

UNOFFICIAL COPY

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2003-02-25 14:51:39

Cook County Recorder- 26.00

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)SS
COUNTY OF COOK)

DAVID A. BISAILLON, JR. being duly sworn states that he resides at 14416 South Kilbourn, in the Village of Midlothian, County of Cook, State of Illinois.



0030266502

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

Legal Description:

Lot 3 (except the North 20 feet thereof) and the North 45 feet of Lot 4 in Block 14 in Midlothian Park, a subdivision of Blocks 1 to 4, 13 to 20 and 29 to 32 in the First Addition to Midlothian Gardens in the North West quarter of Section 10, Township 36 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

PIN 28-10-113-031, Volume 26

ADDRESS: 14416 South Kilbourn, Midlothian, Illinois 60445

That the deceased died February 12, 2003 as evidenced by a certified copy of the 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 _____ 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 FEBRUARY 25, 2003.

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 lifetime unified exemption equivalent for federal estate tax purposes.

Affiant makes this affidavit for the purpose of inducing a title company to issue its Title Insurance Policy describing the above-mentioned property.

Subscribed and sworn to before me this 21st day of FEB, 2003.



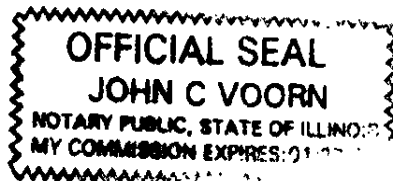
Notary Public



DAVID A. BISAILLON, JR.

This Instrument Prepared By:

John C. Voorn, Esq.
Hiskes, Dillner, O'Donnell, Marovich & Lapp, Ltd.
10759 West 159th Street, Suite 201
Orland Park, Illinois 60467
(708) 403-5050
Firm ID No.: 80407
RETURN TO BOX 330 JCV



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BOX

STATE OF ILLINOIS DAVID ORR, County Clerk FEB 14 2003
 County of Cook

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

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

REGISTRATION NO. 1010
 REGISTERED NUMBER
 STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
 STATE FILE NUMBER

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
 MARY ANN L. BISALLION 2 FEMALE 3 FEBRUARY 12, 2003
 COUNTY OF DEATH COOK AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
 4 COOK 77 5a. 77 5b. 77 5c. 77 5d. JUNE 6, 1925
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT MEMBER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. (OPERER, P.M., INPATIENT (SPECIFY))
 6. PALOS HEIGHTS 6b. PALOS COMMUNITY HOSPITAL 8c. INPATIENT

DECEASED
 6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 CHICAGO, ILL. 8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
 7 SOCIAL SECURITY NUMBER 8b. DAVID ALFRED BISALLION
 10. 343-16-9949 11a. NURSE AID 11b. HOUSE SING HOME 12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
 RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
 13a. 14416 KILBOURN 13b. MIDDLETOWN 14b. YES NO 13c. YES NO 13d. COOK
 STATE ILLINOIS 13e. ILLINOIS 13f. ZIP CODE 148 14b. YES NO 14c. YES NO 14d. YES NO

PARENTS
 15. NOT AVAILABLE 16. SARAFINSKI LILLIAN SARAFINSKI (MAIDEN) LAST
 FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST
 17a. DAVID ALFRED BISALLION 17b. HUSB. 17c. MIDDLETOWN, ILLINOIS 60445
 INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP)

CAUSE
 18. PART I. Enter the diseases, 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.
 Immediate Cause (Final disease or condition resulting in death) (a) *Preterm Birth*
 CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (b) *Multiple malformations due to congenital reproductive failure*
 CAUSE LAST. STATING THE UNDERLYING CAUSE LAST. REPRODUCTIVE FAILURE
 PART II. Other significant conditions or findings to death but not resulting in the underlying cause given in PART I.

DATE OF OPERATION, IF ANY 20a. MAJOR FINDINGS OF OPERATION
 20b. 2/21/03
 (MONTH, DAY, YEAR)
 21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
 21b. NO
 WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)
 21c. 9:35 P. M.
 DATE SIGNED (MONTH, DAY, YEAR)
 22b. 2/14/03
 ILLINOIS LICENSE NUMBER
 22d. 036085113
 NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

CERTIFIER
 22a. SIGNATURE (TYPE OR PRINT) NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)
 22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
 22d. 036085113
 ILLINOIS LICENSE NUMBER
 22e. 036085113
 NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

DISPOSITION
 23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL 24b. ST. BENEDICT 24c. CRESTWOOD, ILLINOIS 24d. FEB. 15, 2003
 CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
 25a. MCKENZIE FUNERAL HOME 15618 S. CICCERO AV. OAK FOREST, IL 60452
 FUNERAL HOME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
 25b. MCKENZIE FUNERAL HOME 15618 S. CICCERO AV. OAK FOREST, IL 60452
 FUNERAL DIRECTOR'S SIGNATURE NAME AND ADDRESS OF DIRECTOR (TYPE OR PRINT) CITY OR TOWN STATE ZIP
 25c. 034-0010222
 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
 25d. 034-0010222
 LOCAL REGISTRAR'S SIGNATURE NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT) CITY OR TOWN STATE ZIP
 25e. 034-0010222
 LOCAL REGISTRAR'S ILLINOIS LICENSE NUMBER
 26a. REGISTRAR 26b. 2/14/03
 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records
 (BASED ON 1989 U.S. STANDARD CERTIFICATE)