



Doc#: 0411108112
Eugene "Gene" Moore Fee: \$50.00
Cook County Recorder of Deeds
Date: 04/20/2004 12:35 PM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

003-21980-5C

State of Illinois

ORDER # 03 - 21980

County of Cook

3P

James R. Mann, being duly sworn, states as follows:

- That I resides at 3639 Morton Av., Brookfield, IL
- That I was acquainted with Alexandria Mann, who died on November 22, 1999, as evidenced by the attached certified copy of death certificate;
- That said decedent was one of the owners of the land described in the above order number;
- That said decedent died:
 - Leaving no Last Will and Testament
 - Leaving a Last Will and Testament, a copy of which is attached
- The total value of the estate of said decedent for State of Illinois inheritance tax and Federal estate tax purposes, does not exceed \$ 50,000.

Lawyers Unit #10056 Case# 03/1980

Subscribed and Sworn to before me by the aforesaid Affiant, this 19th day of March, 2004.

James R. Mann
Signature of Affiant

Deborah E. Sitter
Notary Public

My commission expires



UNOFFICIAL COPY

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 22.0		STATE OF ILLINOIS				STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH							
Type of Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED-NAME FIRST MIDDLE LAST 1. Alexandria Marie Mann			SEX 2. Female		DATE OF DEATH (MONTH, DAY, YEAR) 3. November 22, 1999		
A. DECEASED		COUNTY OF DEATH 4. DuPage		AGE-LAST BIRTHDAY (YRS) MOSE. DAYS HOURS MIN. 5a. 87 5b. 5c. 5d. April 18, 1912		DATE OF BIRTH (MONTH, DAY, YEAR)		IF HOSP. OR NOT INDICATE DOA OPERER, PM, INPATIENT (SPECIFY) 6c. Inpatient	
B. DECEASED		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. Lombard		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. Lexington Manor Nursing Home		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. No			
C. DECEASED		BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chicago, IL		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Widowed		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. None			
D. DECEASED		SOCIAL SECURITY NUMBER 10. 318-09-2846		USUAL OCCUPATION 11a. Secretary		KIND OF BUSINESS OR INDUSTRY 11b. Retail Store		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): Elementary (5-12) College (1-4 or 5+) 12. 12 -0-	
E. DECEASED		RESIDENCE (STREET AND NUMBER) 13a. 555 Foxworth Boulevard		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Lombard		INSIDE CITY (YES/NO) 13c. Yes		COUNTY 13d. DuPage	
PARENTS		STATE 13e. Illinois		ZIP CODE 13f. 60148		RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 14a. White		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) 14b. NO YES SPECIFY:	
1. PARENTS		FATHER-NAME FIRST MIDDLE LAST 15. Bronislaus Seweryn			MOTHER-NAME FIRST MIDDLE LAST 16. Sophie Motycka				
2. PARENTS		INFORMANT'S NAME (TYPE OR PRINT) 17a. James R. Mann		RELATIONSHIP 17b. Son		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 3639 Morton Ave/Brookfield, IL/60513			
3. CAUSE		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. 18. (a) Pneumonia						APPROPRIATE ATTENTION BETWEEN ONSET AND DEATH days	
4. CAUSE		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) dementia						years	
5. CAUSE		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. dysphagia						AUTOPSY (YES/NO) 19a. No	
6. CAUSE		DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO			
7. CERTIFIER		1 (DO) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 11-2-99		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. No		HOUR OF DEATH 21c. 7:30 P.M.			
8. CERTIFIER		TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE David Labatka						DATE SIGNED (MONTH, DAY, YEAR) 22b. 11-24-99	
9. CERTIFIER		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. David Labatka 3743 Highland Woodcrest Grove IL 60515		ILLINOIS LICENSE NUMBER 22d. 036073531		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
10. DISPOSITION		BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY-NAME 24b. St. Adalbert		LOCATION CITY OR TOWN STATE 24c. Niles, Illinois		DATE (MONTH, DAY, YEAR) 24d. Nov. 27, 1999	
11. DISPOSITION		FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. Johnson Funeral Home, Ltd. 3845-47 Prairie Avenue Brookfield, IL 60513		FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature]		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 054-01197			
12. DISPOSITION		LOCAL REGISTRAR'S SIGNATURE 26a. [Signature]		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. NOV 29 1999		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			

VR200 (Rev. 5/98)

Illinois Department of Public Health—Division of Vital Records

(BASED ON THE U.S. STANDARD CERTIFICATE)



DuPage County Health Department

111 North County Farm Road Wheaton, Illinois 60187

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

[Signature]

Local Registrar

Not valid without the embossed seal of DuPage County Health Department

UNOFFICIAL COPY

LAWYERS TITLE INSURANCE CORPORATION

10 S. LaSalle St., Suite 2500

Chicago, IL 60603

SCHEDULE A CONTINUED - CASE NO. 03-21980

Pin # 15-34 311-033

LEGAL DESCRIPTION:

THE SOUTH 60 FEET OF LOT 9 IN BLOCK 12 IN PORTIA MANOR, BEING A SUBDIVISION IN THE SOUTHWEST 1/4 OF SECTION 34, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

SCHEDULE A - PAGE 2
