

UNOFFICIAL COPY

STATE OF ILLINOIS)
COUNTY OF COOK) SS



Joint Tenancy Affidavit (Decedent)

Doc#: 0712256070 Fee: \$26.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 05/02/2007 04:01 PM Pg: 1 of 2

JOANE E. MAHER, hereby referred to as the affiant, states under oath that the affiant resides at 5312 N. Oriole in the City of Chicago, Illinois; that the affiant was acquainted with MICHAEL F. MAHER, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property, located in Cook County, Illinois, and legally described as follows:

Lot 5 and the North 12 1/2 feet of Lot 6 in Block 10 in Oriole, being a Subdivision of Lots 2 and 3 in the Subdivision of part of Sections 1 and 12, Township 40 North, Range 12 East of the Third Principal Meridian, according to the plat thereof recorded August 13, 1875 in Book 11 of Plats, page 7, according to the plat of said Oriole recorded October 1, 1927 in Book 253 of Plats, page 7, as Document 9795855, in Cook County, Illinois.
Address - 5312 N. Oriole, Chicago, IL 60656
Permanent Index No.: 12-12-118-039

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on April 19, 2003, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the decedent died leaving a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property, did not exceed the amount required for filing of a Federal Estate Tax Return.

That the Illinois Estate Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

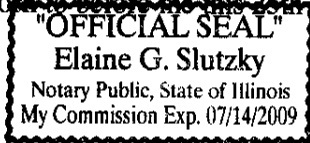
That the affiant makes this affidavit to induce any insurance company to issue its policy of title insurance on the above described property free and clear of the following objections:

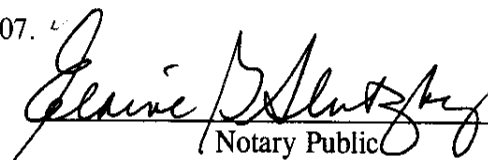
1. Claims against the estate of Michael F. Maher, the decedent;
2. Illinois Estate Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.



(Seal)

Subscribed and sworn to before me this 25th day of April, 2007.





Notary Public

This instrument prepared by Jay A. Slutzky, 7749 N. Milwaukee, Niles, IL 60714

JP

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CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

AUG 09 2006

I, TERRY MASON 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 ORDINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE FILE NUMBER

605813

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10	DECEASED NAME MICHAEL F. MAHER	SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. APRIL 19, 2003
REGISTERED NUMBER	AGE - LAST BIRTHDAY (YRS) 5a. 64	UNDER 1 DAY 5b. 00	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. AUGUST 9, 1938
DECEASED CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER 6a. CHICAGO	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER) 6b. RESURRECTION MEDICAL CENTER	IF HOSP. OR INST. INDICATE O.D.A. OFFICER OR INPATIENT (SPECIFY) 6c. D.O.A.	IF DECEASED EVER HAD ARMED FORCES? (YES/NO) 9. YES
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. CHICAGO, ILLINOIS	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8b. MARRIED	NAME OF SURVIVING SPOUSE (MOTHER NAME IF WIFE) 8b. JOANE E. KULCZAK	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 2
SOCIAL SECURITY NUMBER 10. 330 30 5760	USUAL OCCUPATION 11a. LIEUTENANT	KIND OF BUSINESS OR INDUSTRY (MOTHER'S BUSINESS) 11b. CHICAGO POLICE DEPARTMENT	APPROXIMATE PERIOD BETWEEN DEATH AND DEATH CERTIFICATE
RESIDENCE (STREET AND NUMBER) 13a. 5312 N. ORIOLE AVE.	CITY, TOWN, TWP. OR ROAD/DISTRICT NO. 13b. CHICAGO	INSIDE CITY (YES/NO) 13c. YES	COUNTY 13d. COOK
STATE 13e. ILLINOIS	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. WHITE	OF HISPANIC ORIGIN? (SPECIFY AND ORIGIN - IF YES, SPECIFY CUBAN, MEXICAN, JERSEY, PIRICAN, etc.) 14b. KNO	RELATIONSHIP 17b. DAUGHTER
FATHER - NAME FIRST MIDDLE LAST 15. FRANCIS MAHER	MOTHER - NAME FIRST MIDDLE LAST 16. MARGARET SHEA	INFORMANT'S NAME (TYPE OR PRINT) 17a. MICHELLE DE LA ROSA	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY, TOWN, STATE, ZIP) 17c. 2165 LEE ST., DES PLAINES, IL. 60018
18. PART I. Immediate Cause (Final disease or condition resulting in death) (a) Myocardial infarction DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.	AUTOPSY (YES/NO) 19a. NO	WERE AUTOPSY FINDINGS AVAILABLE FROM SOURCE OF CARE? (YES/NO) 19b.
(1)(D) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. 4/13/03		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE(S) STATED. 22a. SIGNATURE <i>[Signature]</i>		HOUR OF DEATH 21c. 5:21 P.M.	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. DR. WEISS 7447 W. TALCOTT, CHICAGO, IL. 60631		DATE SIGNED (MONTH, DAY, YEAR) 22b. 4/22/03	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER 22d. 036085424	
BURIAL CREMATION, REMOVAL (SPECIFY) 24b. BURIAL		NOTE: IF AN INQUIRY WAS MADE WITHIN THIS DEATH TO THE DONOR OR MEDICAL EXAMINER MUST BE NOTIFIED.	
FUNERAL HOME 24c. ALL SAINTS CEMETERY		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 25b. APR 22 2003	
CEMETERY OR CREMATORY - NAME 24c. DES PLAINES, IL		FUNDING DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 031-008880	
STREET AND NUMBER OR R.F.D. 25a. CUMBERLAND CHAPELS 8300 W. LAWRENCE AVENUE NORRIDGE, ILLINOIS 60706		LOCAL REGISTRAR'S SIGNATURE 25d. [Signature]	
CITY OR TOWN 24c. DES PLAINES, IL		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 25b. APR 22 2003	
STATE 24c. ILLINOIS		FUNDING DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 031-008880	
CITY OF TOWN 24c. DES PLAINES, IL		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 25b. APR 22 2003	
STREET AND NUMBER OR R.F.D. 25a. CUMBERLAND CHAPELS 8300 W. LAWRENCE AVENUE NORRIDGE, ILLINOIS 60706		FUNDING DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 031-008880	
LOCAL REGISTRAR'S SIGNATURE 25d. [Signature]		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 25b. APR 22 2003	