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DECEASED JOINT TENANT AFFIDAVIT

Doc#: 0906234083 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 03/03/2009 01:13 PM Pg: 1 of 3

Mail To and Prepared By:

Kathleen L. McCabe
8827 W. Ogden Avenue
Brookfield, IL 60513-2148

STATE OF Illinois)

COUNTY OF Cook)

Eleanor Smith, hereinafter referred to as affiant, states under oath that the affiant resides at 4004 Anna Avenue, Lyons, IL 60534; that the affiant was acquainted with Arlyle Smith, 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 quit claim deed, and said property located in Cook County, Illinois is legally described as follows:

Legal Description: See attached Exhibit "A"
Property Address: 4004 Anna Avenue, Lyons, IL 60534
P.I.N. 18-02-104-012-0000

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 the property by transfer with the 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 August 30, 2004 leaving no last will and testament, a certified copy of the death certificate having been reviewed.

That the total value of decedent's estate, including the taxable interest in the above property was \$ -0-, and that the value of the above property individually was \$ -0-.

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

(SEAL) Eleanor Smith
Eleanor Smith

(SEAL) _____

Signed and Sworn to before me this 5th day of February, 2009.

Kathleen L. McCabe
Notary Public



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Exhibit "A"

LOT 2 IN BLOCK 2 IN RICKER'S ADDITION TO LYONS, A SUBDIVISION NORTH OF OGDEN AVENUE OF THE WEST HALF OF THE NORTHWEST QUARTER (EXCEPT THE NORTH 628.4 FEET OF THE EAST 638.9 FEET AND THE WEST 275.4 FEET OF THE NORTH 686.4 FEET OF THE EAST 914.8 FEET) OF SECTION 2, TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N.: 18-02-104-012-0000

Address of Property: 4004 Anna Avenue, Lyons, IL 60534

Property of Cook County Clerk's Office

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SEP 01 2004

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 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.

David Orr
COUNTY CLERK

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.0	STATE OF ILLINOIS				STATE FILE NUMBER
		MEDICAL CERTIFICATE OF DEATH				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS DECEASED B C D E PARENTS 1 2 3 CAUSE 4 5 N P CERTIFIER DISPOSITION	1. DECEASED NAME FIRST MIDDLE LAST Arlyle Mary Smith		SEX 2 Female		DATE OF DEATH (MONTH, DAY, YEAR) 3 August 30, 2004	
	4. COUNTY OF DEATH Cook		AGE - LAST BIRTHDAY (YRS) 5a. 88		DATE OF BIRTH (MONTH, DAY, YEAR) 5d July 22, 1916	
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a Lyons		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b 4004 Anna Avenue		IF HOSP. OR INST. INDICATE D.C. OP. EMER. RM. INPATIENT (SPEC) 6c ---	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 Chicago, IL		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a Never Married		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b None	
	SOCIAL SECURITY NUMBER 10. [REDACTED]		USUAL OCCUPATION 11a Cartographer		KIND OF BUSINESS OR INDUSTRY 11b Study Group	
	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12 12		RESIDENCE (STREET AND NUMBER) 13a 4004 Anna Avenue		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b Lyons	
	INSIDE CITY (YES-NO) 13c Yes		COUNTY 13d Cook		STATE 13e Illinois	
	ZIP CODE 13f 60534		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a White		OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN) 14b [X] NO [] YES SPECIFY:	
	FATHER - NAME FIRST MIDDLE LAST 15 James J. Smith		MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST 16 Jessie Clifford		INFORMANT'S NAME (TYPE OR PRINT) 17a Eleanor Smith	
			RELATIONSHIP 17b Sister		MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c 4004 Anna Ave/Lyons, IL/60534	
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		(a) Colorectal CANCER		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 Month		
IMMEDIATE CAUSE (Final disease or condition resulting in death)		(b) DUE TO, OR AS A CONSEQUENCE OF				
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(c) DUE TO, OR AS A CONSEQUENCE OF				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I		AUTOPSY (YES-NO) 19a NO		IF FEMALE, WAS THERE A PREGNANCY IN THE THREE MONTHS? 19b NO [X]		
DATE OF OPERATION, IF ANY 20a		MAJOR FINDINGS OF OPERATION 20b		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES-NO) 21b No		
HOUR OF DEATH 21c 12:20		(I) (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a		DATE SIGNED (MONTH, DAY, YEAR) 22b 9-1-04		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22a SIGNATURE [Signature] Richard Petrak, MD/3249 S. Oak Park Ave/Berwyn, IL/60402		ILLINOIS LICENSE NUMBER 22d 036-072033		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23 Kierar Nicholasen M.D.		BURIAL, CREMATION, REMOVAL (SPECIFY) 24a Burial		CEMETERY OR CREMATORY - NAME 24b Queen of Heaven		
FUNERAL HOME NAME 25a Johnson Funeral home, Ltd.		LOCATION CITY, TOWN STATE 24c Hillside, Illinois		DATE (MONTH, DAY, YEAR) 24d Sept. 1,		
STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 3845-47 Prairie Avenue Brookfield, IL 60513		FUNERAL DIRECTOR'S SIGNATURE 25b [Signature]		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c 034-011197		
LOCAL REGISTRAR'S SIGNATURE [Signature]		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) SEP 01 2004				