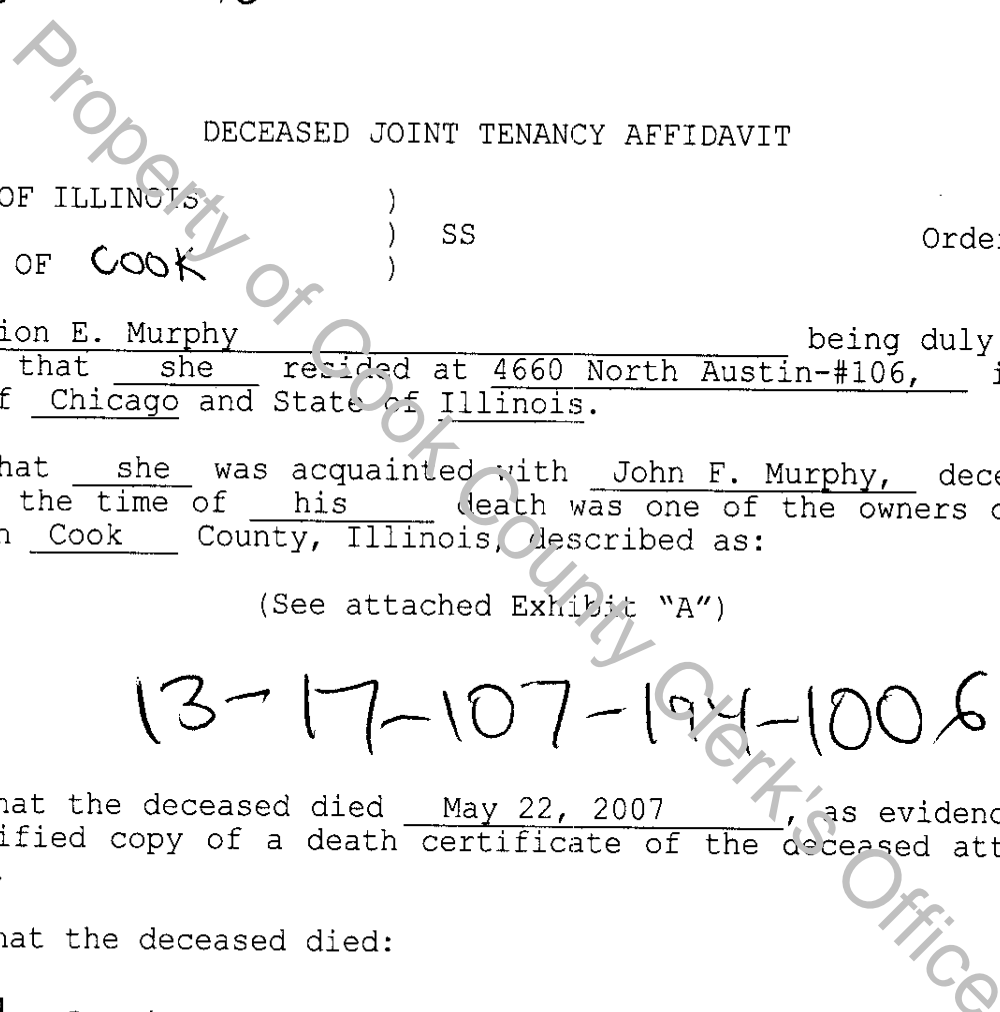


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Doc#: 0720756028 Fee: \$30.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 07/26/2007 12:01 PM Pg: 1 of 4

Preparer:
Erde, Atty
4801 W. Peterson
Chicago 60646



DECEASED JOINT TENANCY AFFIDAVIT

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

Marion E. Murphy being duly sworn states that she resided at 4660 North Austin-#106, in the City of Chicago and State of Illinois.

