

UNOFFICIAL COPY



Doc#: 0327519015  
Eugene "Gene" Moore Fee: \$28.50  
Cook County Recorder of Deeds  
Date: 10/02/2003 12:17 PM Pg: 1 of 3

Deceased Joint Tenancy Affidavit

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Mail to:  
John F. Scanlon  
6214 N. LeMai  
Chicago, IL 60646

This instrument prepared by:  
David E. Alms  
1420 Renaissance Dr., #406  
Park Ridge IL 60068

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State of Illinois  
County of Cook

John F. Scanlon, after first being duly sworn, states that he resides at 6214 N. LeMai, Chicago, IL 60646.

That he was acquainted with and was the surviving son of JAMES SCANLON, who at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

LOT 4 IN KNUTH'S SUBDDIVISION OF THE SOUTHEASTERLY 3 ACRES OF THE SOUTHWEST HALF (1/2) OF LOT 26 IN OGDEN AND JONES SUBDIVISION OF BRONSON TRACT IN CALDWELL'S RESERVE IN TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COCK COUNTY, ILLINOIS.

Permanent Index No.: 13 04 109 020 0000.  
Common Address: 6214 N. LeMai Ave., Chicago, IL 60646.

That the decedent June 5, 1994 as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the decedent died:  
xx Leaving no Last Will and Testament.

# UNOFFICIAL COPY

\_\_\_\_\_ Leaving a Last Will and Testament, a copy of which is attached hereto. The original of the unproven will should be filed in the Unproven Will Box of the Probate Division of the Circuit Court for Cook County, Illinois.

\_\_\_\_\_ Leaving a Last Will and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court for Cook 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 death of the deceased, does not exceed the sum of \$35,000.

Affiant makes this affidavit to induce a title company to issue a title insurance policy describing the above mentioned property.

John F. Scanlon  
John F. Scanlon

Subscribed and sworn to before me this  
16 day of September, 2003.

[Signature]  
Notary Public



Property of Cook County Clerk's Office

STATE OF ILLINOIS  
County of Cook

**UNOFFICIAL COPY**  
DAVID ORR, County Clerk

AUG 21 2002

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

NO	REGISTRATION DISTRICT NO <b>10.10</b>	STATE OF ILLINOIS	STATE FILE NUMBER <b>610581</b>
REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>	
DECEASED-NAME FIRST MIDDLE LAST <b>James Scanlon</b>		SEX <b>M</b>	DATE OF DEATH (MONTH DAY YEAR) <b>6-5-94</b>
COUNTY OF DEATH <b>Cook</b>	AGE-LAST BIRTHDAY (YRS) 5a. <b>64</b>	UNDER 1 YEAR 5b.	UNDER 1 DAY 5c.
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER <b>Chicago</b>	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>6214 N Lemai</b>		DATE OF BIRTH (MONTH DAY YEAR) <b>4-22-30</b>
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Ireland</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. <b>Married</b>	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) <b>Eileen (Connolly)</b>	IF HOSP. OR INST. INDICATE D.O.A. OR IEMER. RM. INPATIENT (SPECIFY) <b>NO</b>
SOCIAL SECURITY NUMBER <b>338-34-9310</b>	USUAL OCCUPATION 11a. <b>Painter</b>	KIND OF BUSINESS OR INDUSTRY 11b. <b>City of Chicago</b>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. <b>12</b>
RESIDENCE (STREET AND NUMBER) <b>6214 N. Lemai</b>	CITY, TOWN, TWP, OR ROAD DISTRICT NO <b>Chicago</b>	INSIDE CITY (YES/NO) 13c. <b>Yes</b>	COUNTY 13d. <b>Cook</b>
STATE <b>ILLINOIS</b>	ZIP CODE 13f. <b>60646</b>	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. <b>White</b>	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:
FATHER-NAME FIRST MIDDLE LAST <b>Patrick Scanlon</b>	MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST <b>Mary Rooney</b>	INFORMANT'S NAME (TYPE OR PRINT) 17a. <b>Eileen Scanlon</b>	
RELATIONS HP 17b. <b>Wife</b>		MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN, STATE, ZIP) 17c. <b>6214 N Lemai, CHGO IL 60646</b>	
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.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death) (a) <b>Globastomy multibac</b>			<b>3 yrs.</b>
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. (c) DUE TO, OR AS A CONSEQUENCE OF			
DATE OF OPERATION, IF ANY 20a. <b>7/91</b>	MAJOR FINDINGS OF OPERATION 20b. <b>Globastomy multibac</b>		IF AUTOPSY (YES/NO) 19a. <b>NO</b>
IF FEMALE, WAS THERE A PREGNANCY IN PAST 12 MONTHS? 20c. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO) 19b.	
19. (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a.		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. <b>NO</b>	HEUR OF DEATH 21c. <b>11:50 PM</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) 22b. <b>6/6/99</b>	
22a. SIGNATURE <i>Joseph F. Pasternak</i> NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>Joseph F Pasternak Evanston Il,</b>		ILLINOIS LICENSE NUMBER 22d. <b>036-038550</b>	
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <b>Nina Palokogor</b>		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <b>Burial</b>	CEMETERY OR CREMATORY NAME 24b. <b>All Saints</b>	LOCATION CITY OR TOWN STATE 24c. <b>Des Plaines, IL</b>	DATE (MONTH DAY YEAR) 24d. <b>JUNE 8, 1994</b>
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. <b>Cooney Funeral Home 3552 N. Southport Ave. Chicago, IL 60657</b>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. <b>8582</b>	
FUNERAL DIRECTOR'S SIGNATURE <i>Martin A. Cooney</i>		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) 28b. <b>JUN 17 1994</b>	
LOCAL REGISTRAR'S SIGNATURE <i>Joseph A. P... MHA</i>			
26a.		26b.	