

UNOFFICIAL COPY

0010066640

8774/0180 51 001 Page 1 of 2  
2001-01-25 15:47:13  
Cook County Recorder 23.50

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS/COUNTY OF COOK



PREPARED BY AND MAIL TO:

Christine A. Boyle  
Gross & Boyle, LLC  
2215 York Road, Suite 550  
Oak Brook, Illinois 60523  
(630) 472-3421



Property of Cook County Clerk's Office

(The Above Space For Recorder's Use Only)

JOHN W. SHARKEY duly sworn states that he resides at 5442 South Oak Park Avenue, in the City of Chicago, in the County of Cook, in the State of Illinois 60638-2306. That he was married to AMELIA SHARKEY, deceased, who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 15 in Block 17 in Frederick H. Bartlett's Third Addition to Bartlett Highlands, being a Subdivision of the South West Quarter of Section 7, Township 38 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

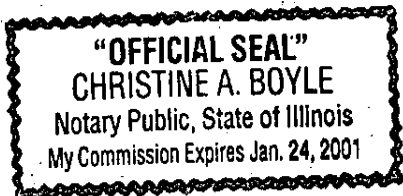
Permanent Real Estate Index Number: 19-07-330-031-0000  
Address of Real Estate: 5442 South Oak Park Avenue, Chicago, Illinois 60638-2306

That the deceased died June 17, 1996, as evidenced by a certified copy of death certificate of the deceased attached hereto.

SUBSCRIBED AND SWORN TO BEFORE ME  
BY the said JOHN W. SHARKEY this 27<sup>th</sup> day of  
December, 2000.

*Christine A Boyle*  
Notary Public

*John W. Sharkey*  
JOHN W. SHARKEY



3-4  
1-2  
3-  
My  
9/16

UNOFFICIAL COPY

Property of Cook County Clerk's Office

**UNOFFICIAL COPY**

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

*David Orr*  
COUNTY CLERK

REGISTRATION DISTRICT NO. <b>16.10</b>		STATE OF ILLINOIS		STATE LICENSE NUMBER <b>610666</b>	
REGISTERED NUMBER					
DECEASED-NAME FIRST MIDDLE LAST <b>Amelia Sharkey</b>		SEX <b>2. Female</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>3. June 17, 1996</b>		
COUNTY OF DEATH <b>4. Cook</b>	AGE-LAST BIRTHDAY (YR, MO, DAY) <b>5a. 80</b>	UNDER 1 YEAR MO. DAY	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) <b>5d. December 28, 1915</b>	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>6a. Chicago</b>		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>6b. 5442 S. Oak Park</b>		IF DEEP OR INST. INDICATE A CAUSE OF DEATH FOR DEPARTURE (SPECIFY) <b>6c. None</b>	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>7. Montreal, Canada</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>8a. Married</b>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>8b. John Sharkey</b>		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <b>9. No</b>	
SOCIAL SECURITY NUMBER <b>10. 338-05-0616</b>	USUAL OCCUPATION <b>11a. Payroll Auditor</b>	KIND OF BUSINESS OR INDUSTRY <b>11b. Retail</b>	EDUCATION (SPL. CITY OR T. HIGHEST GRADE OF SCHOOL) Elementary-Secondary (9-12) College (1-4 or 1)	<b>12. 12</b>	
RESIDENCE (STREET AND NUMBER) <b>13a. 5442 S. Oak Park</b>	CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>13b. Chicago</b>	INSIDE CITY (YES/NO) <b>13c. Yes</b>	COUNTY <b>13d. Cook</b>		
STATE <b>13e. Illinois</b>	ZIP CODE <b>13f. 60638</b>	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>14a. White</b>	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <b>14b. (X) NO</b>		
FATHER-NAME FIRST MIDDLE LAST <b>15. Vincent Tosti</b>	MOTHER-NAME FIRST MIDDLE LAST (MAIDEN)-LAST <b>16. Concetta Di Genova</b>				
INFORMANT'S NAME (TYPE OR PRINT) <b>17a. John Sharkey</b>	RELATIONSHIP <b>17b. Husband</b>	ADDRESS (STREET AND NO. OR R.F.D.) CITY OR TOWN, STATE, ZIP <b>17c. 5442 S. Oak Park, Chicago, IL 60638</b>			
<b>18. PART I.</b> Enter the diseases, or complications that caused the death. Do not enter the mode of death, 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) → <b>(a) Metastatic Lung Cancer</b>	DUE TO, OR AS A CONSEQUENCE OF				APPROXIMATE AGE AT DEATH (MONTHS) <b>10 mths</b>
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: <b>(b)</b>	DUE TO, OR AS A CONSEQUENCE OF				
<b>PART II.</b> Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
DATE OF OPERATION, IF ANY <b>20a.</b>	MAJOR FINDINGS OF OPERATION <b>20b.</b>		AUTOPSY (YES/NO) <b>19a. NO</b>	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>20c. YES ( ) NO (X)</b>	
(1) (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON <b>21a. 6-7-96</b>	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>21b. NO</b>		HOUR OF DEATH <b>21c. 9:49 P.M.</b>		
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) <b>22b. 6-18-96</b>	
SIGNATURE <i>U. C. Shah</i>				ILLINOIS LICENSE NUMBER <b>22d. 003-136-05786-02</b>	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>22c. Upendra C. Shah, MD 7447 W. Talcott Chicago, IL 60631</b>				NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED	
BURIAL, CREMATION, REMOVAL (SPECIFY) <b>24a. Burial</b>	CEMETERY OR CREMATORY-NAME <b>24b. St. Mary Cemetery</b>	LOCATION (CITY OR TOWN)-STATE <b>24c. Evergreen Park, IL</b>	DATE (MONTH, DAY, YEAR) <b>24d. June 21, 1996</b>		
FUNERAL HOME <b>25a. Ridge Funeral Home 6620 W. Archer Avenue Chicago IL 60638</b>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>25c. 034-010404</b>			
FUNERAL DIRECTOR'S SIGNATURE <i>U. C. Shah</i>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>26b. JUN 20 1996</b>			
LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>					

UNOFFICIAL COPY

Property of Cook County Clerk's Office