That she was acquainted with John F. Murphy, deceased, who at the time of his death was one of the owners of the land in Cook County, Illinois, described as:

(See attached Exhibit "A")

13-17-107-194-1006

That the deceased died May 22, 2007, as evidenced by a certified copy of a 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.
- 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 about May 30, 2007.

UNOFFICIAL COPY

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 \$ 450,000.

Mareon E. Murphy
Affiant's signature

Subscribed and Sworn to before me by the said
this 11th day of July, 2007.

Michael H. Erde
Notary Public



Property of Cook County Clerk's Office

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PARCEL 1:

UNIT NUMBER 106 IN THE WASHINGTON HOUSE CONDOMINIUM AS DELINEATED ON THE PLAT OF SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE:

THE NORTH 1/2 OF LOT 11, LOT 8 (EXCEPT THE NORTH 166.70 FEET), LOT 7 (EXCEPT THE NORTH 150 FEET), THE EAST 1/2 OF LOT 6 (EXCEPT THE NORTH 150 FEET), THE EAST 30 FEET OF THE WEST 60 FEET OF LOT 6 (EXCEPT THE NORTH 166.70 FEET) IN BLOCK 4 IN FREDERICK H. BARTLETT'S LAWRENCE AVENUE SUBDIVISION OF THE NORTH WEST 1/4 OF SECTION 17, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 26571458 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS

PARCEL 2:

THE EXCLUSIVE RIGHT TO THE USE OF PARKING SPACE 30 AND STORAGE LOCKER 13 LIMITED COMMON ELEMENTS, AS DELINEATED ON THE SURVEY ATTACHED TO THE DECLARATION AFORESAID RECORDED AS DOCUMENT 26571458

PARCEL 3:

EASEMENT FOR INGRESS AND EGRESS FOR THE BENEFIT OF PARCEL 1 AS SET FORTH IN DECLARATION OF EASEMENTS RECORDED AS DOCUMENT 26571457

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CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER

STATE OF ILLINOIS

REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JUN 21 2007

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.

