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DECEASED JOINT TENANCY AFFIDAVIT

Mail Recorded Affidavit to

THOMAS J. POLINSKI & ASSOCS. 5844 W. Irving Park Road Chicago, IL. 60634

STATE OF ILLINOIS)

) ss

COUNTY OF COCK)



Doc#: 0716344010 Fee: \$28.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 06/12/2007 11:19 AM Pg: 1 of 3

JOHN G. DORAN, hereinefter referred

to as the affiant, being duly sword states that the affiant resides at 6455 W. Belle Plaine Ave., in the City of Chicago, State of ILLINOIS, that the affiant, JOHN G. DORAN was the husband of VICTORIA DORAN, the deceased; at the time of her death, the decedent was one of the owners of the property by virtue of a properly recorded joint tenancy deed, said property located in Cock County, Illinois, and legally described as follows:

SEE LEGAL DESCRIPTION ATTACHED HERETO

Permanent Real Estate Index Number:	13-18-411 036-1024
Address of Real Estate:	6455 W. BELLE PLAINE, CHICAGO, IL. 60634
That the decedent died on April 6, 2007, attached hereto.	as evidenced by a certified copy of death certificate of the deceased
That the deceased died:Leavi	ing No Last Will and Testament.
That the total value of the estate of deceased either individually or in joint tena \$150,000.00 dollars.	the decedent, including both real and personal property owned by the ancy at the time of the death of the deceased, does not exceed the sum of
	John G. DORAN, Affiant (Seal)
STATE OF ILLINOIS)	This Affidavit was prepared by:
COUNTY OF COOK)	THOMAS J. POLINSKI & ASSOCIATES, LTD. 5844 W. Irving Park Road
Subscribed and Sworn to before me this	Chicago H. 60634
1 11 (1 (2 / /	3''

OFFICIAL SEAL

JOHN E TREPEL

NOTARY PUBLIC - STATE OF ILLINOIS

MY COMMISSION EXPIRES:12/18/08

0716344010 Page: 2 of 3

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PARCEL 1:

UNIT NO $\underline{403}$ in RIDGEMOOR ESTATES CONDOMINIUM III as Delineated on a Survey of the following described real estate:

Lot 34 in Dunning Estates, being a Subdivision in the Southeast 1/4 of Section 18, Township 40 North, Range 13 East of the Third Principal Meridian, which survey is attached as Exhibit "A" to the Declaration of Condominium recorded as Document No. 90272457 together with its undivided percentage interest in the common elements in Cook County, Illinois.

PARCEL 2:

The exclusive right to the use of parking space 25 and storage locker S-25, a limited common element as Delineated on the Survey attached to the Occlaration aforesaid recorded as Document No. 90272457.

This Deed is subject to all rights, easements, coverants, conditions, restrictions and reservations contained in said Declaration the same as though the provisions of said Declaration were recited and stipulated at length herein.

This Deed is subject to real estate taxes for the year and subject uent years and to all easements of record.

0716344010 Page: 3 of 3

BURIAL, CREMATION,
REMOVAL (SPECIFY)

24a. CREMATICAL
FUNERAL HOME CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. VR200 : FUNERAL DIRECT NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 22c. JEFFREY SILVER M.D NAME AND ADDRESS OF CERTIFIER 22a. SIGNATURE > TO THE BEST OF MY KNOWLEDGE, DE 20a DATE OF OPERATION, IF ANY PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PARTI. 17a. INFORMANT'S NAME (TYPE OR PRINT) STATE APRAYLIMHER ASUTON CITY, TOWN, TWP, OF ROAD DISTRICT NUMBER LOCAL REGISTRAF RESIDENCE (STREET AND NUMBER) SOCIAL SECURITY NUMBER COUNTY OF DEATH 26a. **▼** <u>3</u> FATHER-NAME 13a. 10.048-26-7638 BIRTHPLACE (CITYAND STATE OF REGISTERED resulting in death) immediate Cause (Final disease or condition DECEASED-NAME WARRENUTTE CONN 35,5 RAGO 5/8/3 EORGE OR'S SIGNATURE CHICAGO 3 VICTORIA BROTHERS Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or resp. "atory arrest, shock, or heart failure. List only one cause on each line. ZIP CODE 24b.ACACIA CEMETERY OR CREMATOR: -NAME JORAN DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF 469034 6 MAJOR FINDINGS OF OPERATION AORTIC DISECTION MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) USUAL OCCUPATION TH OGGUNNED AT SECRETARY (MONTH, DAY, YEAR) MEDICAL CERTIFICATE OF DEATH [100]W CENTRAL Illinois Department of Public Health—Division of Vital Records IARRIED 2/26 14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPEÇIFY) TARK HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) AGE-LAST BIRTHDAY (YRS) RESURRECTION MEDICAL CENTER REMKO MIDDLE STREET AND NUMBER OF R.F.D. TY YE CAPRINT) 13b. 11b. OFFICE 10 Massa lines ALE AND LAC : AND DUE TO THE CAUSE(S) STATED. 17b DORAN C#:CAGO MOS. | DAYS RD NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) KIND OF BUSINESS OR INDUSTRY HUSBAND IR VING ARILIGION HTS JOHO Y 24 LOCATION OF HISPANIC ORIGIN? (SPECIFY NOORLYES-IF YES, SPECIFY CUBAY, MEXICAN, - UERTO RICAN, etc.) MOTHER-NAME HOURS UNDER 1 DAY 170 MAILING ADDRESS (STREET AND NO. OR H.F.L. CITY OR TOWN, STATE, ZIP) XX h icaeo EXAMINER Y ES CITY OR TOWN Z 7 FEMALE 455 CITY OR TOWN □ YES ۶. TOTE OF BIRTH (MONTH LAY, YEAR) ChicAco IL,60005 EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETE(1)
Elementary/Secondary (0-12)
College (1-4 or 5 +) DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER September (VES/NO) SPECIFY: STATE APRIL 06, (YESANO) AUTOPSY (YESMO)NO MIDDLE yes IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20 2/5/0 NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER ILLINOIS LICENSE NUMBER DATE SIGNED 2105:44 HTABO FOR HUCH ച്ഷ236-087074 (BASEDON 1989 U.S. STANDARD CERTIFICATE) JUST BE NOTIFIED. YES O NO O ORFMEN BUNNET INDICATE DOA ORFMEN BUNNET INDICATE DOA ORFMEN BUNNET (SPECIFY) COUNTY 34 TOCKA 19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 0 DATE (MAIDEN) LAST 00% WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NC) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HOURS 1935 (MONTH, DAY, YEAR) (MONTH, DAY, YEAR) S Н 11 200, 겉 Z

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.

REGISTRAR OF VITAL STATISTICS OF

THE CITY OF CHICAGO, DO HEREBY

I, TERRY MASON M.D., LOCAL

CERTIFY THAT I AM THE KEEPER OF

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO NUMBER

DISTRICT NO.

IO. IU

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRAR