



Doc#: 0815646011 Fee: \$58.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 06/04/2008 09:38 AM Pg: 1 of 2

STATE OF ILLINOIS )  
 ) SS  
COUNTY OF COOK )

### JOINT TENANCY AFFIDAVIT

John J. O'Brien hereinafter referred, to as the affiant, states under oath that the affiant resides at 6047 W. Ardmore Avenue, Chicago, Illinois that the affiant was acquainted with Mary Jane O'Brien the decedent; that at the time of death, the decedent was one of the owners of the property by virtue of a properly recorded joint tenancy warranty deed, said property located in 6047 W. Ardmore Avenue, Chicago, Illinois and legally described as follows:

LOT 5 AND THE EAST 1/2 OF LOT 6 IN BLOCK 2 IN EDGEWOOD TERRACE BEING CHARLES JAMES SUBDIVISION OF LOTS 7 AND 17 IN COUNTY CLERKS DIVISION OF THE SOUTHWEST 1/4 OF SECTION 5, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Common Address: 6047 W. Ardmore Avenue, Chicago, IL 60646  
PIN: 13-05-323-004-0000

That the decedent had no interest in any business or partnership, 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;

That the decedent died on April 16, 2008 leaving no/a last will and testament.

That the total value of decedent's estate, including the taxable interest in the above property was \$50,000.00; and that the value of the above property individually was \$50,000.00.

That the Illinois Inheritance Tax and Federal Estate Tax, if any was due from the decedent's estate, has been paid in full.

That the affiant makes this affidavit to induce PROFESSIONAL NATIONAL TITLE NETWORK, INC., and or RPT TITLE INC., to issue its policy of title insurance on the above described property.

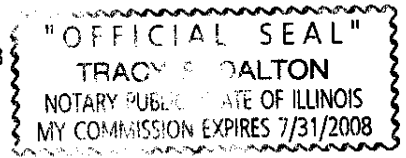
The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold PROFESSIONAL NATIONAL TITLE NETWORK, INC., AND OR RPT TITLE, INC., harmless and to reimburse the Fund for all losses, costs, damages, suites, attorney's fees and expenses and every kind and nature which the fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of Mary Jane O'Brien decedent;
2. Illinois State Inheritance Tax and Federal Tax which may be charges against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights to contribution.

John J. O'Brien, Affiant

Subscribed and Sworn to before me this 14th day of May, 2008

Notary Public



Note: If the decedent left a will, it will be necessary that the original or a certified copy thereof be presented to us for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

Prepared by and mail to:  
Thomas P. Dalton  
Dalton & Dalton, P.C.  
6930 W. 79th Street  
Burbank, IL 60459

# UNOFFICIAL COPY

REGISTRATION DISTRICT NO. <b>16.0</b>		STATE OF ILLINOIS CERTIFICATE OF DEATH		STATE FILE NUMBER	
LOCAL FILE NUMBER		1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) <b>MARY O'BRIEN</b>		2. SEX <b>F</b>	3. DATE OF DEATH (Month/Day/Year) (Spell Month) <b>APRIL 16 2008</b>
4. COUNTY OF DEATH <b>COOK</b>	5a. AGE AT LAST BIRTHDAY (Years) <b>64</b>	5b. UNDER 1 YEAR Month: _____ Day: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Month/Day/Year) <b>MARCH 20 1944</b>	
7a. CITY OR TOWN <b>Park Ridge</b>		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) <b>RAINBOW HOSPICE ARL</b>			
7c. PLACE OF DEATH (Check only one: see instructions)					
IF DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input checked="" type="checkbox"/> Other (Specify): <b>ARK</b>		
8. BIRTHPLACE (City and State or Foreign Country) <b>Chicago, IL</b>	9. SOCIAL SECURITY NUMBER <b>351-34-5453</b>	10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) <b>John O'Brien</b>	12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13a. RESIDENCE (Street and Number) <b>6047 W. Ardmore</b>		13b. APT. NO.	13c. CITY OR TOWN <b>Chicago</b>	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13e. COUNTY <b>Cook</b>	13f. STATE <b>IL</b>	13g. ZIP CODE <b>60646</b>	14. FATHER'S NAME (First, Middle, Last) <b>Leonard Lambe</b>		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Evelyn Lyons</b>
16a. INFORMANT'S NAME <b>John O'Brien</b>		16b. RELATIONSHIP <b>Husband</b>		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) <b>6047 W. Ardmore, Chicago, IL 60646</b>	
17. METHOD OF DISPOSITION (Select one) <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) <b>All Saints Cemetery</b>		19. LOCATION - CITY, TOWN AND STATE <b>Des Plaines, IL</b>	20. DATE OF DISPOSITION (Month/Day/Year) <b>April 19, 2008</b>
21a. FUNERAL HOME NAME <b>Cooney Funeral Home</b>		STREET AND NUMBER <b>625 Busse Hwy., Park Ridge, IL 60068</b>		CITY OR TOWN <b>Park Ridge</b>	STATE <b>IL</b>
21b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>15974</b>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) <b>APR 22 2008</b>	
22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>					
CAUSE OF DEATH (See instructions and examples)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					<b>month</b>
IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>END STAGE CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>					
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST					
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		28. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months		25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation		26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
30. DATE OF INJURY (Month/Day/Year)		31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area)	
33. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
34. LOCATION OF INJURY Street and Number		Apartment Number		City or Town State ZIP Code	
35. DESCRIBE HOW INJURY OCCURRED:				36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
37. (DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>3/15/08</b>		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) <b>APRIL 16 2008</b>	
40. TIME OF DEATH <b>18:10 A.M.</b>					
41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.					
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) <b>Dr Patricia Bloom, M.D. RAINBOW HOSPICE ARL 1001 N. WESTERN AV. PARK RIDGE IL 60068</b>				43. PHYSICIAN'S LICENSE NUMBER <b>036064533</b>	
44. TITLE OF CERTIFIER <b>MD</b>		45. DATE CERTIFIED (Month/Day/Year) <b>4/17/08</b>		46. SIGNATURE OF CERTIFIER <i>[Signature]</i>	

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

STATE OF ILLINOIS) **APR 22 2008**  
County of Cook) **DAVID ORR, County Clerk**

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.

*[Signature]*  
COUNTY CLERK