

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 0535405104 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 12/20/2005 11:17 AM Pg: 1 of 3

135 4840

STATE OF ILLINOIS)) SS
COUNTY OF COOK)

Edwin K. McDonald, III, being
duly sworn states that he
resides at 26125 S. Royal
Crest Court, Crete, IL

That he was acquainted with Edwin K. McDonald, deceased who, at
the time of his death, was one of the owners of the land in
Chicago, Cook County, Illinois, described as:

see attached...

That the deceased died January 2, 1975 as evidenced by a certified
copy of the 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 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 Cook County, Illinois.

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 \$ 250,000.00
dollars.

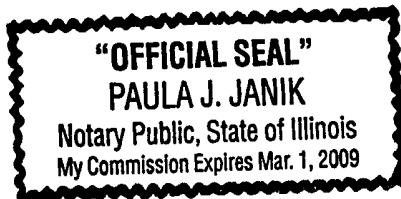
[Signature]
Edwin K. McDonald III

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Sign and sworn to before me

July 5, 2005
[Signature]
NOTARY PUBLIC

ATGF INC.



UNOFFICIAL COPY

Lots seventeen (17) and eighteen (18) in Block Two (2) in the subdivision of Lots five (5) and Six (6) in Newhall, Lar_____ & Woodbridge's subdivision of part of the North West Quarter (NW1/4) of Section fifteen (15), Township thirty-eight (38) North, Range Fourteen (14) East of the Third Principal.

PIN; 20-15-108-018-0000

Property of Cook County Clerk's Office

APRIL 12, 2005

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY
DAVID ORR, County Clerk

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.

David Orr
COUNTY CLERK

7046 STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH STATE FILE NUMBER 600146

REGISTRATION DISTRICT NO. 16.10	REGISTERED NUMBER	DECEASED—NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
		1. Edwin		K	McDonald	Male	3. January 2, 1975	
		RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YRS.)	UNDER 1 YEAR: MOS.	UNDER 1 DAY: DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)	PLACE OF DEATH (COUNTY)	
		4. <u>Black</u>	5a. 82	5b.	5c.	6. 5/7/92	7a. Cook	
		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	INSIDE CITY (YES/NO)	HOSPITAL OR OTHER INSTITUTION—NAME		(IF NOT IN EITHER, GIVE STREET AND NUMBER)		
		7b. Chicago	7c. Yes	7d. Provident Hospital				
		BIRTHPLACE (STATE OR FOREIGN COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (M. WIDEN NAME, IF WIFE)		
		8. AIA	9. USA	10. MARRIED		11. JOANNA C. McDANUS		
		SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY		U.S. WAR VETERAN (YES/NO)	WAR OR DATES OF SERVICE	
		12. 346-44-3275	13a. Doctor	13b. MEDICINE		13c. NO	13d. NONE	
		RESIDENCE—STATE	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	STREET AND NUMBER			
		14a. Illinois	14b. Cook	14c. Chicago	14d. yes	14e. 4860 S Kenwood		
		FATHER—NAME	FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
		15. John			McDonald	16. Ella Johnson		
		INFORMANT'S SIGNATURE	RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)			
		17a. <i>John Johnson</i>	17b. Mother		17c. 26 East 51st Street			
		18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		PART I. IMMEDIATE CAUSE						
		(a) Acute Cerebral Vascular Thrombotic					35 min	
		CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.						
		(b) Atherosclerotic Cardiovascular Disease					Indefinite	
		(c)						
		PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES/NO)	
							17b. NO	
		DATE OF OPERATION, IF ANY					MAJOR FINDINGS OF OPERATION	
		20a.					20b.	
		I ATTENDED THE DECEASED FROM: (MONTH, DAY, YEAR)		TO (MONTH, DAY, YEAR)		AND LAST SAW HIM/HER ALIVE ON: (MONTH, DAY, YEAR)		
		21a. 12/26/74		21b. 1/2/75		21c. 1/2/75		
		21d. 9:45 A.M.						
		I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED					NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.	
		SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)		ILLINOIS LICENSE NUMBER		
		22a. <i>Cheryl E. Smith, M.D.</i>		22b. Jan 7, 1975		22c. 012570		
		MAILING ADDRESS—CERTIFIER		CITY OR TOWN		STATE		
		4215 N. L. King Drive		Chicago		Illinois		
		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CRIMATORY—NAME		LOCATION		
		24a. Burial		24b. LINCOLN		24c. WORTH ILLINOIS		
		FUNERAL HOME		NAME		CITY OR TOWN		
		25a. McVernald Mortuary		OS 138 S Cottage		Chicago ILL		
		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				
		25b. <i>John A. McDonald</i>		25c. 31-6636				
		LOCAL REGISTRAR'S SIGNATURE		CHICAGO BOARD OF HEALTH		DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
		26a. <i>George P. Bruneau</i>		Chicago Civic Center, Room 105 Concourse Level, Chicago 60692-26b.		JAN 4 1975		