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DECEASED JOINT TENANT AFFIDAVIT

Doc#: 0906234084 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 03/03/2009 01:14 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)

Joan 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 Robert W. 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 5/22/1999 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)
Joan Smith

(SEAL) _____

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

Notary Public

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Certified Copy of a Death Record
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DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>16.92</u>	STATE OF ILLINOIS		STATE FILE NUMBER	
	REGISTERED NUMBER <u>754</u>	MEDICAL CERTIFICATE OF DEATH			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS A DECEASED B C D E PARENTS 1 2 3 CAUSE 4 5 N P CERTIFIER 23 DISPOSITION	DECEASED-NAME FIRST MIDDLE LAST 1. ROBERT WILLIAM SMITH		SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. MAY 22, 1999	
	COUNTY OF DEATH 4. COOK		AGE- LAST BIRTHDAY (YRS) 5a. 74	UNDER 1 YEAR UNDER 1 DAY 5b. MOBS DAYS 5c. HOURS MIN	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. JULY 7, 1924
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. PROVISO TOWNSHIP		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. FOSTER G. MCGAW HOSPITAL		IF HOSP. OR INST. INDICATE DO A OP/EMER. RM. INPATIENT (SPECIFY) 6c. INPATIENT
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO, ILLINOIS		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Joan A. TRUSNER	
	SOCIAL SECURITY NUMBER 10. [REDACTED]		USUAL OCCUPATION 11a. TV Repairman	KIND OF BUSINESS OR INDUSTRY 11b. Retail Dept. Store	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) 12. 12 College (1-4 or 5+) 2
	RESIDENCE (STREET AND NUMBER) 13a. 4004 ANNA STREET		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	
	FATHER-NAME FIRST MIDDLE LAST 15. James Smith		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. Jessie Clifford		
	INFORMANT'S NAME (TYPE OR PRINT) 17a. RICARDO ESCOBAR		RELATIONSHIP HOSPITAL RECORDS	MAILING ADDRESS (STREET AND NO. OR P.O. BOX OR TOWN, STATE, ZIP) 2160 SOUTH FIRST AVENUE MAYWOOD, ILLINOIS 60153	
	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 cerebral failure. List only one cause on each line.				
Immediate Cause (Final disease or condition resulting in death)		(a) congestive heart failure DUE TO, OR AS A CONSEQUENCE OF			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) CAD 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.		(c)			
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION	AUTOPSY (YES/NO) 19a. NO	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 19b.	
20a.		20b.	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES [] NO []		
(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. 5-22-99		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. No	HOUR OF DEATH 21c. 1:50 P.M.		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR) 22b. 5-23-99			
22a. SIGNATURE <i>Patricia Robinson, MD</i> NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Patricia Robinson, MD 2160 SOUTH FIRST AVENUE MAYWOOD, ILLINOIS 60153		ILLINOIS LICENSE NUMBER 22d. 125-03924			
22c. <i>Schreiber Ronald</i> NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME	LOCATION	CITY OR TOWN	STATE	
24a. Burial	24b. Queen of Heaven	24c. Hillside, Illinois	24d. May 24, 1999	24e. Brookfield, IL 60513	
FUNERAL HOME	NAME	STREET AND NUMBER OR H.F.D.	CITY OR TOWN	STATE	
25a. Johnson Funeral Home, Ltd.	3845-47 Prairie Avenue	Brookfield, IL 60513			
FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-011197			
LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. May 24, 1999			
26a. Richard J. Billik Broadview, Illinois 60153					

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE MAY 24 1999 SIGNED Richard J. Billik
 AT BROADVIEW, ILLINOIS 60153, Illinois OFFICIAL TITLE Local Registrar of Vital Statistics

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.

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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