTRUCTIONS	4. Cook			<sub>5a.</sub> 64	5b.	b.    5c.			y 17,				
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER								ER) IF	OP/EMEN. HM, INFATIENT (SPECIAL)			
	6a. Glenview			1	rook Ho					6	<u>c Inpatie</u>		
A	BIRTHPLACE (CITY AND STATE	TE OR	MARRIED, NEV	ERMARRIED, ORCED (SPECIFY)		RVIVING SPO					WAS DEC ARMED	EASED EVERINUS DRCES? (YES/NO 'CS	
DECEASED	7Morton Grove		8a. Marr	ied		May Fr							
В	SOCIAL SECURITY NUMBER		USUAL OCCUP			SINESSORING		EDUCA Elementar	riON (SPEC y/Secondary (I	FYONLYHI 1-12)	GHEST GRADE COM College (1-4 or 5 +	PLETED)	
C	10.353-26-1043	)	11a. Mach	inist	11b. Ind	ustrial		12.	12				
0	RESIDENCE (STREET AND NO				, TOWN, TWP, (		FRICT NO		INSIDE CIT	Y C	OUNTY		
5	13a. 505 Banyan	Driv	e	13b.	Northbr				100.		<sub>3d.</sub> Cook		
E	STATE	ZIP COD	E R	ICE (WHITE, BLACK, A	MERICAN	OFHISPANIC	ORIGIN?	(SPECIFY N	OR YES-IFY	ES, SPECIFY	CUBAN, MEXICAN, I	UERTO RICAN, etc	
1	Illinois	1 <sub>13f.</sub> 6	0062	Mhite		14b. ETNC	, r	YES	SPECIFY	' <u>:</u>			
	13e. FATHER-NAME FIR		AIDDLE 11.	LAST		MOTHER-NA		ST	MIDDL		(MAIDEI	I) LAST	
PARENTS	Togonh T.c.					16. Em	na J	ulia	Kaspe	r			
	15. JOSEPH LIPS			- I	RELATIONSHIP	MAILIN	G ADDRE	SS (STREE	T AND NO. OF	R.F.O., CITY	OR TOWN, STATE,	ZIP)	
	Anna May F	rar i	Rilev	1.	Wife		505 B	anvar	ı Dr.,	Nort	hbrook,	IL. 600	
1	17a.			plications that caused	17D.							MATE INTERVAL	
2	18. PARTI.	shock, or	d⊬ ≎ases, or com heart fail⊷re. Lis	plications that caused it only one cause on	each line.	enter ine mode	or oying, s	uci i do care	114001100p./	2.0. )	" BETWEEN	ONSET AND DEATH	
3	Immediate Cause (Final		7/	/	0				500	tro	3	Do-1	
	disease or condition resulting in death)	(a)	131114	79241	W.Com	ron A	Cul	11	-//	10-70		000 -	
	COMPUTIONS IS ANY	DUE	ETO, OHASAC	C VISEO JENCE OF							3,	a.	
	CONDITIONS, IF ANY WHICH GIVE RISE TO	(b)	117	GYTIA								7	
CAUSE	IMMEDIATE CAUSE (a) STATING THE UNDERLY!		ETO, OR AS A C	ONSEQUENCE OF							!		
	CAUSE LAST.	(c)									<del></del>		
4	PART II. Other significant con	ditions contriba	uting to death but not	resulting in the under jing	caer _ y en in PAR1	ri.			AUTO (YESA	Q)_	WERE AUTOPSY FINOR COMPLETION OF CAUS		
