

UNOFFICIAL COPY

Mail To: AMERICAN TITLE CORP.
1540 N. OLD RAND ROAD
WAUCONDA, IL 60084
847-487-9200



Doc#: 0907649121 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 03/17/2009 03:03 PM Pg: 1 of 4

Cover Page For

The Purpose Of Recording

Property of Cook County Clerk's Office

1025123
(JTA)

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DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

Order No.: 1025128

JANICE L. HERLIHY being duly sworn states that he/she resides at **2428 S. 9TH AVE, NORTH RIVERSIDE, IL 60546**, indicate if residence is otherwise:

That he/she was acquainted with, EDWARD J HERLIHY, deceased who, at the time of his/her death, was one of the owners of the land in **COOK** County, ILLINOIS, described as:

SEE ATTACHED LEGAL DESCRIPTION

That the deceased died, FEB 9, 1996 as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died: (*please check which one applies*)

- Leaving no Last Will & Testament
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproved will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, ILLINOIS.
- Leaving a Last Will & Testament which was filed in the Unproved Will Box of the Probate Division of the Circuit Court of _____ County, ILLINOIS about _____ the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of _____ dollars.

Affiants make this affidavit for that purpose of inducing **AMERICAN TITLE CORPORATION** to issue its Title Insurance Policy, describing the above-mentioned property.

X *Janice L. Herlihy*
JANICE L. HERLIHY

Subscribed and sworn to before me by the said *Janice L. Herlihy* this 17 day of October, A.D. 2008

Julie A Peterson
Notary Public

October 7, 2008
DATE



2215201

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record for the person named and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths, and deaths.

DATE: FEB 12 1996

SIGNED: Robert C. Beckous

AT: BERWYN, ILLINOIS

OFFICIAL TITLE: REGISTRAR

The original record is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of this record by the Department of Public Health or the local registrar shall be prima facie evidence in all courts and places of the facts therein.

DECEDENT'S BIRTH NO.
REGISTRATION DISTRICT NO. 16.21
REGISTERED NUMBER 136

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME Edward Joseph Herlthy SEX Male DATE OF BIRTH (MONTH, DAY, YEAR) 3 February 9th, 1996
 COUNTY OF DEATH COOK AGE-LAST BIRTHDAY (YRS) 55 UNDER 1 YEAR MOS. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) 3 February 9th, 1996
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER BERWYN HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) MACNEAL MEMORIAL HOSPITAL IF HOSP OR INST. INDICATE D.O.A. (OPERATED, P.M. INPATIENT) (SPECIFY) INPATIENT

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO, IL. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED NAME OF SURVIVING SPOUSE (MAINTEN NAME, IF WIFE) JANET MURPHY WAS DECEASED EVER IN ARMED FORCES? (YES) NO
 SOCIAL SECURITY NUMBER 10 339-32-5202 USUAL OCCUPATION FOREMAN/MANAGER KIND OF BUSINESS OR IND. (SPECIFY) PHONE CO. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12 (Specify 11-4 or 13)

RESIDENCE (STREET AND NUMBER) 2428 9TH AVENUE CITY, TOWN, TWP. OR ROAD DISTRICT NO. NORTH RIVERSIDE (INSIDE CITY) YES COUNTY COOK
 STATE ILLINOIS ZIP CODE 60546 RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) WHITE OF-IL. PANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) NO

FATHER-NAME FIRST EDMUND MIDDLE HERLIHY LAST MARY MOTHER-NAME FIRST MARY MIDDLE BRODERICK LAST BRODERICK
 INFORMANTS NAME (TYPE OR PRINT) JANET HERLIHY RELATIONSHIP WIFE MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP) 2428 9TH AVENUE N. RIVERSIDE, IL. 60546

18. PART I. Immediate Cause (Final disease or condition resulting in death) Cancer in maleolosis
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) Primary
 STATING THE UNDERLYING CAUSE LAST side taken over
 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

20a. DATE OF OPERATION, IF ANY 02/08/96 MAJOR FINDINGS OF OPERATION WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) YES
 20b. (IF DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER, A LIVE ON)

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED
 21b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) George Podzansky M.D.
 21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) George Podzansky M.D.

22a. SIGNATURE OF CERTIFIER (TYPE OR PRINT) George Podzansky M.D.
 22b. ILLINOIS LICENSE NUMBER 33208
 22c. DATE SIGNED (MONTH, DAY, YEAR) FEB 10 1996
 NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

23a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO, IL.
 23b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED
 23c. NAME OF SURVIVING SPOUSE (MAINTEN NAME, IF WIFE) JANET MURPHY
 23d. KIND OF BUSINESS OR IND. (SPECIFY) PHONE CO.
 23e. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12
 23f. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) WHITE
 23g. OF-IL. PANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) NO

24a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO, IL.
 24b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED
 24c. NAME OF SURVIVING SPOUSE (MAINTEN NAME, IF WIFE) JANET MURPHY
 24d. KIND OF BUSINESS OR IND. (SPECIFY) PHONE CO.
 24e. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12
 24f. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) WHITE
 24g. OF-IL. PANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) NO

25a. HURSEN FUNERAL HOME 4001 WEST ROOSEVELT ROAD HILLSIDE, ILLINOIS IL 60162
 25b. HURSEN FUNERAL HOME 4001 WEST ROOSEVELT ROAD HILLSIDE, ILLINOIS IL 60162
 25c. HURSEN FUNERAL HOME 4001 WEST ROOSEVELT ROAD HILLSIDE, ILLINOIS IL 60162
 25d. HURSEN FUNERAL HOME 4001 WEST ROOSEVELT ROAD HILLSIDE, ILLINOIS IL 60162

26a. LOCAL REGISTRAR'S SIGNATURE Robert C. Beckous
 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) FEB 12 1996
 26c. ILLINOIS LICENSE NUMBER 34-14434
 26d. DATE OF BIRTH (MONTH, DAY, YEAR) 3 February 9th, 1996

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Appendix A Legal Description

LOTS 11 AND 12 IN BLOCK 9 IN KOMAREK'S WEST 22ND STREET 5TH ADDITION, BEING A SUBDIVISION OF PART OF THE EAST HALF (1/2) OF THE NORTHEAST QUARTER (1/4) OF SECTION 27, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN #15-27-220-027
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Property of Cook County Clerk's Office