

DECEASED JOINT
TENANCY AFFIDAVIT



STATE OF ILLINOIS]
COUNTY OF COOK]

EDWARD Kilheeneey being duly
sworn states that he resides at 8837 Golfview Drive
in the City of ORLAND PARK
ILLINOIS.

That he was acquainted with RITA
Kilheeneey deceased who, at the time of
her death, was one of the owners of the land in
Cook County, Illinois, described as:

See Attached Legal

P.I.N. 25-33-405-005-0000

That the deceased died JAN. 2, 2000
as evidenced by a certified copy of death certificate of the
deceased attached hereto.

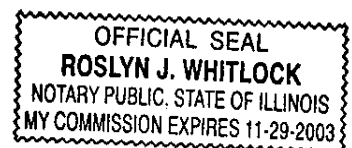


Subscribed and sworn to before me by the said
EDWARD Kilheeneey
this 8th day of December, A.D. 2000

Roslyn J. Whitlock
Notary Public

Edward P. Kilheeneey
(affiant signature)

EDWARD P. KILHEENEY
8837 GOLFOVIEW DR.
ORLAND PARK, IL. 60462



UNOFFICIAL COPY 00967173

INDIANA STATE DEPARTMENT OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

CERTIFICATE OF DEATH

S Jan 5, 2000
Date Issued

Franklin S. Premuda
Hammond Health Commissioner

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 4

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) RITA J. KILHEENEY		2 SEX Female	3a TIME OF DEATH 11:55 AM	3b DATE OF DEATH (Month, Day, Yr) January 2, 2000
4 *SOCIAL SECURITY NUMBER 347-14-3645	5a AGE—Last Birthday (Years) 75	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) May 7, 1924
7a WAS DECEDENT A U.S. VETERAN? NO	7b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	8 PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9a FACILITY NAME (If not institution, give street and number) St. Margaret Mercy		9c CITY, TOWN OR LOCATION OF DEATH Hammond	9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Widow	11 SURVIVING SPOUSE (If wife, give maiden name) N/A	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		12b KIND OF BUSINESS/INDUSTRY Own Home
13a RESIDENCE—STATE Illinois	13b COUNTY Cook	13c CITY, TOWN OR LOCATION Riverdale	13d STREET AND NUMBER 13612 State Street	
13e ZIP CODE 60827	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American, Indian, Black, White, etc. (Specify) White
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10th College (1-4 or 5+)		18 FATHER'S NAME (First, Middle, Last) Edward Schoudel		
19 MOTHER'S NAME (First, Middle, Maiden Surname) Margaret Winarski		20a INFORMANT'S NAME (Type/Print) Edward Kilheeny		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8837 Golfview Dr., Orland Park, IL 60462		20c Relationship Son		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) January 5, 2000 Holy Sepulchre Cemetery		21c LOCATION—City or Town, State Worth, Illinois
22a EMBALMER'S NAME Paul Cusumano		22b EMBALMER'S LICENSE NO. 034-05380	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Dea L. Wagon</i>		24b LICENSE NUMBER (of License) 8800051	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME SOLAN FUNERAL HOME FH83002893 7109 Calumet Ave., Hammond, Indiana 46324 for BROWN FUNERAL HOME, 13820 S. Lincoln Avenue Dolton, Illinois 60419	
26 PART I. Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a Cardiac Arrest		Approximate Interval Between Onset and Death
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b Acute Obstructive Pulmonary Disease		
		c DUE TO (OR AS A CONSEQUENCE OF)		
		d DUE TO (OR AS A CONSEQUENCE OF)		
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I				
27 WAS DECEDENT PREGNANT 90 DAYS POSTPARTUM? (Yes or no) No		28a WAS AN AUTOPSY PERFORMED? (Yes or no) No	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No	
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner as stated.				
29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>			29c MEDICAL LICENSE NO. 01035532	29d DATE SIGNED (Month, Day, Year) January 4, 2000
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Steven H. Salgan, M.D. 7550 Hohman Ave Ste 1200B, Munster Indiana 46311				
31 HEALTH OFFICER'S SIGNATURE <i>Franklin S. Premuda M.D.</i>				32 DATE FILED (Month, Day, Year) January 5, 2000
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)
		34d DESCRIBE HOW INJURY OCCURRED		
		34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f LOCATION (Street and Number or Rural Route Number, City or Town, State)
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.		

UNOFFICIAL COPY 22-115-766

61-64-831 H

THIS INDENTURE, Made this 6th day of November
1972, between Vernon A. Eldridge and Luella G. Eldridge, his wife

00967173

of the City of Janesville in the County of Rock and State of
Wisconsin parties of the first part, and

Hita Kilheeny, a Widow and Edward P. Kilheeny,
236 W. 112th Place of the City of Chicago in the County of
Cook and State of Illinois parties of the second part:

WITNESSETH, That the parties of the first part, for and in consideration of the sum of
Ten and no/100 Dollars, in hand paid,
and other valuable consideration
conveys and warrants to the said parties of the second part, not in tenancy in common, but in joint
tenancy, the following described Real Estate, to-wit:

477-3

The South 15 feet of Lot 2 measured on the East Line thereof
and all of Lots 3 and 4 in Block 7 in the Subdn of part of
the South East Qtr of Sec. 33, Township 37 North, Range 14,
E. of the Third Principal Meridian, South of the Indian Boundary
Line, according to Plat thereof recorded April 23, 1888, as
Doc. 947360 in Book 29, of Plats Page 27, in Cook County,
Ill. Permanent Tax No. 25-33-405-005, in the Village of River-
dale,

situated in the Village of Riverdale County of Cook
in the State of Illinois, hereby releasing and waiving all rights under and by virtue of the Homestead Exemption
Laws of the State of Illinois.

TO HAVE AND TO HOLD the above granted premises unto the said parties of the second part forever, not in
tenancy in common, but in joint tenancy.

1000
Clerk's Office

REAL ESTATE TRANSFER TAX
1852