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Doc#: 0519414165
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 07/13/2005 10:18 AM Pg: 1 of 3

861 HET
434 198

STEWART TITLE OF ILLINOIS
2 N. LA SALLE STREET
SUITE 1928
CHICAGO, IL 60602

**DECEASED JOINT
TENANCY
AFFIDAVIT**

16 LEON LANE WEST

Prospect Heights, IL 60070

03-23-305-DU

4db

Property of Cook County Clerk's Office

UNOFFICIAL COPY

Stewart Title Company of Illinois

DECEASED JOINT TENANCY AFFIDAVIT

②

STATE OF ILLINOIS)
COUNTY OF COOK) SS.

COLLEEN MCDONALD, being duly sworn, states that she resides at 16451 GOLF ROAD, COBB CA 95426.

That she was acquainted with MICHAEL B. MCDONALD, deceased who, at the time of death, was the owner of the land in Cook County, Illinois, described as:

LOT 9 IN GREGO'S SUBDIVISION OF THE SOUTHWEST QUARTER OF THE SOUTHWEST QUARTER (EXCEPT THE WEST 495.0 FEET AND EXCEPT FOR THE EAST 181.50 FEET THEREOF) OF SECTION 23, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. : 03-23-305-001

COMMONLY KNOWN AS: 16 LEON LANE WEST, PROSPECT HEIGHTS IL 60070

That the deceased died on JANUARY 17, 2005, as evidenced by a certified copy of death certificate of the deceased attached hereto.

- That the deceased died: Leaving no Last Will and Testament.
- Leaving a Last Will & Testament, a copy of which is attached hereto. The original of the unproven will ~~should be~~ ^{was been} 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 \$ _____ dollars.

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

Subscribed and sworn to before me by the said

COLLEEN MCDONALD

this 29th day of JUNE, 2005.

Rose M. Wisniewski
Notary Public



Colleen McDonald
(Affiant's Signature)

STATE OF CALIFORNIA UNOFFICIAL COPY CERTIFICATE OF VITAL RECORD

COUNTY OF LAKE LAKEPORT, CALIFORNIA

CERTIFICATE OF DEATH

STATE FIRE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO CORRECTURES, WHITEOUTS OR ALTERATIONS VS-11 (REV 1/04)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT -- FIRST (Given)		2. MIDDLE		3. LAST (Family)	
Michael		Bernard		McDonald	
4. AKA, ALSO KNOWN AS -- Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.	
Mike McDonald		11/25/1929		75	
6. SEX		7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hrs)	
M		01/17/2005		2240	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
IL		340-24-8145		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at time of Death)		13. EDUCATION -- Highest Level Degree (see worksheet on back)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back)	
Widowed		H S Graduate		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE -- Up to 3 races may be listed (see worksheet on back)		16. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
White		Owner / Operator		Golf Course	
18. YEARS IN OCCUPATION		19. DECEDENT'S RESIDENCE (Street and number or location)		20. DECEDENT'S RESIDENCE (Street and number or location)	
40		26 Leon Lane West		26 Leon Lane West	
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
Prospect Heights		Cook		60070	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
60		IL		Colleen McDonald - Daughter	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		28. NAME OF SURVIVING SPOUSE -- FIRST		29. MIDDLE	
P. O. Box 290 Cobb CA 95426					
30. LAST (Maiden Name)		31. NAME OF FATHER -- FIRST		32. MIDDLE	
		Patrick			
33. EAST		34. BIRTH STATE		35. NAME OF MOTHER -- FIRST	
McDonald		IL		Pearl	
36. LAST (Maiden)		37. MIDDLE		38. BIRTH STATE	
Goetz				IL	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL REST		41. TYPE OF DISPOSITION	
01/22/2005		All Saints Cemetery 700 W. River Road Des Plaines IL 60014		TR/BU	
42. LICENSE NUMBER		43. NAME OF FUNERAL ESTABLISHMENT		44. SIGNATURE OF LOCAL REGISTRAR	
8508		Chapel of the Lakes		Douglas W. Wacker	
45. DATE mm/dd/yyyy		46. NAME OF HOSPITAL, SPECIFY ONE		47. SIGNATURE OF LOCAL REGISTRAR	
01/19/2005		Sutter Lakeside Hospital		Douglas W. Wacker	
48. COUNTY		49. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		50. CITY	
Lake		5176 Hill Road East		Lakeport	
51. IMMEDIATE CAUSE (Final disease or condition resulting in death)		52. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST		53. DEATH REPORTED TO CORONER?	
Respiratory Failure		Pulmonary Fibrosis		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
54. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 51		55. TYPE OF OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date)		56. FEMALE, PREGNANT IN LAST YEAR?	
Pulmonary Embolism / Coronary Artery Disease / AODM / Anticoagulation		No		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
57. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		58. SIGNATURE AND TITLE OF CERTIFIER		59. LICENSE NUMBER	
Decedent Attended Since		Kirk Andrus MD		6345430	
60. DATE mm/dd/yyyy		61. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		62. DATE mm/dd/yyyy	
01/17/2005		Kirk Andrus MD 4135 Main Street Kelseyville CA 95451		01/19/2005	
63. MANNER OF DEATH		64. INJURED AT WORK?		65. INJURY DATE mm/dd/yyyy	
<input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
66. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		67. SIGNATURE OF CORONER / DEPUTY CORONER		68. DATE mm/dd/yyyy	
		Douglas W. Wacker			
69. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		70. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		71. FAX AUTH. #	
		Douglas W. Wacker			
72. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		73. SIGNATURE OF CORONER / DEPUTY CORONER		74. DATE mm/dd/yyyy	
		Douglas W. Wacker			
75. STATE REGISTRAR		76. COUNTY REGISTRAR		77. CENSUS TRACT	
A B C D E					

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF LAKE } SS

DATE ISSUED JAN 19 2005



This is a true and exact reproduction of the document officially registered and placed on file in the office of the LAKE COUNTY ASSESSOR - RECORDER.

Douglas W. Wacker
DOUGLAS W. WACKER
LAKE COUNTY ASSESSOR - RECORDER

This copy not valid unless prepared on engraved border displaying seal and signature of County Assessor - Recorder.