5	Prosp	MIT C	ante	-					19a.	No	19b.		
N	DATE OF OPERATION, IF A	NY	MAJOR FINDIN	GS OF OPERATION						IF FEMALE, THREE MO	, WAS THERE A PREC INTHS?	SNANCY IN PAST	
В	20a.		l 120b.			4				20c. Y	(ES   NO		
	I (DID) (DID NOT) ATTEND T	HE DECEA		I, DAY, YEAR)		7×.			R MEDICAL ED? (YES/N		OF DEATH		
	AND LAST SAW HIM/HER A	LIVEON	.3//	4/200	3		21b.	No	LD: (ICOI)	21c.	7:07	A. <sub>M.</sub>	
	21a.  TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO TILE OUSE(S) STATED.								DATE SIGNED (MONTH, DAY, YEAR)				
	21a. TO THE BEST OF MY KNOV	VLEDGE, DI								1	フノノノ	2	
	TO THE BEST OF MY KNOW	VLEDGE, D	//.	0 4	[					22b. ←	-3//6/6	سب	
CERTIFIER	TO THE BEST OF MY KNOW 22a. SIGNATURE ▶	a	Clur	ent)	level	June	-/-	<u> </u>		22b. 4	IS LICENSE NUM	BER	
CERTIFIER	TO THE BEST OF MY KNOW	CERTIFIER.	CONF	e of	level	and	(0)	<u></u>	(600)	ILLINO	IS LICENSE NUM		
CERTIFIER	TO THE BEST OF MY KNOW  22a. SIGNATURE  NAME AND ADDRESS OF CO	ERTIFIER	CON P CTYPEORP AEDIN EES	FRANCE	EORPRIND	envis	au,		( 60a)	ILLINO 22d. d	SLICENSE NUM	OC/55	
CERTIFIER	TO THE BEST OF MY KNOW  22a. SIGNATURE  NAME AND ADDRESS OF C	ERTIFIER	CON P CTYPEORP AEDIN EES	FRANCE	EOR PRINT)	envis	ew,	720	( Goal	ILLINO 22d. C	SLICENSE NUM  36  FAN INJURY WAS IN THE CORONER OR N	OC/55	
CERTIFIER	TO THE BEST OF MY KNOW  22a. SIGNATURE  NAME AND ADDRESS OF COMPANY  22c. /3 / COMPANY  NAME OF ATTENDING PHY  23.	CERTIFIER YSICIAN IF	CLAN E TYPE ORP A E D N LE E S OTHER THAN C	P RITIFIÉR (TYPI		MANUE CATION	cityon	TOWN	( GOO)	ILLINO 22d. C	ISLICENSE NUM  36  FAN INJURY WAS IN THE CORONER OR IN E HOTIFIED.	VOLVED IN THIS EDICAL EXAMINE	
CERTIFIER	TO THE BEST OF MY KNOW  22a. SIGNATURE  NAME AND ADDRESS OF COMMENT  22c.  NAME OF ATTENDING PHY  23.  BURIAL, CREMATION, BENOVAL ISSECTED	CERTIFIER YSICIAN IF	TYPE OR P A P D N OTHER THAN C	ERTIFIER (TYPE	[LO	CATION AT 1 is	CITYOR		(GOQ)	ILLINO 22d. C NOTE:IF DEATH1 MUST BI	ISLICENSE NUM  36  FAN INJURY WAS IN THE CORONER OR N E NOTIFIED.  DATE (MC	OC/SS VOLVED IN THIS VEDICAL EXAMINE NTH, DAY, YEAR)	
CERTIFIER	TO THE BEST OF MY KNOW  22a. SIGNATURE  NAME AND ADDRESS OF CO  22c.  NAME OF ATTENDING PHY  23.  BURIAL, CREMATION, REMOVAL (SPECIFY)  24a. BUILTAL	CERTIFIER YSICIAN IF	TYPEORP TYPEORP OTHER THANCE ETERY OR CRE Memory	MATORY-NAME Gardens	LO 24	c Arli	ngton	Hei	ghts,	ILLINO 22d. C NOTE: IF DEATH1 MUST BI	SLICENSE NUM  36 FAN INJURY WAS IN THE CORONER OR IN E NOTIFIED.  DATE (MC) 24d Marc	VOLVED IN THIS REDICAL EXAMINE INTH, OAY, YEAR) Th 20 20	
	TO THE BEST OF MY KNOW  22a. SIGNATURE  NAME AND ADDRESS OF C  22c.  NAME OF ATTENDING PHY  23.  BURIAL, CREMATION, REMOVAL (SPECIFY)  24a. BUT 1.a.  FUNERAL HOME	CEMTIFIER VSICIAN IF C	OTHER THANCO	MATORY-NAME Gardens STREET A	LO 24 NO NUMBER OR R	c. Arli	ngton	Heig	ghtz,	ILLINO 22d. C NOTE: IF DEATH1 MUST BI	SLICENSE NUM  36 FAN INJURY WAS IN THE CORONER OR NE E NOTIFIED.  DATE (MC 24d Marc	VOLVED IN THIS EDICAL EXAMINE	
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	TO THE BEST OF MY KNOW  22a. SIGNATURE  NAME AND ADDRESS OF C  22c.  NAME OF ATTENDING PHY  23.  BURIAL, CREMATION, REMOVAL (SPECIFY)  24a. BUT 1.a.  FUNERAL HOME	CEM 24b.	OTHER THANCO	MATORY-NAME Gardens STREET A	24 ND NUMBER OR R aukegan	<sub>c.</sub> Arli Road N	ngton orthb	Height on town or cook	TIL.	ILLINO 22d. C NOTE: IF DEATH MUST BI  S 6C 06.	A STATE  24d Marc	VOLVED IN THIS REDICAL EXAMINE  INTH, OAY, YEAR)  TO 20  ZIP	
