UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS) SS COUNTY OF COOK)

PATRICIA I. WALSH, hereby referred to as the affiant, states under oath that the affiant resides at 823 Ashland Avenue, River Forest, Illinois 60305; that the affiant was acquainted with RICHARD A. WALSH, the decedent, and at the time of death, the decedent was one of the owners of property, by virtue of a property recorded joint tenancy deed, said property located in Cook Councy, State of Illinois, and legally described as follows:

Doc#: 0727748053 Fee: \$26.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Cook County Recorder of Deeds
Date: 10/04/2007 12:36 PM Pg: 1 of 2

LOT 9 BLOCK 12 SUBDIVISION OF PART OF "NORTHWOODS" BEING THE EAST $\frac{1}{2}$ OF THE SOUTH $\frac{1}{2}$ OF THE SOUTHWEST $\frac{1}{2}$ OF SECTION 1, TOWNSHIP 39, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLNOIS.

PIN: 15-01-323-004-0000 COMMON CORESS: 823 Ashland Avenue, River Forest, Illinois 60305

The decedent had no interest in any business or pa thership, 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.

The decedent died on January 25, 2005, leaving a last will and testament; a copy of the death certificate of the decedent is attached hereto and incorporated by reference.

The total value of the decedent's estate, including taxable interest in the above property was \$17,837,504.00, and that the value of the above property individually was \$800,000.00.

The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was deep from the decedent's estate, has been paid in full;

The affiant makes this affidavit to effectuate the transfer of the property by the surviving joint tenant to the *Patricia I. Walsh Trust, UTA dated September 7, 2007*.

Patricia I. Walsh

Subscribed and sworn to before me

this 7th day of September, 2007,

Notary Public, State of Illinois

OFFICIAL SEAL
BART A SMITH

NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:09/01/09

This Instrument was prepared by:

Bart A. Smith, Esq. Smith Rickert & Smith 8259 W. Grand Ave. River Grove, IL 60171-1539 Return To: Patricia I. Walsh 823 Ashland Avenue River Forest, IL 60305

