

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 0501447004
Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 01/14/2005 07:38 AM Pg: 1 of 2

STATE OF ILLINOIS)
) ss.
COUNTY OF COOK)

CAREN L. HALLORAN, a widow, being duly sworn states that she resides at 5219 North Melvina Avenue, Chicago, Illinois 60630.

That she was acquainted with MICHAEL F. HALLORAN, deceased, who at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

LOT 34 IN ANGELINE DYNIEWICZ PARK BOULEVARD ADDITION, BEING A SUBDIVISION OF THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 8, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number: 13-08-127 014-0000

Address of Real Estate: 5219 North Melvina Avenue, Chicago, Illinois 60630

That the deceased died September 29, 2004, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- 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, 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 _____ dollars.

Subscribed and sworn to before me
This October 04, 2004.

Colette Badame
Notary Public
OFFICIAL SEAL
RETURN TO: COLETTE BADAME, 5219 North Melvina Avenue, Chicago, Illinois 60630
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 10-28-06

x *Caren L. Halloran*
CAREN L. HALLORAN, Affiant

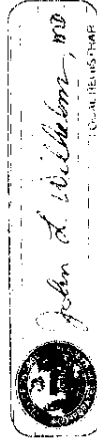
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CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

SEP 30 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 OBTAINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN
MULTICOLOR SIGNATURE SEAL IS
AFFIXED.

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **10.10**

DECEASED-NAME
MICHAEL F HALLORAN

REGISTRATION DISTRICT NO. 10.10	STATE OF ILLINOIS	DATE OF DEATH (MONTH, DAY, YEAR) 3 SEPTEMBER 29, 2004
REGISTERED NUMBER	SEX 2 MALE	DATE OF BIRTH (MONTH, DAY, YEAR) 5d AUGUST 17, 1933
DECEASED-NAME MICHAEL F HALLORAN	AGE (MONTHS, DAYS, HOURS, MIN.) 5b 71	DATE OF BIRTH (MONTH, DAY, YEAR) 5d AUGUST 17, 1933
COUNTY OF DEATH COOK	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT NEITHER, GIVE STREET AND NUMBER) 6b RESURRECTION MEDICAL CENTER	IF HISPANIC OR INDIAN, INDICATE C.O.A. OR OTHER RACE (SPECIFY) BC INPATIENT
CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER CHICAGO	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b Caren Carlson	WAS DECREASED EVER IN US ARMED FORCES? (YES/NO) 9 YES
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, IL	KIND OF BUSINESS OR INDUSTRY 11a Computer Operator	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 2 College (1-655-1)
SOCIAL SECURITY NUMBER 338-28-5146	CITY, TOWN, TWP. OR ROAD/DISTRICT NO. 13b Chicago	COUNTY 13d Cook
RESIDENCE (STREET AND NUMBER) 5219 N. Melvina	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14b White	INSIDE CITY (YES/NO) 13c Yes
STATE Illinois	ZIP CODE 13f 60630	OF HISPANIC ORIGIN? (SPECIFY) OR YES-IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc. 14d X NO
FATHER-NAME FIRST MIDDLE LAST John E. Halloran	RELATIONSHIP 17b Wife	MOTHER-NAME FIRST MIDDLE LAST 18 Anna Nee
INFORMANT'S NAME (TYPE OR PRINT) Caren Halloran	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 5219 N. Melvina Chicago, IL 60630	
17a. Caren Halloran	17c. Chicago, IL 60630	
18. PART I: Immediate Cause (Final disease or condition resulting in death) (a) RESPIRATORY FAILURE	Do not enter the mode of dying, such as cardiac, respiratory arrest, shock, or heart failure. List only one cause on each line.	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (b) PULMONARY FIBROSIS	48 HOURS	
(c)	UNKNOWN	
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		
DATE OF OPERATION, IF ANY 20b	MAJOR FINDINGS OF OPERATION 20c	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
10. DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21d. NO	WHEM AUTHORITY TAKES APPLICABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO) 19b. NO
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED 21a	DATE SIGNED (MONTH, DAY, YEAR) 21c	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
22a. SIGNATURE Michael F. Halloran	DATE SIGNED (MONTH, DAY, YEAR) 21c	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22a	ILLINOIS LICENSE NUMBER 22d. 036-068517	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
22c. MICHAEL GRASSI MD 3929 N CENTRAL AVE SUITE 5 CHICAGO IL 60634	NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24b Cremation Services	CEMETERY OR CREMATORY-NAME 24b Cremation Services	
24a. Remalion	STREET AND NUMBER (OR R.F.D.) 24c Schiller Park	DATE (MONTH, DAY, YEAR) 24d 0/04/2004
25a. Cooney Funeral Home, 625 Busse Hwy., Park Ridge, IL 60068	FUNERAL HOME	STATE IL
FUNERAL DIRECTOR'S SIGNATURE John L. Wilhelm	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 14307	CITY OF TOWN IL
LOCAL REGISTRAR'S SIGNATURE John L. Wilhelm	DATE SIGNED (MONTH, DAY, YEAR) SEP 30 2004	STATE IL