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Doc#: 0803834113 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 02/07/2008 02:27 PM Pg: 1 of 3


Prepared by & Mail to:
Atty. Thomas J. Moran
6201 W. Touhy, # 209
Chicago, IL 60646

DECEASED JOINT TENANCY AFFIDAVIT

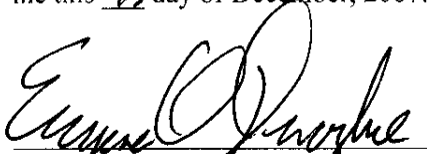
PATRICIA L. MORAN & MARY V. MORAN, being first duly sworn, depose and say as follows:

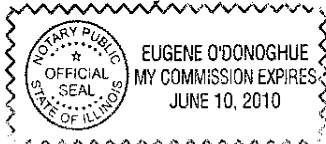
1. Each resides in the City of Park Ridge, County of Cook, in the State of Illinois.
2. Each was at one time or another a joint tenant on the property located at 2176 W. Eastwood Avenue, Chicago, IL 60625. The real estate was purchased in May of 1961 and the property was sold and conveyed to John R. Moran and Carolyn J. Moran in March of 1973. The only other joint tenants during our ownership thereof were our predeceased parents, THOMAS MORAN and MARY A. MORAN. MARY A. MORAN died on January 24, 1967 in Chicago, IL and THOMAS MORAN died on October 15, 1972 in Chicago, IL.
3. This affidavit is made to clarify the original joint tenancy relationship and correct and supplement any previous deeds recorded against the property.
4. The legal description of 2176 W. Eastwood, Chicago, IL 60625 is as follows:
Lot 22 (except the North 27 feet thereof conveyed to Northwestern Elevated Railroad Company) in Block 4 in Thomas Lyman's Subdivision of Blocks 1, 2, 3, 4, 5 and 6 in the County Clerk's Division of the East 1/2 of the Northwest 1/4 of Section 18, Township 40 North, Range 14 East of the Third Principal Meridian, in Cook County, Illinois.
PI 114-18-112-012-0000.


PATRICIA L. MORAN

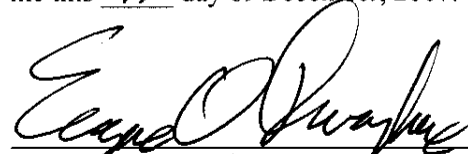

MARY V. MORAN

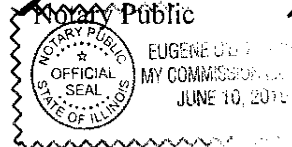
Subscribed and sworn to before
me this 13 day of December, 2007.


Notary Public



Subscribed and sworn to before
me this 13 day of December, 2007.


Notary Public



STATE OF ILLINOIS
County of Cook)

UNOFFICIAL COPY

January 25, 2008

DAVID ORR, County Clerk

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 the 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.

David J. Orr
COUNTY CLERK

ORIGINAL # 207

FILL IN WITH TYPEWRITER OR LEGIBLE PRINTING

STATE OF ILLINOIS

STATE FILE NUMBER

2618

DECEDENT'S BIRTH NO.		MEDICAL CERTIFICATE OF DEATH		REGISTRATION DISTRICT NO. 16.10		REGISTERED NUMBER	
1. PLACE OF DEATH a. STATE ILLINOIS		b. COUNTY COOK		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission.) a. STATE Illinois		b. COUNTY Cook	
c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town CHICAGO		c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town Chicago		d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name Road District No.		e. LENGTH OF RESIDENCE AT 2c or 2d 45 yrs.	
f. NAME OF HOSPITAL OR INSTITUTION		g. LENGTH OF STAY IN II		RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) 5650 N. Artesian			
h. If not in hospital or institution, give Street & No. or R.F.D. and Post Office 5650 N. Artesian		g. *Did decedent reside ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		3. NAME OF DECEASED a. (FIRST) Mary		b. (MIDDLE) A.	
c. (LAST) Moran		4. DATE OF DEATH (MONTH) (DAY) (YEAR) Jan. 24 1967		5. SEX Female		6. RACE White	
7. MARRIED NEVER MARRIED WIDOWED DIVORCED (specify) Married		8. DATE OF BIRTH 12-1-1898		9. AGE (in years last birthday) 68		10. USUAL OCCUPATION Housewife	
11. BIRTHPLACE (City and state or foreign country) Newport Co. Mayo, Ireland		12. Citizen of what country? USA		13. FATHER'S FULL NAME Dominic McLaughlin		14. MOTHER'S FULL MAIDEN NAME Mary Ann McGovern	
15. Was deceased ever in U.S. Armed Forces? (Yes, no, or unknown) (Give war or dates of service) No		16. SOCIAL SECURITY NUMBER 325-05-1258D		17. INFORMANT a. SIGNATURE <i>Mary Moran</i>		b. ADDRESS 5650 N. Artesian	
18. MEDICAL CAUSE OF DEATH PART I. DEATH WAS CAUSED BY (Enter only one cause per line for (A), (B) and (C)) IMMEDIATE CAUSE (A) Coronary Thrombosis arteriosclerotic heart disease		19. INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs. 2 yrs		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. I hereby certify that I attended the deceased from <u>Sept 15 1958</u> to <u>Jan 24 1967</u> , that I last saw the deceased alive on <u>Jan 22 1967</u> , and death occurred at <u>1 P.</u> M., from the causes and on the date stated above. Signature <u>Conrad P. Stipak</u> M.D. Date <u>1-24-67</u> Illinois License No. <u>36-27091</u> Address <u>2335 W. Foster Ave. Chicago, Ill.</u> Phone <u>Lo 1 2860</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(A)		22. DISPOSITION: BURIAL XXXXXXXXXXXX Date <u>1/27/67</u> CEMETERY <u>All Saints</u> LOCATION <u>Des Plaines, Illinois</u>		23. FUNERAL DIRECTOR SIGNATURE <u>Thomas Korney</u> ADDRESS <u>3552 Southport</u> Illinois License No. <u>4100</u> Chicago, Illinois		24. Received for filing on <u>JAN 25 1967</u> <i>David J. Orr</i> (Signature) LOCAL REGISTRAR	

