

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 0426750052
Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 09/23/2004 11:17 AM Pg: 1 of 2

ROSANNE CURRAN, being duly sworn that she resides at 10405 South Spaulding, in the City of Chicago, County of Cook, and State of Illinois.

That she was acquainted with JOHN C. CURRAN, deceased, who, at the time of his death, was one of the owners of the land in the City of Chicago, County of Cook, State of Illinois, described as:

THE NORTH 40 FEET OF THE SOUTH 80 FEET OF LOT 10 IN BLOCK 11 IN GUNN'S SUBDIVISION OF THE EAST 70 ACRES OF THE NORTH 100 ACRES OF THE NORTH EAST QUARTER OF SECTION 14, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.
PIN: 24-14-211-040
ADDRESS OF REAL ESTATE: 10405 SOUTH SPAULDING, CHICAGO, ILLINOIS 60655

PREPARED BY AND MAIL TO: BRIAN S. DENENBERG, DENKEWALTER & ANGELO, 5215 OLD ORCHARD RD., SUITE 1010, SKOKIE, ILLINOIS 60077

That the deceased died March 28, 2000, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

Leaving no Last Will and Testament.

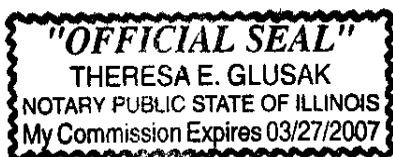
Leaving a Last Will and Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.

Leaving a Last Will and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois.

Subscribed and sworn to before me by the said ROSANNE CURRAN
this 15th
day of September, 2004.

Theresa E. Glusak
Notary Public

Rosanne Curran
Affiant's Signature



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CITY OF CHICAGO

DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER

605159

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

MAR 30 2000

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10

REGISTERED NUMBER

DECEASED-NAME 1. JOHN CURRAN	FIRST JOHN	MIDDLE	LAST CURRAN	SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. MARCH 28, 2000
COUNTY OF DEATH 4. COOK	AGE-LAST BIRTHDAY (YRS) 5a. 70	UNDER 1 DAY HOURS 5b. 50	MIN 5c. 50	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. OCTOBER 23, 1929	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. CHICAGO	8b. 10405 SOUTH SPAULDING	IF HOSP. OR INST. INDICATE D.O.A., OPENER RM, INFANTRY (SPECIFY)			
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. CHICAGO, ILLINOIS	8d. ROSANNE MCCLOREY	6c. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. YES			
SOCIAL SECURITY NUMBER 10. 347-22-7479	11a. POLICEMAN	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (1-4 or 5+) 2.			
RESIDENCE (STREET AND NUMBER) 13a. 10405 SOUTH SPAULDING	13b. CHICAGO	INSIDE CITY (YES/NO) 13c. YES	COUNTY 13d. COOK		
STATE 13e. ILLINOIS	13f. 60655	14a. WHITE			
FATHER-NAME 15. CORNELIUS F. CURRAN	FIRST CORNELIUS	MIDDLE	LAST CURRAN	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY: MOTHER-NAME FIRST MIDDLE LAST 16. CATHERINE T. KEATING	
INFORMANT'S NAME (TYPE OR PRINT) 17a. ROSANNE CURRAN	RELATIONSHIP 17b. WIFE	MAILING ADDRESS (STREET AND NO. OR TOWN, STATE, ZIP) 17c. 10405 SOUTH SPAULDING CHICAGO, ILL 60655			
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. Immediate Cause (Final disease or condition resulting in death) (a) METASTATIC MELANOMA DUE TO, OR AS A CONSEQUENCE OF (b) CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (c) STATING THE UNDERLYING CAUSE LAST. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
DATE OF OPERATION, IF ANY 20a. (M) (D) (Y) (D) (M) (Y) (A) (L) (I) (V) (E) 20b. FEBRUARY 24, 2000	MAJOR FINDINGS OF OPERATION 20c. (M) (O) (N) (T) (H) (D) (A) (Y) (Y) (E) (A) (R) 20d. 12:15 A.M.	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO	WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20g. YES <input type="checkbox"/> NO <input type="checkbox"/>	WAS AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b. NO	DATE SIGNED (MONTH, DAY, YEAR) 22b. MARCH 29, 2000
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.					
22a. SIGNATURE THOMAS GAJEWSKI, MD					
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) THOMAS GAJEWSKI, MD CHICAGO, ILLINOIS 60637					
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) THOMAS GAJEWSKI, MD					
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL	CEMETERY OR CREMATORY-NAME 24b. HOLY SEPULCHRE	CITY OR TOWN 24c. WORTH, ILLINOIS	STATE 24d. ILLINOIS	DATE (MONTH, DAY, YEAR) 24e. MARCH 31, 2000	ZIP 24f. 60655
25a. ANDREW J. MCGANN & SON FUNERAL HOME, 10727 SOUTH PULASKI ROAD, CHICAGO, IL 60655					
25b. FUNERAL DIRECTOR'S SIGNATURE Andrew J. McGann					
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-009514					
26a. LOCAL REGISTRAR'S SIGNATURE Althea Lynne Rasmussen					
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) MAR 30 2000					



Althea Lynne Rasmussen
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.