



Doc#: 0426018033
Eugene "Gene" Moore Fee: \$28.50
Cook County Recorder of Deeds
Date: 09/16/2004 09:47 AM Pg: 1 of 3

DECEASED JOINT TENANT AFFIDAVIT

STATE OF ILLINOIS }
 } ss.
COUNTY OF COOK }

JOHN M. GEARY, being duly sworn states that he resides at 3743 North Sayre Avenue, in the City of Chicago, IL 60634.

That he was acquainted with MARGARET E. GEARY, Deceased, who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

SEE LEGAL DESCRIPTION ON THE REVERSE SIDE HEREOF

c/k/a: 3743 North Sayre Avenue, Chicago, IL 60634
P.I.N. 13-19-123-006-0000

That the deceased died July 13, 2004, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

X Leaving NO Last Will & Testament.

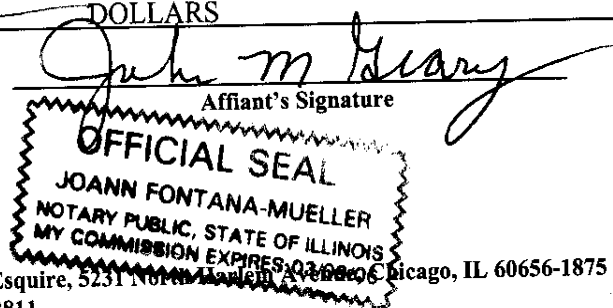
 Leaving a Last Will & Testament, a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of County, Illinois.

 Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of County, Illinois, on or 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 TWO HUNDRED FIFTY THOUSAND DOLLARS

SUBSCRIBED and SWORN to before me by the said
JOHN M. GEARY
this 14th day of September, A.D., 2004

Joann Fontana-Mueller
Notary Public



THIS DOCUMENT PREPARED BY: Robert J. Di Silvestro, Esquire, 5231 North Lincoln Avenue, Chicago, IL 60656-1875
Phone: (773) 774-2000, FAX: (773) 774-4545, Attorney Code: 52811

UNOFFICIAL COPY

LEGAL DESCRIPTION

THE SOUTH 29.81 FEET OF THE NORTH 59.62 FEET OF LOT 9 IN BLOCK 4 IN W. F. KAISER AND COMPANY'S ADDISON HEIGHTS, BEING A SUBDIVISION OF THE SOUTH HALF OF THE NORTH WEST QUARTER OF SECTION 19, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N.: 13-19-123-006-0000

c/k/a: 3743 North Sayre Avenue, Chicago, IL 60634

MAIL TO:

ROBERT J DISILVESTRO
5231 N HARLEM AVE
CHICAGO IL 60656

Property of Cook County Clerk's Office

UNOFFICIAL COPY

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

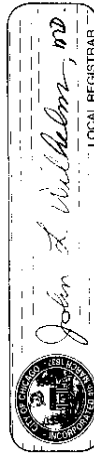
REGISTRATION DISTRICT NO. **16.10**

609910

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JUL 15 2004

I, JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

DECEASED-NAME Margaret E. Geary		LAST Geary	SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) July 13, 2004
COUNTY OF DEATH Cook		UNDER 1 DAY HOURS MIN 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) October 4, 1906	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago		IF HOSP. OR INST. INDICATE O.O.A. OP/EMER, RM, INPATIENT (SPECIFY) Scene		
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, IL		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) No		
SOCIAL SECURITY NUMBER 335-20-4353		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (1-4 or 5-) Cook		
RESIDENCE (STREET AND NUMBER) 3743 N. Sayre Avenue		CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago		
STATE Illinois		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White		
FATHER-NAME Philip Corrigan		MOTHER-NAME Mary Flainely		
INFORMANT'S NAME (TYPE OR PRINT) John Geary		RELATIONSHIP Son		
17a. Illinois		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 3743 N. Sayre Ave., Chicago, IL 60634		
18. PART I. Enter the disease, 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. (a) Sudden Cardiac Death (b) Hypertension (c) Seizure Disorder		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 Yrs.		
DATE OF OPERATION, IF ANY June 21, 2004		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) Yes		
20a. (101) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON June 21, 2004		HOUR OF DEATH 3:00 P.M.		
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. Michael Lioacono, MD		DATE SIGNED (MONTH, DAY, YEAR) July 13, 2004		
22a. SIGNATURE John L. Wilhelm, M.D.		ILLINOIS LICENSE NUMBER 036-073847		
22c. Michael Lioacono, MD		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 7632 W. North Ave., Elmwood Park, IL		
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Entombment		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
24a. Entombment		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Michael Lioacono, MD		
FUNERAL HOME Gibbons Funeral Home		CITY OR TOWN Chicago		
25a. Gibbons Funeral Home		STATE Illinois		
FUNERAL DIRECTOR'S SIGNATURE John L. Wilhelm, M.D.		ZIP 60634		
25b. John L. Wilhelm, M.D.		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 10380		
26a. John L. Wilhelm, M.D.		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) JUL 15 2004		