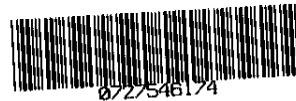


UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 0727546174 Fee: \$26.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 10/02/2007 03:37 PM Pg: 1 of 2

Commitment Number: _____

Date: 2/20/2007

State of Illinois)
County of Cook)

Dorothy J. Evans, being duly sworn states that she resides at
10804 S. Kilbourn Ave in the City of Oak Lawn, IL

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

Legal Description: → The south 50 feet of the North 77 feet of Lots 1 thru 5
inclusive in BLOCK 2 in Greenwood Heights Subdivision, being a subdivision
of the East Half of the west half of the North 36 acres of the East Half
of the Southwest quarter of Section 15, Township 37 North, Range 13 East
Property Address: → 10804 S. Kilbourn Ave, Oak Lawn, IL 60453 of the third
Principal meridian
in Cook County, IL

Pin: 24-15-311-047-0000
2-1-1979

That the deceased died 2-1-1979 as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

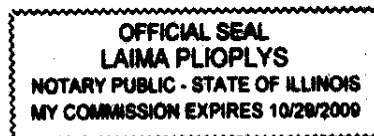
- Leaving no Last Will and Testament.
- Leaving a Last Will and Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois
- Leaving a Last Will and Testament which was filed in the Unproven will box of the Probate Division of the Circuit Court of _____ County, Illinois about _____

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 _____ dollars.

Dorothy J. Evans
Affiant

Subscribed and sworn to before me this 20 day of Feb, AD 2007

LAIMA Plioplys
Notary Public



UNOFFICIAL COPY

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 16.0F

STATE OF ILLINOIS

STATE FILE NUMBER

REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

DECEASED -- NAME

FIRST

MIDDLE

LAST

SEX

DATE OF DEATH

(MONTH, DAY, YEAR)

1. PHILLIP V. EVANS 2. MALE 3. FEBRUARY 1, 1979

RACE -- (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)

ORIGIN OR DESCENT

AGE -- LAST BIRTHDAY (YRS)

UNDER 1 YEAR

UNDER 1 DAY

DATE OF BIRTH (MO., DAY, YEAR)

COUNTY OF DEATH

4a. WHITE

4b. WELSH

5a. 57

5b. MO. DAYS

5c. HOURS MIN.

6. JULY 24, 1921

7a. COOK

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

7c. CHRIST HOSPITAL

IF HOSP. OR INST. INDICATE DOA, OP/EMER. RM. INPATIENT (SPECIFY)

7b. OAK LAWN

STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)

CITIZEN OF WHAT COUNTRY

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)

8. ILLINOIS

9. U.S.A.

10. MARRIED

11. DOROTHY LEWANSKI

SOCIAL SECURITY NUMBER

USUAL OCCUPATION

KIND OF BUSINESS OR INDUSTRY

U.S. WAR VETERAN (YES/NO)

WAR OR DATES OF SERVICE

12. 335-12-7352

13a. CONTROLLER

13b. FASANO PIE CO.

13c. YES

13d. WORLD WAR II

RESIDENCE STREET AND NUMBER

CITY, TOWN, TWP. OR ROAD DISTRICT NO.

INSIDE CITY (YES/NO)

COUNTY

STATE

14a. 10804 SO. KILBOURN AVE.

14b. OAK LAWN

14c. YES

14d. COOK

14e. ILLINOIS

FATHER -- NAME

FIRST

MIDDLE

LAST

MOTHER -- MAIDEN NAME

FIRST

MIDDLE

LAST

15. JOHN

EVANS

16. ANN

KILLEEN

INFORMANT'S SIGNATURE

RELATIONSHIP

MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)

17a. Dorothy Evans

17b. WIFE

17c. 10804 SO. KILBOURN AVE., OAK LAWN, IL 60453

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

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

(a) Prob Cardiac Arrest

(b) Congestive heart failure

(c) Ischemic heart failure

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

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)

HOUR OF DEATH

21a. 11/30/78

21b. 1/26/79

21c. 1/26/79

21d. 7:50 A. M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

DATE SIGNED (MONTH, DAY, YEAR)

22a. SIGNATURE

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)

22c. DR. LAWRENCE M. LITT, M.D. 11250 SO. WESTERN AVE., CHICAGO, IL 60643

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

22b. 2/2/79

ILLINOIS LICENSE NUMBER

22d. 36-50292

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER MUST BE NOTIFIED.

23. BURIAL, CREMATION, REMOVAL (SPECIFY)

CEMETERY OR CREMATORY -- NAME

LOCATION

CITY OR TOWN

STATE

DATE (MONTH, DAY, YEAR)

24a. BURIAL

24b. HOLY SEPULCHRE

24c. WORTH, ILLINOIS

24d. FEB. 5, 1979

FUNERAL HOME

NAME

STREET AND NUMBER OR R.F.D.

CITY OR TOWN

STATE

ZIP

25a. SHEEHY FUNERAL HOME, INC. 10727 SO. PULASKI RD., CHICAGO, ILLINOIS 60655

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25b. Andrew J. McGowan

25c. 5959

LOCAL REGISTRAR'S SIGNATURE

DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26a. JOHN B. HALL, M.D. Elaine F. Shaw

26b. FEB 5 1979

VR200 (REV. 1/78)

Illinois Department of Public Health -- Office of Vital Records

(BASED ON 1978 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY that the foregoing is a true and correct copy of the death record for the decedent named at Item 1 and that this record was established and filed with the local Registrar of Registrations District No. 16.0F in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths and deaths.

DATE: FEB 5 1979

SIGNED

AT LA GRANGE, ILLINOIS

OFFICIAL TITLE: SUB REGISTRAR