## **UNOFFICIAL COPY**

## DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 0703947170 Fee: \$26.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 02/08/2007 02:21 PM Pg: 1 of 2

STATE OF ILLINOIS )
COUNTY OF COOK )
MARY LOU FN LEY being duly sworn states the she resides at 21419 S. Jean, Matteson, Illinois 60443.
That she was acquainted with GARY W. BAILEY, deceased, who, at the time of his death, was one of the owners of the land in Cook County Illinois, described as:
LOT 59 IN BUTTERFIELD CREEK SUBJI/ISION NO. 1, A SUBDIVISION IN THE WEST ½ OF THE SOUTHWEST 1/4 OF SECTION 23, TOV/N3PIP 35 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED DECEMBER 31, 1954 AS DOCUMENT NO. 16111393 AND RE-RECORDED ON MARCH 7, 1955, AS DOCUMENT NUMBER 16166653 IN COOK COUNTY ILLINOIS.
That the deceased died on <u>July 19, 2006</u> , as evidence i 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.  X Leaving a Last Will & Testament which was filed in the Unproven Will Eo. of the Probate Division of the Circuit Court of Cook County, Illinois about July 20, 2706.
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 \$\_\$200,000.00 dollars.
SUBSCRIBED AND SWORN to before me by the said MARY LOU BAILEY this day of January, 2007 .
MARY LOU BAILEY  Notary Public  Official Seal Joseph A Gyarmathy

Notary Public State of Illinois My Commission Expires 03/10/07

of 2 Š TION REGISTRATION DISTRICT NO. REGISTERED 13a. 21419 Jean CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER COUNTY OF DEATH DECEASED-NAME NUMBER CONDITIONS, IF ANY
WHICH GIVE RISE TO
MAMEDIATE CAUSE (a)
STATING THE UNDERLYING
CAUSE LAST. 7 COVINGTON, SOCIAL SECURITY NUMBER BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) PAESIDENCE (STREET AND NUMBER) DATE OF OPERATION, IF ANY FATHER WAL TO THE BEST OF MY KNOWLEDGE 21a. 18. PARTI 2 2 2 3 PART II. Other significant condit NAME AND 22a. SIGNATURE disease or condition resulting in death) ß NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIE Immediate Cause (Final BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Entombrient FUNERAL HOME FUNERAL DIF /R200 (Rev 5/89) LOCAL REGISTRAR'S SIGN 26a. Chicago Cook 360-28-8161 Illinois McKenzie Funeral Home, conteiner Kenzie TOR'S SIGNATI 22 2 Enter the diseases, or complications the shock, or heart failure. List only one ZIP CODE ij Ave. FIRST 24b. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OFF AS A CONSEQ CEMETERY OR CREMATORY-NAME 0 65443 MARRIED, NEVERJAARRIED, WIDOWED, DIVORICED (SPECIFY) MEDICE usum occupation Stationary 5 MAJOR FINDINGS OF OPERATION Holy Sepulchre Cem. MEDICAL CERTIFICATE OF DEATH death but not resulting in the underlying cause given in PART1. Married Dalam CCURRED AT THE TIME, DATE WOF, ACE AND DUE TO THE CAUSE(S) STATED. THE OFF PRINT JONTH, DAY, YEAR) reeurau; グバン 149 William RACE (WHITE BLACK, AMERICAN MIDIAN, etc.) (SPECIFY) Ulinois Department of Public Health.-Division of Vital Records BATTHDAY (YRS) Orule HOSPITAL GROTHER INSTITUTION NAME (F 1961 WEITHER GIVE STRE assy ar MIDDLE Ltd., Q Baile White 2 Carrain on each line STREET AND NUMBER OR R.F.D. 180 4 136. CITY, TOWN, TWP, OR ROAD DISTRICT NO. TYPE OF PRINT) 1 STATE OF ILLINOIS 15618 S. THORKCIC MATTOSON

OF HISPANIC ORIGIN? (SPECIFY MOORY FES. # YES, SPECIFY CUBMI, MEDIL, NI PLERTORI KINDOFBUSINESSORINDUSTRY
Farmie Mae 8 NAME OF SURVIVING SPOUSE (MADEN ate \* Can LAST Not Available 1000 XX 24c. LOCATION MOTHER NAME ě Cicero Ave., Chrc Alsip, X N O クインショ MAILING ADDRESS mode of dying, such as cardiac or re بر ال EXAMINER NOTIFIED? CITY OF YOMN 2004 FIRST Illinois Sak DATE OF BIRTH (MONTH, DAT CITY OR TOWN 12 EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED):
Elementary/Secondary (9-12) College (1-4 or 5 + ) 00 65.5 Oak Forest, August 29 (YES/NO) FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER OH MEDICAL DATE FILED BY LOCAL FIL ö SPECIFY: DATEOF MIDOLE (VES/NO) 90 STATE 19a. 034-011651 Yes IF PEMALE, WAS THERE A PREGNANCY II THERE MONTHS? STATE FILE Yes HOUR OF DEATH DATE SIGN HLINOIS LICENSE NUMBER 1 (BASEDON 1989 U.S. STANDARD CE OP/EMER. PM., INPATIENT (SPE 1936 2 4 2006 34 ALMINOS YES | NO | STATE H 8 É OWN, STATE, Z HUURY WAS REVOLVED yenouse DATE Cook . 101 W (NEGL MS) ARMED FORCES? 2006 Ö 07/24/ **BEST ON MEDICAL** 60452 ð (MONTH, DAY (MONTH DA 200 STATE OF ILLINOIS

Cy no LOCAL REGISTRAR

MULTICOLOR SIGNATURE SEAL IS THIS CERTIFICATE COPY VALID WHEN

CERTIFY THAT I AM THE KEEPER OF BY VIRTUE OF THE LAWS OF THE STATE AND DEATHS FOR THE CITY OF CHICAGO REGISTRAR OF VITAL STATISTICS OF THE RECORDS OF BIRTHS, STILLBIRTHS FIERRY MASON M.D., LOCAL KEPT BY ME IN ORDINANCE OF SAID SHEET IS A TRUE COPY OF A RECORD ACCOMPANYING CERTIFICATE ON THIS OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO, DO HEREBY LAW AND ORDINANCES. THE CITY OF CHICAGO; THAT THE

SEP 1 4 2006 COUNTY OF COOK CITY OF CHICAGO

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO