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00895414

4619/0003 43 006 Page 1 of 3
2000-11-15 09:21:31
Cook County Recorder 25.50

COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
SKOKIE OFFICE

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

(ss.

Anna May Riley being duly sworn
states that she resides at 505 Banyon Drive in the City of
Northbrook, Illinois

That she was acquainted with Joseph Charles Riley
deceased who, at the time of his death, was one of the owners of the land in
Cook County, Illinois, described as:*

That the deceased died March 16, 2000, as evidenced by a
certified copy of death certificate of the deceased attached hereto.

That the deceased died:

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

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

Anna May Riley

this 10 day of November .A.D. ~~XX~~ 2000

[Signature]

NOTARY PUBLIC



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



EUGENE "GENE" MOORE

RECORDER OF DEEDS / REGISTRAR OF TORRENS TITLES
COOK COUNTY, ILLINOIS

UNOFFICIAL COPY

00895414 Page 2 of 3



CHRISTIAN A. CARINI, P.C.
7965 N. LINCOLN
SKOKIE, IL 60077

Lot 64 (except the North 77.50 feet) and Lot 63 (except the North 77.50 feet) in Lonetree 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

Property of Cook County Clerk's Office

MEDICAL CERTIFICATE OF DEATH

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 10.00
	REGISTERED NUMBER

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
	1. Joseph	Charles	Riley		2. Male	3. March 16, 2000

COUNTY OF DEATH	AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)
4. Cook	5a. 64	5b.	5c.	5d. May 17, 1935

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)
6a. Glenview	6b. Glenbrook Hospital	6c. Inpatient

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
7. Morton Grove, IL	8a. Married	8b. Anna May Francis Hachmeister	9. Yes

SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. 353-26-1043	11a. Machinist	11b. Industrial	12. 12

RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY
13a. 505 Banyan Drive	13b. Northbrook	13c. Yes	13d. Cook

STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
13e. Illinois	13f. 60062	14a. White	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:

FATHER-NAME	FIRST	MIDDLE	LAST	MOTHER-NAME	FIRST	MIDDLE	LAST (MAIDEN) LAST
15. Joseph	Leslie	Riley		16. Emma	Julia	Kasper	

INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. Anna May Francis Riley	17b. Wife	17c. 505 Banyan Dr., Northbrook, IL. 60062

18. 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 one cause on each line.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death) (a) Bilateral Pneumonia with Septicemia	3 days
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) ANGINA	3 days
(c)	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	AUTOPSY (YES/NO)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
19. Prostate Cancer	19a. No	19b.

DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a.	20b.	20c. YES <input type="checkbox"/> NO <input type="checkbox"/>

I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH
21a. 3/16/2000	21b. No	21c. 7:07 A. 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)
22a. SIGNATURE: Allen R. Gardner	22b. 3/16/2000
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	ILLINOIS LICENSE NUMBER
22c. ALLEN R. GARDNER MD, 1306 WAUKEGAN RD, GLENVIEW, ILL 60045	22d. 036-061957
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)
24a. Burial	24b. Memory Gardens	24c. Arlington Heights	IL	24d. March 20 2000	

FUNERAL HOME	NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP
25a. Hanekamp Funeral Home PC		385 Waukegan Road	Northbrook, IL.	60062	

FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. Matthew P. Hein	25c. 034-015384

LOCAL REGISTRAR'S SIGNATURE	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. Karen L. Scott	26b. March 17, 2000

Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE March 17, 2000 SIGNED C. Levine Brown AT EVANSTON, Illinois OFFICIAL TITLE LOCAL REGISTRAR

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.