



DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

{ ss.

Order No. _____

DELORES HENNESSY

being duly sworn

states that She resides at 9401 S. Melvina, Unit B-7 in the City of Oak Lawn

That she was acquainted with John J. Hennessy deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

9401 S. Melvina, Unit P-7, Oak Lawn, IL 60453

That the deceased died July 27, 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 Cook County, Illinois.

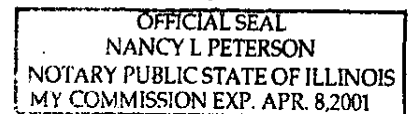
Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____

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 \$75,000.00 dollars.

Subscribed and sworn to before me by the said
Delores Hennessy

this 28th day of October A.D. 2000

Nancy L Peterson
NOTARY PUBLIC



X
Delores Hennessy
(a. ant's signature)

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

REGISTRATION DISTRICT NO. 16.0
REGISTERED NUMBER

DECEASED-NAME 1. John J. Hennessy	MIDDLE J.	LAST Hennessy	SEX 2. Male	DATE OF BIRTH (MONTH, DAY, YEAR) 3. July 27, 2000	DATE OF DEATH (MONTH, DAY, YEAR)
COUNTRY OF DEATH 4. Cook	AGE-LAST BIRTHDAY (YRS) 5a. 80	UNDER 1 DAY HOURS 5b.	MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR)	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. Oak Lawn	6b. Concord Extended Care		6c. Inpatient		
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chicago, Ill.	8a. Married		8b. DeLores M. Ollish		
SOCIAL SECURITY NUMBER 10. 339-07-6596	11a. Assistant		11b. Plumbing		
RESIDENCE (STREET AND NUMBER) 13a. 9401 S. Melvina	13b. Oak Lawn		13c. Cook		
STATE 13b. Illinois	13c. 60453		13d. Cook		
FATHER-NAME 15. Edward	MIDDLE Edward	LAST Hennessy	16. Margaret Keenan		
INFORMANT'S NAME (TYPE OR PRINT) 17a. DeLores M. Hennessy	RELATIONSHIP Wife	17b. 179401 S. Melvina, Oak Lawn, IL 60453			
18. PART I. Enter the diseases, or complications that cause a true 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.					
Immediate Cause (Final disease or condition resulting in death) (a) aspirate pneumonia					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) (b) Septic phlegia					
STATE THE UNDERLYING CAUSE LAST. (c) Paralytic palsy					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
DATE OF OPERATION, IF ANY 20b. CVA PM, AS STD, Pacemaker					
20c. YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. (DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER AT) TIME OF DEATH 7/23/00					
21b. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.					
22a. SIGNATURE OF CERTIFIER (TYPE OR PRINT) Gauline Wong-Hup					
22b. 4901 W-79th Burbank					
22c. 4901 W-79th Burbank					
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)					
24a. Evergreen Cremation					
24b. Evergreen Crematory					
24c. Evergreen Park					
24d. Illinois					
24e. Illinois					
24f. Illinois					
24g. Illinois					
24h. Illinois					
24i. Illinois					
24j. Illinois					
24k. Illinois					
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24o. Illinois					
24p. Illinois					
24q. Illinois					
24r. Illinois					
24s. Illinois					
24t. Illinois					
24u. Illinois					
24v. Illinois					
24w. Illinois					
24x. Illinois					
24y. Illinois					
24z. Illinois					
25a. Blake-Lamb Funeral Home					
25b. 4727 W. 103rd Street					
25c. Oak Lawn					
25d. Illinois					
25e. Illinois					
25f. Illinois					
25g. Illinois					
25h. Illinois					
25i. Illinois					
25j. Illinois					
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25o. Illinois					
25p. Illinois					
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25t. Illinois					
25u. Illinois					
25v. Illinois					
25w. Illinois					
25x. Illinois					
25y. Illinois					
25z. Illinois					
26a. KAREN L. SCOTT, M.D.					
26b. REGISTRAR					
26c. REGISTRAR					
26d. REGISTRAR					
26e. REGISTRAR					
26f. REGISTRAR					
26g. REGISTRAR					
26h. REGISTRAR					
26i. REGISTRAR					
26j. REGISTRAR					
26k. REGISTRAR					
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26v. REGISTRAR					
26w. REGISTRAR					
26x. REGISTRAR					
26y. REGISTRAR					
26z. REGISTRAR					
27. JUL 31 2000					

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 **JUL 31 2000**
Signed **Nadine McCurry**
At Cook County Department of Public Health, Official Title Deputy Registrar
1010 Lake Street - Suite 300 - Oak Park, Illinois 60301