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Doc#: 0827545041 Fee: \$38.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 10/01/2008 09:37 AM Pg: 1 of 2

AFFIDAVIT RE DECEASED JOINT TENANT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

Dennis M. Toolan, being duly sworn, states:

1. That he resides at 359 Franklin Ave, River Forest, Illinois 60305.
2. That he was the grandson of Catherine V. Toolan, who died March 2, 1962, as evidenced by the attached certified copy of death certificate;
3. That said decedent was one of the owners of land described:
 in the subject order number;
 in the following legal description:

LOT 5 IN BLOCK 2 IN E.S. CONWAY'S RESUBDIVISION OF RANSON'S SUBDIVISION OF THE WEST HALF OF THE EAST HALF OF THE SOUTH WEST QUARTER OF SECTION 12, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 15-12-304-004-0000

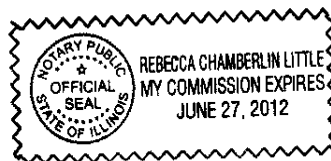
Address of property: 335 Franklin Ave, River Forest, Illinois 60305

4. That said decedent died:
 leaving no last will and testament;
 leaving a last will and testament, a copy of which is attached;
5. That the total value of the estate of said decedent for State of Illinois inheritance tax and Federal estate tax purposes does not exceed \$2,000,000.

(Affiant's signature)

Subscribed and sworn to before
me by the said affiant this
30th day of September, 2008.

Notary Public



Prepared by: Bellock & Coogan, Ltd. 1110 Jorie Blvd., Suite 210, Oak Brook, Illinois 60523
Mail to: Bellock & Coogan, Ltd. 1110 Jorie Blvd., Suite 210, Oak Brook, Illinois 60523

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16252

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE REGISTRATION NUMBER 16.10

REGISTERED NUMBER 16252

ORIGINAL 748
DECEASED BIRTH NO. 080

25-338
700

1. PLACE OF DEATH
a. COUNTY **COOK**
b. CITY, VILLAGE, OR TOWN **CHICAGO**
c. STREET ADDRESS **5902 W. Washington**
d. CITY, VILLAGE, OR TOWN **Chicago**
e. STREET ADDRESS **5902 W. Washington**
f. CITY, VILLAGE, OR TOWN **Chicago**
g. STREET ADDRESS **5902 W. Washington**

2. USUAL RESIDENCE (Where deceased lived 6 months or more before admission)
a. COUNTY **Cook**
b. CITY, VILLAGE, OR TOWN **Chicago**
c. STREET ADDRESS **5902 W. Washington**

3. NAME OF DECEASED **Catherine V. Toolan**

4. DATE OF DEATH **March 2 1962**

5. SEX **Female**
6. RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **July 5, 1891**

9. AGE AT DEATH **70 yrs.**

10. USUAL OCCUPATION (Give kind of work done during week of working life, even if retired) **Housewife**
11. BIRTHPLACE (City and state or foreign country) **Chicago Ill.**

12. Citizen of what country? **U.S.A.**

13. FATHER'S FULL NAME **John O'Connor**

14. MOTHER'S FULL MARRIED NAME **Catherine Collins**

15. Was deceased ever in U.S. Armed Forces? (If yes, no, or unknown) (If yes, give year or date of service) **NO**

16. SOCIAL SECURITY NUMBER **333-26-6386A**

17. INFORMANT SIGNATURE *[Signature]*
18. ADDRESS **335 W. Belmont Street Chicago Ill.**
19. AUTOPSY? YES NO

19. IMMEDIATE CAUSE (a) **Generalized Carcinomatosis**
(b) **Carcinoma of Stomach**
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART (a). **Unknown**

21. I hereby certify that I attended the deceased from **10-11-1957** to **March 2 1962**, that I last saw the deceased alive on **February 28 1962**, and death occurred at **10 P.M.**, from the causes and on the date stated above.

22. DISPOSITION: BURIAL (Give date and location) **DATE 3/5/62**
FIRM NAME **Hursen, Undertaker, Inc.**
ADDRESS **5911 W. Madison St. Chicago 44, Illinois**
CEMETERY **Queen of Heaven**
LOCATION **Hillside, Illinois**

23. SIGNATURE *[Signature]* LICENSE NUMBER **#141**

24. Received for filing on **MAR 5 1962** *[Signature]*
54 West Hubbard Street, Chicago 10
CHICAGO BOARD OF HEALTH LOCAL REGISTRAR

U.S. Standard Certificate of Death

VS & R 200- Bureau of Statistics - Illinois Department of Public Health - Springfield

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