

DECEASED JOINT
TENANCY AFFIDAVIT

State of Illinois)
) ss.
County of Cook)



BARBARA A. BOYLE being duly sworn states
That she resides at 319 Hickory Court, Schaumburg, Illinois.

That she was married to JOSEPH T. BOYLE, deceased, who, at the time of his death,
was one of the owners of the land in Cook County, Illinois, described as:

UNIT NO. 13-205 IN STEEPLE HILL CONDOMINIUM, AS DELINEATED UPON THE
SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

LOT 1 OF HOFFMAN ESTATES APARTMENTS, A SUBDIVISION IN THE NORTHEAST
¼ OF SECTION 16, TOWNSHIP 41 NORTH, RANGE 10, EAST OF THE THIRD
PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS; WHICH SURVEY IS
ATTACHED AS EXHIBIT "B" TO THE DECLARATION OF THE CONDOMINIUM
OWNERSHIP AND OF COVENANTS, EASEMENTS AND RESTRICTIONS RECORDED
IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS AS
DOCUMENT NUMBER 25, 288, 100; TOGETHER WITH ITS UNDIVIDED PERCENTAGE
INTEREST IN THE COMMON ELEMENTS.

Permanent Real Estate Index Number: 07-16-200-046-1355
Address of Real Estate: 1085 Knoll Lane, Unit 205, Hoffman Estates,
Illinois 60193

That the deceased died on April 16, 2002 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 Dupage County, Illinois.
- X_____ Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois, on or about May 1, 2002.

Sub
D3
Meyers
CW

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 death of the deceased, does not exceed the sum of \$250,000 dollars.

Barbara Boyle
BARBARA A. BOYLE

Subscribed and sworn to me by BARBARA A. BOYLE on June 3, 2002.

Christopher J. Goluba
Notary Public



This instrument was prepared by and MAIL TO:

SUTERA, GINALI & HAGENAUER
947 N. PLUM GROVE ROAD
SCHAUMBURG, IL 60173
847-517-4310.

Property of Cook County Clerk's Office

UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE: APRIL 18, 2002

SIGNED: Mary Ann Rizzo

at Cook County Department of Public Health Official Title, Chief Deputy Registrar

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16.0

REGISTERED NUMBER

DECEASED-NAME

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

1. DECEASED-NAME Joseph T. Boyle

2. SEX Male

3. DATE OF BIRTH April 16, 2002

4. COUNTY OF DEATH Cook

5. AGE-LAST BIRTHDAY (YRS) 76

6. DATE OF DEATH (MONTH, DAY, YEAR) August 30, 1924

7. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Elk Grove

8. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Alexian Brothers

9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married

10. SOCIAL SECURITY NUMBER 328-16-3424

11. USUAL OCCUPATION Maintenance

12. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Barbara Bauer

13. KIND OF BUSINESS OR INDUSTRY Telephone

14. RESIDENCE (STREET AND NUMBER) 319 Hickory Ct.

15. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Schaumburg

16. STATE Illinois

17. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White

18. FATHER-NAME FIRST MIDDLE LAST Joseph Boyle

19. MOTHER-NAME FIRST MIDDLE LAST Barbara Boyle

20. RELATIONSHIP Wife

21. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP CODE) 319 Hickory Ct. Schaumburg, Ill. 60193

22. IMMEDIATE CAUSE (Final disease or condition resulting in death) END STAGE CHRONIC OBSTRUCTIVE LUNG DISEASE YEARS

23. CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF. (c) DUE TO, OR AS A CONSEQUENCE OF.

24. DATE OF OPERATION, IF ANY None

25. MAJOR FINDINGS OF OPERATION Aspic Patient

26. (a) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 4/18/02

27. TO THE BEST OF MY KNOWLEDGE, A F.A.H. OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. Yes A. Williams MD.

28. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) John A. Williams MD.

29. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Scotty Ann Hill

30. BIRTHAL, CREMATION, REMOVAL (SPECIFY) Cremation

31. CEMETERY OR CREMATORY-NAME Twin Pines

32. LOCATION Dundee, Illinois

33. FUNERAL HOME Michaels 800 S. Roselle Rd. Schaumburg, Illinois 60193

34. FUNERAL DIRECTOR'S SIGNATURE Richard J. Demnicki

35. LOCAL REGISTRAR'S SIGNATURE Karen L. Scott, M.D.

36. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) April 18, 2002

37. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) April 18, 2002

38. (BASED ON 1989 U.S. STANDARD CERTIFICATE)

UNOFFICIAL COPY



Property of Cook County Clerk's Office