1964 revision based on the U. S. Standard Certificate of Death.

VS 200 - BUREAU OF STATISTICS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH

USE DEATH

101

THORITY ILLINOIS 3-66)

UNOFFICIAL COPY

January 25, 2008

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

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 the 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.

David J. Orr
COUNTY CLERK

#651

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER: 628185

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER

DECEASED—NAME: Thomas Moran
SEX: 2 Male
DATE OF DEATH: 3 October 15, 1972

RACE: 4 white
AGE—LAST BIRTHDAY (YRS.): 76
DATE OF BIRTH: 6 July 16, 1896
PLACE OF DEATH: Cook

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Chicago
INSIDE CITY (YES/NO): 7c. Yes
HOSPITAL OR OTHER INSTITUTION—NAME: 7d. Martha Washington Hospital

BIRTHPLACE (STATE OR FOREIGN COUNTRY): 8. Ireland
CITIZEN OF WHAT COUNTRY: 9. U S A
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): 10. widowed
NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): 11.

SOCIAL SECURITY NUMBER: 12. 325 05 1258
USUAL OCCUPATION: 13a. Retired
KIND OF BUSINESS OR INDUSTRY: 13b. C. T. A.
U.S. WAR VETERAN (YES/NO): 13c. No
WAR OR DATES OF SERVICE: 13d.

RESIDENCE: 14a. Illinois
STATE: Illinois
COUNTY: 14b. Cook
CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Chicago
INSIDE CITY (YES/NO): 14c. yes
STREET AND NUMBER: 14d. 5650 N. Artesian

FATHER—NAME: 15. Anthony Moran
MOTHER—MAIDEN NAME: 16. Bridget Graham

INFORMANT'S SIGNATURE: 17a. Elizabeth Zimmerman
RELATIONSHIP: 17b. clerk
MAILING ADDRESS: 17c. 4055 N. Western Chicago Illinois

DEATH WAS CAUSED BY: 18. [ENTER ONLY ONE CAUSE OF DEATH FOR (a), (b), AND (c)]

PART I. IMMEDIATE CAUSE

(a) Terminal Bronchial Pneumonia
DUE TO OR AS A CONSEQUENCE OF: 2 days

(b) Congestive Heart Failure
DUE TO OR AS A CONSEQUENCE OF: 3 days

(c) Arteriosclerotic Heart Disease
DUE TO OR AS A CONSEQUENCE OF: Unknown

PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) (b) (c)
Bleeding Duodenal Ulcer

DATE OF OPERATION, IF ANY: 20a.
MAJOR FINDINGS OF OPERATION: 20b.

I ATTENDED THE DECEASED FROM: 21a. September 15 1958 to 21b. October 15 1972
AND LAST SAW HIM/HER ALIVE ON: 21c. October 15 1972
HOUR OF DEATH: 21d. 8:53 A. M.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED
NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.

SIGNATURE: 22a. Emil P. Stipak, M.D.
DATE SIGNED: 22b. October 15 1972
ILLINOIS LICENSE NUMBER: 22c. 36-27091

MAILING ADDRESS—CERTIFIER: 23. 2335 W. 77th Street Chicago Ill 60625

BURIAL, CREMATION, REMOVAL (SPECIFY): 24a. BURIAL
CEMETERY OR CREMATORY—NAME: 24b. ALL SAINTS
LOCATION: 24c. DES PLAINES - ILL.
CITY OR TOWN: 24d. Oct. 18, 1972

FUNERAL HOME NAME: 25a. COONEY FUNERAL HOME 3552 N. SOUTHPORT CHICAGO ILL 60657
FUNERAL DIRECTOR'S SIGNATURE: 25b. Martin A. Cooney
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 25c. 5085

LOCAL REGISTRAR'S SIGNATURE: 26a. Harvey C. Brown
CHICAGO BOARD OF HEALTH
Chicago Civic Center, Room 105
Concourse Level, Chicago 60602-26b.
DATE REC'D. BY LOCAL REGISTRAR: 26c. Oct 17 1972

Illinois Department of Public Health, Office of Vital Records
VR-200 (1972r) (BASED ON 1968 U.S. STANDARD CERTIFICATE)