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0426014267

Doc#: 0426014267
Eugene "Gene" Moore Fee: \$30.00
Cook County Recorder of Deeds
Date: 09/16/2004 02:02 PM Pg: 1 of 4

JOINT TENANCY AFFIDAVIT

PREPARED BY: AND MAIL TO:

K. MCCARTHY

7903 W. 159th St, Ste B

Tinley Park, IL 60477

Property of Cook County Clerk's Office

4/29

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DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF Cook) SS. Order number: 040705300080

Marian A. Finn, being duly sworn states that she resides at 6704 W. 165th Pl. in the City of Tinley Park, IL.

That she was acquainted with John P. Finn (spouse) deceased who, at the time of death, was one of the sworn of the land in County, Illinois, describes as:

See Exhibit A Legal Description attached hereto and made a part hereof.

P.I. N.: 28-19-405-010
Commonly Known As: 6704 W. 165th Pl., Tinley Park, IL 60477

That the deceased died May 2, 1994, as evidenced by a certified copy of death certificate of the deceased attached hereto.

 That the deceased died: Leaving no Last Will & Testament.
 X 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 Cook County, Illinois.
 Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of 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 \$600,000.00 Dollars.

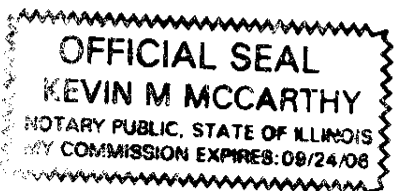
Affiant makes this affidavit for the purpose of inducing ATGF, Inc. to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said
Marian A. Finn

this 15th day of August, A.D. 2004.

Kevin M. McCarthy
Notary Public

Marian A. Finn
(Affiant's Signature)- Marian A. Finn



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EXHIBIT "A"
LEGAL DESCRIPTION

LOT 34 IN TINLEY TERRACE UNIT NO. 1, BEING A SUBDIVISION OF PART OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 19, TOWNSHIP 36 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office
JSC/9# 405-610

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I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH AND RECORD FOR THE DECEASED 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 May 4, 1994 SIGNED [Signature] Official Title Chief Deputy Registrar
At Cook County Department of Public Health, 1010 Lake Street Oak Park, IL 60301

MEDICAL CERTIFICATE OF DEATH

DECEASED NAME: **John P. Hebel** SEX: **M** AGE: **67** BIRTHDAY: **52** MONTH: **12** YEAR: **1926**

CITY/TOWN: **Hazel Crest** COUNTY: **COOK**

RESIDENCE: **361-12-9109** CITY/TOWN: **Principle** STATE: **Illinois**

HOSPITAL OR OTHER INSTITUTION: **South Suburban Hospital**

DATE OF DEATH: **23** MONTH: **12** YEAR: **1994**

PLACE OF DEATH: **Home**

DECEASED'S SEX: **Male** RACE: **White** ETHNIC ORIGIN: **Other**

RELIGION: **None** MARRIED: **Yes** MARRIAGE DATE: **1958**

WAS DECEASED A PATIENT IN A HOSPITAL OR OTHER INSTITUTION AT THE TIME OF DEATH? **Yes**

WAS DECEASED A PATIENT IN A NURSING HOME AT THE TIME OF DEATH? **Yes**

WAS DECEASED A PATIENT IN A LONG TERM CARE FACILITY AT THE TIME OF DEATH? **Yes**

1. NAME OF DECEASED: **John P. Hebel**

2. SEX: **M**

3. AGE: **67**

4. BIRTHDAY: **52** MONTH: **12** YEAR: **1926**

5. CITY/TOWN: **Hazel Crest** COUNTY: **COOK**

6. RESIDENCE: **361-12-9109** CITY/TOWN: **Principle** STATE: **Illinois**

7. HOSPITAL OR OTHER INSTITUTION: **South Suburban Hospital**

8. DATE OF DEATH: **23** MONTH: **12** YEAR: **1994**

9. PLACE OF DEATH: **Home**

10. DECEASED'S SEX: **Male** RACE: **White** ETHNIC ORIGIN: **Other**

11. RELIGION: **None** MARRIED: **Yes** MARRIAGE DATE: **1958**

12. WAS DECEASED A PATIENT IN A HOSPITAL OR OTHER INSTITUTION AT THE TIME OF DEATH? **Yes**

13. WAS DECEASED A PATIENT IN A NURSING HOME AT THE TIME OF DEATH? **Yes**

14. WAS DECEASED A PATIENT IN A LONG TERM CARE FACILITY AT THE TIME OF DEATH? **Yes**

15. FATHER: **John Patrick Finn**

16. MOTHER: **Wanda Hebel**

17. INFORMATION: **Susan E. Hasse**

18. PART I: **Evolutionary**

19. PART II: **Lung Cancer**

20. DATE OF OPERATION: **None**

21. MAJOR FINDINGS: **None**

22. WAS DECEASED A PATIENT IN A HOSPITAL OR OTHER INSTITUTION AT THE TIME OF DEATH? **Yes**

23. WAS DECEASED A PATIENT IN A NURSING HOME AT THE TIME OF DEATH? **Yes**

24. WAS DECEASED A PATIENT IN A LONG TERM CARE FACILITY AT THE TIME OF DEATH? **Yes**

25. SIGNATURE OF DECEASED: **John P. Hebel**

26. SIGNATURE OF WITNESS: **John P. Hebel**

27. SIGNATURE OF DECEASED'S PHYSICIAN: **Agop Tepeli MD**

28. SIGNATURE OF ATTENDING PHYSICIAN: **Agop Tepeli MD**

29. SIGNATURE OF OTHER THAN PHYSICIAN: **None**

30. SIGNATURE OF REGISTRAR: **John P. Hebel**

31. SIGNATURE OF REGISTRAR: **John P. Hebel**

32. SIGNATURE OF REGISTRAR: **John P. Hebel**

33. SIGNATURE OF REGISTRAR: **John P. Hebel**

34. SIGNATURE OF REGISTRAR: **John P. Hebel**

35. SIGNATURE OF REGISTRAR: **John P. Hebel**

36. SIGNATURE OF REGISTRAR: **John P. Hebel**

37. SIGNATURE OF REGISTRAR: **John P. Hebel**

38. SIGNATURE OF REGISTRAR: **John P. Hebel**

39. SIGNATURE OF REGISTRAR: **John P. Hebel**

40. SIGNATURE OF REGISTRAR: **John P. Hebel**