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8/30/05 38 001 Page 1 of 3  
2001-10-05 11:40:10  
Cook County Recorder 47.00



MAIL TO → BOX 352



FIRST AMERICAN EQUITY LOAN SERVICES

AFFIDAVIT REGARDING DECEASED JOINT TENANT

STATE OF ILLINOIS

DATE 8/3/01

COUNTY OF DuPage

COMMITMENT NO: 2462313

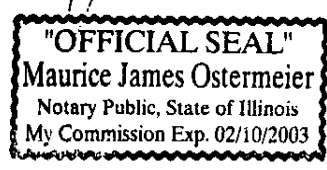
MARY JOAN FLAVIN, being first duly sworn, for the purpose of inducing First American Title Insurance Company of the Mid-West to issue its' title insurance policy covering land described in above captioned commitment, deposes and says;

1. That he/she resides at: 1500 W WEATHERS FURLO WAY  
SCHAUMBURG ILLINOIS 60194
2. That he/she was acquainted with JOSEPH P FLAVIN  
who died on AUGUST 19, 1999, as evidenced by the attached certified copy of the death certificate.
3. That said decedent was one of the owners of the land described in the above Captioned commitment.
4. That said decedent died:  
 Leaving no last will and testament  
 leaving a last will and testament, a copy of which is attached.
5. That the total value of said decedent's estate for State of Illinois Inheritance Tax/ Estate Tax and Federal Estate Tax purposes does not exceed \$ 180,000.

Mary Joan Flavin  
Affiant's Signature

Subscribed and sworn to  
before me this 25<sup>th</sup>  
day of SEPTEMBER  
20 01

Maurice J Ostermeier  
Notary Public



3

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STATE FILE NUMBER 0010932813

AUG 22 1994

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

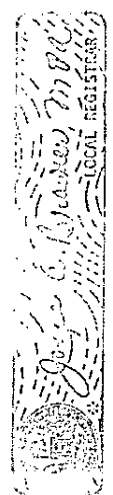
615479

STATE OF ILLINOIS

STATE OF ILLINOIS

REGISTERED NUMBER 16.10

DECEASED-NAME 1. <b>Joseph P. Flavin</b>		SEX 2. <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>AUG 19 1994</b>
COUNTY OF DEATH 4. <b>Cook</b>		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. <b>August 4, 1935</b>	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. <b>Chicago</b>		(IF HOSP. OR INST. INDICATED O.A., OF-EMER. RM. IMPATIENT (SPECIFY)) 6c. <b>Emer. Rm.</b>	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. <b>Chicago, Ill.</b>		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. <b>Yes</b>	
SOCIAL SECURITY NUMBER 10. <b>343-26-8492</b>		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. <b>College (1-4 or 5-7)</b>	
RESIDENCE (STREET AND NUMBER) 13a. <b>1500 Weathersfield Way</b>		INSIDE CITY (YES/NO) 13c. <b>Yes</b>	COUNTY 13d. <b>Cook</b>
STATE 13b. <b>Illinois</b>		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) 19c. <b>Yes</b>	
FATHER-NAME 13e. <b>Joseph Flavin</b>		MOTHER-NAME 14b. <b>Mary</b>	
INFORMANT'S NAME (TYPE OR PRINT) 15. <b>Mary Joan Flavin</b>		RELATIONSHIP 16. <b>Wife</b>	
MIDDLE 17a. <b>Flavin</b>		MAILING ADDRESS (STREET, CITY, TOWN, STATE, ZIP CODE) 17c. <b>1500 Weathersfield Way, Schaumburg, IL 60193</b>	
MIDDLE 17b. <b>Flavin</b>		MIDDLE (MAIDEN) LAST 17d. <b>Flavin</b>	
18. PART I. Enter the disease, injuries, 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. (a) <b>Coronary Arteriosclerosis</b> (b) <b>Due to, or as a consequence of</b> (c) <b>Due to, or as a consequence of</b>			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDERDETERMINED (SPECIFY) 20a. <b>Not with</b>		DATE OF INJURY (MONTH, DAY, YEAR) 20b. <b>8-23-94</b>	HOUR 20c. <b>M</b>
PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) 20f. <b>Home</b>		HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18) 20g. <b>AT</b>	
INJURY AT WORK (YES/NO) 20e. <b>No</b>		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20h. <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
1 CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INDICATIONS, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT 21a. <b>19 94</b> AT <b>0831 AM.</b> DATE SIGNED (MONTH, DAY, YEAR) DATE SIGNED (MONTH, DAY, YEAR)			
CORONER'S MEDICAL EXAMINER'S SIGNATURE 22a. <b>James J. Williams M.D.</b>			
CORONER'S PHYSICIAN'S NAME (Type or Print) 22b. <b>James J. Williams M.D.</b>			
BURIAL, CREMATION, REBURY (SPECIFY) 24a. <b>Burial</b>		CITY OR TOWN 24b. <b>Queen of Heaven</b>	STATE 24c. <b>Illinois</b>
FUNERAL HOME 25a. <b>Williams Kampp</b>		CITY OR TOWN 24d. <b>Hillside</b>	DATE (MONTH, DAY, YEAR) 24e. <b>Aug. 23, 1994</b>
FUNERAL DIRECTOR'S SIGNATURE 25b. <b>James J. Williams M.D.</b>		FUNERAL HOME 25c. <b>6938 North 6th Avenue, Chicago, Illinois 60635</b>	
LOCAL REGISTRAR'S SIGNATURE 26a. <b>Joseph A. Phares</b>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25d. <b>034-010860</b>	
DATE (MONTH, DAY, YEAR) 26b. <b>AUG 22 1994</b>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26c. <b>AUG 22 1994</b>	



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

# UNOFFICIAL COPY

LOT 279 IN IN WEATHERSFIELD UNIT NO. 3, BEING A SUBDIVISION IN SECTIONS 20 AND 21, TOWNSHIP 41 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED APRIL 11, 1961 AS DOC. 18132630 IN THE RECORDER'S OFFICE OF COOK COUNTY, ILLINOIS

The Real Property or its address is commonly known as 1500 W WEATHERSFIELD WAY, SCHAUMBURG, IL 60193. The Real Property tax identification number is 07-20-404-020.

Property of Cook County Clerk's Office