	TO THE BEST OF MY KNOW  22a. SIGNATURE  NAME AND ADDRESS OF CO  22c.  NAME OF ATTENDING PHY  23.  BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BULLIAL  FUNERAL HOME 25a. Hanekamp  FUNERAL DIRECTOR'S SI  25b.	CEM 24b. Funer	OTHER THANCO	MATORY-NAME Gardens STREET A	24 ND NUMBER OR R aukegan	c. Arli	ngton orthb	Height on Town	ghtz, , IL. INERALDIRE	ILLINO  22d. C  NOTE: IF DEATH I MUST BI  CTORISILL N  01538	F AN INJURY WAS IN THE CORONER OR IN E NOTIFIED.  DATE (MC 24d Marc	VOLVED IN THIS REDICAL EXAMINE  NTH, OAY, YEAR)  LA 20 20  ZIP	
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	TOTHE BEST OF MY KNOW  22a. SIGNATURE  NAME AND ADDRESS OF COMMERCE  22c. 30 C.  NAME OF ATTENDING PHY  23.  BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BUY1a1  FUNERAL HOME 25a. Hanekamp  FUNERAL DIRECTOR'S SIGNATION 25b. LOCAL REGISTRAR'S SIGNATION  LOCAL REGISTRAR'S SIGNATION	CEM 24b.  Funer GNATURE SCOTT.	OTHER THANCO	MATORY-NAME Gardens STREET A	24 ND NUMBER OR R aukegan	<sub>c.</sub> Arli Road N	ngton orthb	Height on town town town town town town town	ghtz, , IL. INERALDIRE	ILLINO  22d. c  NOTE: IF DEATH I  MUST BI  CTORISILIN  01538  OCAL REGI	AN INJUST WAS IN THE CORONER OR A E NOTIFIED.  DATE (MC 24d Marc C)  STATE  2  STRAR (MONTH, DA	VOLVED IN THIS SECONDAL EXAMINE  ANTH, DAY, YEAR)  ER  Y, YEAR)	
DISPOSITION	TO THE BEST OF MY KNOW  22a. SIGNATURE  NAME AND ADDRESS OF CO  22c.  NAME OF ATTENDING PHY  23.  BURIAL, CREMATION, REMOVAL (SPECIFY)  24a. BUT 1a 1  FUNERAL HOME  25a. Hanekamp  FUNERAL DIRECTOR'S SI  25b.  LOCAL REGISTRAR'S SIGNAMEN L.  26a.	CEM  CEM  246.  Funer  GNATURE  SCOTT.	TYPEORP TYPEORP OTHER THANCO ETERY OR CRE Memory NAME Tall Home	MATORY-NAME Gardens STREET A PC 385 W	ND NUMBER OR R aukegan Matt	Road N Thew P.	ngton orthb Hein	Height on town prook	yhts, IL. NERAL DIREC 5G. 034-	ILLINO  22d. c  NOTE: IF DEATH MUST BI  1. S  6C U6.  CTORISILL N  OCAL REGIO	EAN INJUST WAS IN THE CORONER OR IN ENOTIFIED.  DATE (MC 24d Marc	VOLVED IN THIS MEDICAL EXAMINE  ANTH, DAY, YEAR)  ZIP  ER  Y, YEAR)  DIDARD CERTIFICA	
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I HEREBY C	TOTHEBEST OF MY KNOW  22a. SIGNATURE  NAME AND ADDRESS OF CO  22c.  NAME OF ATTENDING PHY  23.  BURIAL, CREMATION, REMOVAL (SPEDIFY)  24a. BUTTAL  FUNERAL HOME  25a. HANCKAMID  FUNERAL DIRECTOR'S SI  25b.   LOCAL REGISTRAR'S SIGNAMEN L.  26a. MAREN L.  26a. MAR	CEM VSICIANIF  CEM 24b.  Funer GNATURE SCOTT.	ETERY OR CRE Memory NAME Tal Home	MATORY-NAME Gardens STREET A PC 385 W	ND NUMBER OR R aukegan  Matt	Road N Thew P.	ngton orthb Hein  coords	Height on town or cook	ghtz, IL. INERAL DIRECT SC. O34- SEPTEDBY Sc. eccedent	ILLINO  22d. c  NOTE: IF DEATH MUST BI  500 OCAL REGIL  COCAL REGIL  (BASE  RAME  (	EAN INJUST WAS IN THE CORONER OR IN ENOTIFIED.  DATE (MC 24d Marc	VOLVED IN THIS MEDICAL EXAMINE  ANTH, DAY, YEAR)  ZIP  ER  Y, YEAR)  DIDARD CERTIFICA	
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The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.