UNOFFIC

DAVID ORR, County Clerk

JAN 2 7 2005

STATE OF ILLINOIS County of Cook

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

		•	- COUNTY CLERK					
DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.		STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEAT			NUI	STATÉ FILE NUMBER	
	NUMBER	14.5	-DIOAL C	LHIFICAT	E OF DEA	117		
Type or Print in PERMANENT INK See Funeral Directors,	DECEASED NAME	FIRST Richard	MIDDLE A.	LAST Walsh	sex 2 Male		(MONTH, DAY, YEAR) 25, 2005	
Hospital, or Physicians Handbook for	COUNTY OF DEP H		AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR UNDER MOS. DAYS HOURS	R 1 DAY DATE OF BIF	Y, YAQ, HTMOM) HTF	EAR)	
INSTRUCTIONS	4. Cook 5a. 74 5b. 5c. 5d. November 25, 19						, 1930	
	CITY, TOWN, TWP, OR COP JD			TER INSTITUTION NAME (IF N	OT IN EITHER, GIVE STREET	AND NUMBER)	F HOSP, OR INST, INDICATE D.C OP/EMER. RM, INPATIENT (SPEC	
A	6a. River Fores		OD.	shland Avenue		į,	6c.	
DECEASED	BIRTHPLACE (CITY AND STATE OF FOREIGN COUNTRY)	WIDOWED, D	EVER MARRIED, DIVORCED (SPECIFY)	NAME OF SURVIVING SE		(IFE)	WAS DECEASED EVER ARMED FORCES? (Y	
_	7. Chicago SOCIAL SECURITY NUMBER	8 Merr			ia Igoe		_{9.} Yes	
В		n',nyrocci		KIND OF BUSINESS OR I		ON (SPECIFY ONLY H Gecondary (0-12)	IGHEST GRADE COMPLETED) College (1-4 or 5 +)	
C	10. 335-24-2482 RESIDENCE (STREET AND NUMBER	11a. At C		11b. Law	12.	,,,,,	College (1-4 or 5+) 5+	
υ	13a. 823 Ashland			TOWN TWP OR ROAD DI River Forest	ISTRICT NO. IN	ISIDECTY (CES/NO)Yes	Colole	
E			RACE (W TITE, BLACK, AV			· .	_{13d.} Cook	
	- ···-	60305 J	INDIAN, #tc., (SPECIFY)			R YES-IF YES, SPECIF	Y CUBAN, MEXICAN, PUERTO RICA	
>	FATHER-NAME FIRST	MIDDLE	14a. Wr.11e	14b. 🔼 N		PECIFY:		
PARENTS	Iohn	J.	Walsh	MOTHER-A		MIDDLE	(MAIDEN) LAST	
	15. JOHN		`	16. IELA IOUSHIP MAILI	Emma		Dowdall	
4	_{17a.} Patricia I.		· ·				VORTOWN, STATE, ZIP) 603	
							ver Forest, I	
	.	ock, or heart failure. L	ist only one cause on e	he death. Do rot enter the modern line.	le of dying, such as cardiac	or respiratory arres	APPROXIMATE INTERVA BETWEEN ONSET AND DEA	
	Immediate Cause (Final disease or condition	> m Modas	capdial	LATINGT	- n 3		how to	
	resulting in death)	DUE TO, OPIAS A	CONSEQUENCE OF	TIVIARCE			minutes	
	CONDITIONS, IF ANY	L W COROL	narv Art	ery Disease	0.1		VEARS	
CAUSE	WHICH GIVE RISE TO IMMEDIATE CAUSE (a)		CONSEQUENCE OF	17	19.		- JEHRS	
	STATING THE UNDERLYING CAUSE LAST.	(a) HRter	eloscleeos	is AND DIA	betes me	Litus	VPAPS	
	PARTII. Other significant conditions					AUTOPSY	WERE AUTOPSYFINOHOS AVAILABLE PE	
	HURICULAR	fibrilla	tiòn: Com	epstice Hear	ot tall use	(YES/NO) NO	COMPLETION OF CAUSE OF DEATH? (YES	
	DATE OF OPERATION, IF ANY	MAJORFINDI	NGS OF OFFERATION	Jestine tichi	el Intende	L	19b. Was there a pregnancy in pa	
	20a.	20b.				THREE MON	πнs? E\$□ NO□	
	I (DID) (DID NOT) ATTEND THE C	ECEASED (MONT	H, DAY, YEAR)		WAS CORONER OR M	EDICAL HOURG		
	AND LAST SAW HIM/HEP ALIVE 21a.	UPCE	mber 14,	2004	EXAMINERNOTIFIEDS	(YES/NO) 21c.	8:10 A.	
ļ	TO THE BEST OF MY KNOWLED	GE, DEATHOCCURP	ENAT THE TIME DATE	AND PLACE AND DUE TO T	HE CAUSE(S) STATED.	DATES		
COTICIES	22a. SIGNATURE	We am	& Cotall	(M, I)		oon Ta	n. 26, 2005	
CERTIFIER	NAME AND ADDRESS OF CERT		PRINT) 2800 I	N. Sheridan Ro	and Suite C		SLICENSE NUMBER	
1	22c. William J.	Cahill M.	D. Chicac	o, Illinois	60657		36-032359	
	NAME OF ATTENDING PHYSICIAN IS OTHER THAN CERTISIED						AN INJURY WAS INVOLVED IN THE	
Ĺ	DEATH THE CORONER OR MEDI MUST BE NOTIFIED.							
7	BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CRE	MATORY-NAME	LOCATION	CITYORTOWN	STATE	DATE (MONTH, DAY, YEA	
ļ	24a. Burial	24b. Queen	of Heaven	24c. Hills	side, Illino	is	24d Jan. 28,20	
ISPOSITION	FUNERAL HOME	NAME	STREET AND	NUMBER OR R.F.D.	CITY OR TOWN	ST	ATE ZIP	
S. OSITION	25a. Drechsler,	Brown & W	<u>illiams 203</u>	B S. Marion St	t., Oak Park	, Illino	is 60302	
-	FUNERAL DIRECTOR'S SIGNAT		1 4			LOIRECTOR'S ILLINO		
Ĺ	25b. \ (Isale /1		Chrarle	es M. Williams	5 25c.	034	-012154	
	LOCAL REGISTRAD SSIGNATI	RE .)		DATE FI	LED BY LOCAL REGIS	RAR (MONTH, DAY, YEAR)	