INOFFICIAI

DECEASED JOINT TENANC **AFFIDAVIT**

STATE OF ILLINOIS)) SS)
COUNTY OF COOK	
Order No.	



Doc#: 0524434001 Fee: \$28.50 Eugene "Gene" Moore

Cook County Recorder of Deeds

Date: 09/01/2005 09:10 AM Pg: 1 of 3

ALPHONSE S. HALAS, being duly sworn, states that he resides at 107 North Horner Lane, Mount Prospect, IL 60056

That she was acquainted with JUNE M. HALAS, 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 ATTACHED ...

That the deceased died June 29, 2005 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 proven 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 Uni roven Will Box of the Probate Division of the Circuit Court of Cook 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 One Hundred Fifty Thousals (50,000 Dollars.

Subscribed and sworn to before me by the said ALPHONSE S. HALAS, this

Kathleen Meersman Murphy Notary Public, State of Illinois My Commission Exp. 49/16/2005

PREPARED BY: KATHLEEN MEERSMAN MURPHY

16 West Northwest Highway Mount Prospect, IL 60056



0524434001 Page: 2 of 3

UNOFFICIAL COPY

LEGAL DESCRIPTION

4 in Second Aa.
ision of part of
Quarter and part of
Quarter of Section 35,
d Principal Meridian, in

(07 N. Hownew Lang M

PIN-03-35-403-026

0524434001 Page: 3 of 3

STATE OF ILLINOIS) County of Cook)

VIAIC OF ILLINOIS

JUL 05 2005 I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

COUNTY CLERK

DECEDENT'S BIRTH		_	STATE OF HIME		
	DISTRICT NO. /6 · O REGISTERED NUMBER	STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEA			STATE FILE NUMBER
Type or Print in PERMANENT INK See Funeral Director	DECEASED-NAME	FIRST MIDDLE	LAST		DATE OF DEATH (MONTH, DAY, YEAR)
Hospital, or Physician Handbook for INSTRUCTIONS	COUNTY OF DEATH	June M I	Halas	2. Female	
MSTRUCTIONS	4. Cook	BIRTHDAY (YRS)	UNDER TYEAR UNDER	1 DAY DATE OF BH	3. June 29, 2005 RTH (MONTH, DAY, YEAR)
Δ	CITY, TOWN, TWY, OR ROAD DIS	TRICT NUMBER HOSPITAL OR OT	THER INSTITUTION NAME (IF NO	5d.	Jupe 16, 1924
DECEASED	6a. Arligton H	16b	Northwest Commu	TITY HOSPITAL	NO NUMBER) IF HOSP, OR INST. INDICATE D.O. OR/EMER. RM, INPATIENT (SPECIF
P.	FOREIGN COUNTRY)	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SE	OUSE (MAIDEN NAME IF)	MIFE) WAS DECEASED EVER IN U.S.
D	SOCIAL SECURITY NUMBER	8a. Married	8bAl	phonse S. Halas	ARMED FORCES? (YES/NO)
C.,	10. 349181770A	Tia Lab Tech	KIND OF BUSINESS OR		9. No N (SPECIFY ONLY HIGHEST GRADE COM
D	RESIDENCE (STREET AND NUMB		11b. Health C	are	Sec (0-12) College (1-4, or 5
E	13a. 107 N. H	Iorner Lane	Y, TOWN, TWP OR ROAD DIS Mt. Prospect	(YE	SIDE CITY COUNTY
	ZIP (CODE CAPTITE, BLACK,	AMERICAN OF HISPANIC ORIG	IN? (SPECIFY NO OR YES IS YES	COOK SPECIFY CUBAN, MEXICAN, PUERTORICAN, MC.)
	13e. IL 13f. FATHER-NAME FIRST	14a White		YES SPECIFY:	SPECIFY CUBAN, MEXICAN, PUERTOR(CAN, etc.)
PARENTS	1	MIDDLE LAST	MOTHER-NAME	FIRST MID	DLE (MAIDEN)
	15. INFORMANT'S NAME (TYPE OR PRIM	P. Balla	16.	Mabel S	• •
1	l	17	EL CONSHIP MAILIN		NO, OR R.F.D., CITY OR TOWN, STATE, ZIP)
2	18. PART I Enter the dis	se S. Halas			
3	Immediate Cause (Fina) disease or condition	eases, or complications that caused the death. It failure. List only one cause on each line.	Do not enter the rowle of dying, such	as cardiac or respiratory arres	t, Approximate interval
	resulting in death)	Seosii			Between Onset and Death
• • • • • • • • • • • • • • • • • • • •	CONDITIONS, IF ANY WHICH GIVE RISE TO	E TO (OR AS A CONSEQUENCE OF)			
CAUSE	IMMEDIATE CAUSE (a) (b)	Lymphone		0	
	CAUSE LAST.	E TO (OR AS A CONSEQUENCE OF)		//	
	PART II - Other significant conditions contrib	uting to death but not condition to and		T_{Δ}	
	_	of the second of	use given in Part I.		UTOPSY WERE AUTOPSY FINDINGS S/NO) AVAILABLE PRIOR TO COMPLETION
	DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION			S/NO) AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
	20a	20b.			IF -MALE, WAS THERE A PREGNANCY
	I (DID)(DID NOT) ATTEND THE DECE	ASED (MONTH, DAY, YEAR)			20c. ☐ YES ☑ NO
	21a.	T. T.		AS CORONER OR MEDICAL AMINER NOTIFIED? (YES/NO	HOUR OF DEATH
	TO THE BEST OF MY KNOWLEDGE.	PATH OCCURRED AT THE TIME, DA	ATE AND PLACE AND DUE TO	b. No	21c. 6:18 PM M.
CERTIFIER	ZEG. SIGNATURE	to all the		WE OWOOD(0) STATED	
Ĭ	NAME AND ADDRESS OF CERTIFIER	(TYPE OR PRINT)			22b. Jure 30, 2005
	220 NICHARDUSKAR! MI	880W Central Rd.,	Ste Sacra Autinton	IK TI wome	ILLINOIS LICENSE NUMBER
Į	- William Control of the Control of	OTHER THAN CERTIFIER (TYPE OR F	PRINT)	1 40, IL 6000	7-20-0
	23.				NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
	REMOVAL (SPECIFY) 24a. Cremation 24b.	ERY OR CREMATORY - NAME		TY OR TOWN	STATE DATE (MONTH, DAY, YEAR)
DISPOSITION	ELIMETIAL LAZARE	Elm Lawn Crematory ME STREET AND NUMBER	24cElmhurst, IL		^{24d} Jul 6, 2005
JIGI COITICIA		OTTICE TAID NOWBE	R OR R.F.D CITY OF	RTOWN	
	FUNERAL DIRECTOR'S SIGNATURE	ome, Inc., 320 West Cent	ral Road Mount Pro	spect, Illinois 60	0056
ን ^ኃ \	25b. / / /	VAL		1 .	OR'S ILLINOIS LICENSE NUMBER
	LOCAL REGISTRAR'S JGN TURE	1X/	Α.	DATE-FILED BY LO	034-011952
i	26a. TUCULO VR200 (Rev. 5/89)	700		26b lillu	CAL REGISTRAR (MONTH, DAY, YEAR)
	tree most	Illinois Department of Public He	ealth - Division of Vital Records		DN 1989 U.S. STANDARD CERTIFICATE)