DECEASED—NAME 1. JOHN F. MURPHY JR.		SEX MALE	DATE OF DEATH (MONTH, DAY, YEAR) MAY 22, 2007
CITY OF DEATH 4. COOK		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. MARCH 10, 1919	IF HOSP. OR INST. INDICATE D.O.A. OTHERWISE, AM, INFANT (SPECIFY)
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. CHICAGO		INSIDE CITY (YES/NO) 13c. YES	COUNTY 13d. COOK
MARRIED NEVER MARRIED 7. CHICAGO, ILL.		INSIDE STATE (YES/NO) 13b. YES	IF HOSP. OR INST. INDICATE D.O.A. OTHERWISE, AM, INFANT (SPECIFY)
SOCIAL SECURITY NUMBER 10. 335-14-6993		INSIDE COUNTY (YES/NO) 13c. YES	IF HOSP. OR INST. INDICATE D.O.A. OTHERWISE, AM, INFANT (SPECIFY)
RESIDENCE (STREET AND NUMBER) 13a. 4660 N. AUSTIN AVE. UNIT 106		INSIDE CITY (YES/NO) 13c. YES	IF HOSP. OR INST. INDICATE D.O.A. OTHERWISE, AM, INFANT (SPECIFY)
STATE 13b. ILLINOIS		INSIDE COUNTY (YES/NO) 13c. YES	IF HOSP. OR INST. INDICATE D.O.A. OTHERWISE, AM, INFANT (SPECIFY)
FATHER—NAME 15. JOHN F. MURPHY, SR.		INSIDE STATE (YES/NO) 13b. YES	IF HOSP. OR INST. INDICATE D.O.A. OTHERWISE, AM, INFANT (SPECIFY)
MOTHER—NAME 16. EDNA		INSIDE COUNTY (YES/NO) 13c. YES	IF HOSP. OR INST. INDICATE D.O.A. OTHERWISE, AM, INFANT (SPECIFY)
INFORMANT'S NAME (TYPE OR PRINT) 17a. MARION E. MURPHY		INSIDE CITY (YES/NO) 13c. YES	IF HOSP. OR INST. INDICATE D.O.A. OTHERWISE, AM, INFANT (SPECIFY)
RELATIONSHIP 17b. WIFE		INSIDE COUNTY (YES/NO) 13c. YES	IF HOSP. OR INST. INDICATE D.O.A. OTHERWISE, AM, INFANT (SPECIFY)
M.A.I.N.G. ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWNSHIP, STATE, ZIP) 17c. 4660 N. AUSTIN AVE. CHICAGO, ILL. 60630		INSIDE STATE (YES/NO) 13b. YES	IF HOSP. OR INST. INDICATE D.O.A. OTHERWISE, AM, INFANT (SPECIFY)
PART II. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 18. (a) MYOCARDIAL INFARCTION (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF		INSIDE COUNTY (YES/NO) 13c. YES	IF HOSP. OR INST. INDICATE D.O.A. OTHERWISE, AM, INFANT (SPECIFY)
DATE OF OPERATION, IF ANY 20b. MAY 22, 2007		INSIDE STATE (YES/NO) 13b. YES	IF HOSP. OR INST. INDICATE D.O.A. OTHERWISE, AM, INFANT (SPECIFY)
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22a. ALFRED CISNEROS, JR., MD 4771 N. HARLEM HARVARD ST. CHICAGO, ILL. 60706		INSIDE COUNTY (YES/NO) 13c. YES	IF HOSP. OR INST. INDICATE D.O.A. OTHERWISE, AM, INFANT (SPECIFY)
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22b. STEPHANIE BROWN		INSIDE STATE (YES/NO) 13b. YES	IF HOSP. OR INST. INDICATE D.O.A. OTHERWISE, AM, INFANT (SPECIFY)
BIRTHAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL		INSIDE COUNTY (YES/NO) 13c. YES	IF HOSP. OR INST. INDICATE D.O.A. OTHERWISE, AM, INFANT (SPECIFY)
CEMETERY OR CREMATORY—NAME 24b. QUEEN OF HEAVEN CEME.		INSIDE STATE (YES/NO) 13b. YES	IF HOSP. OR INST. INDICATE D.O.A. OTHERWISE, AM, INFANT (SPECIFY)
CITY OR TOWN 24c. HILLSIDE, ILLINOIS		INSIDE COUNTY (YES/NO) 13c. YES	IF HOSP. OR INST. INDICATE D.O.A. OTHERWISE, AM, INFANT (SPECIFY)
STREET AND NUMBER OR R.F.D. 24d. 4800 N. AUSTIN AVENUE CHICAGO, ILLINOIS 60630		INSIDE STATE (YES/NO) 13b. YES	IF HOSP. OR INST. INDICATE D.O.A. OTHERWISE, AM, INFANT (SPECIFY)
FUNERAL HOME 24e. STEPHANIE BROWN		INSIDE COUNTY (YES/NO) 13c. YES	IF HOSP. OR INST. INDICATE D.O.A. OTHERWISE, AM, INFANT (SPECIFY)
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-015686		INSIDE STATE (YES/NO) 13b. YES	IF HOSP. OR INST. INDICATE D.O.A. OTHERWISE, AM, INFANT (SPECIFY)
LOCAL REGISTRAR'S SIGNATURE 25b. Stephanie Brown		INSIDE COUNTY (YES/NO) 13c. YES	IF HOSP. OR INST. INDICATE D.O.A. OTHERWISE, AM, INFANT (SPECIFY)
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. MAY 25 2007		INSIDE STATE (YES/NO) 13b. YES	IF HOSP. OR INST. INDICATE D.O.A. OTHERWISE, AM, INFANT (SPECIFY)

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED

PARENTS

CAUSE

CERTIFIER

DISPOSITION

VR200 (Rev. 5/88)