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Doc#: 0913516039 Fee: \$46.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 05/15/2009 02:13 PM Pg: 1 of 6

Deceased Joint Tental Affidavil

County Clark's Office

0913516039 Page: 2 of 6

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DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
) SS
County of Cook)

SHEILA K. MCCARTHY, hereinafter called Affiant(s) being duly sworn states that she resides at: 1700 Wildberry Drive, Unit D; Glenview, Illinois 60025. That Affiant(s) was acquainted with MAURICE J. MCCARTHY, hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

Unit 22' Together With Its Undivided Percentage Interest In The Common Elements In North Valley Lo Condominium #22 As Delineated And Defined In The Declaration Recorded As Document 22381922 In The West ½ Of The Southeast ¼ Of Section 23, Township 42 North, Range 12, East Of The Third Principal Meridian In Cook County, Illinois.

Permanent Real Estate Index Number: 04-23-302-048-1004

Address of real estate: 1700 Widberry Drive, Unit D; Glenview, Illinois 60025

That the Deceased died on April 03, 2009 as evidenced by a copy of Deceased's death certificate attached hereto.

That the Deceased, at the time of his death, held his share of the above-mentioned property as a Tenant by the Entirety. The Deceased lett a Last Will and Testament a copy of which is attached hereto and the original Will having been filed with the Clerk of the Probate Division of the Circuit Court of Cook County, Illinois.

That the total value of the estate of the Deceased, for estate of purposes, 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 sur 1 of

Affiant makes this affidavit for the purpose of any individual or corporation who requires evidence of ownership in title to this property by the surviving tenant.

Subscribed and sworn before me

this 15 th day of May 2009

Notary Public

Affiant's Signature

MAUREEN J KELLY
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:06/04/11

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0913516039 Page: 3 of 6

SKOKIE HEALTH DEPARTMENT SKOKIE, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2009	0007829									DATE ISSUED 04/17/20
DECEDENT'S LEGAL NAME MAURICE J MCCARTHY JR							sex MALE		OF DEATH RIL 03, 2009	
COUNTY OF DEATH	AGE AT LAST BIRTHDAY DATE OF B					IRTH 27, 1938				
CITY OR TOWN HOSPITAL OR OTHER INSTITUTION NAME SKOKIE MIDWEST PALLIATIVE & HOSPICE CAR								ARECEN	ITER	
PLAGE OF DEATH HOSPICE FACILITY										
BIRTHPLACE CHICAGO, IL	1	SECURITY NU -30-9415				ATH SURVIVING SPOUSE'S NAME SHEILA KELLY			EVER IN U.S. ARMED FORCES? NO	
RESIDENCE 1700 WILDBERRY DRIVE			APT. NO. CITY OR TOWN D GLENVIEW							INSIDE CITY LIMITS? YES
COUNTY S	TY ST'./E ZIP CODE FATHE			ATHER'S NAME MAURICE J MCCARTHY SR				MOTHERS NAME PRIOR TO FIRST MARRIAGE CATHERINE O'CONNOR		
INFORMANT'S NAME SHEILA MCCARTHY			RELATIONSHIP MAILING ADDRESS WIFE 1700 WILDBERRY DRIVE. C						W, IL, 60025	
METHOD OF DISPOSITION CREMATION		PLONE OF I		SPOSITION LO			LOCATION - CITY OR TOWN AND STATE		ND STATE	DATE OF DISPOSITION APPRIL 08, 2009
FUNERAL HOME	UNERAL S				BLVD. SKOK					74.142.50, 2500
DONNELLAN FAMILY FUNERAL SERVICES, 1045 SKOKIE BLVD, SKOKIE, IL, 60077 FUNERAL DIRECTOR'S NAME JOSEPH G DONNELLAN 034011866						RECTOR'S ILLINOIS LICENSE NUMBER				
								IH LOCAL REGISTRAR		
CAUSE OF DEATH PARTITION OF THE PARTITIO	TI. ACUTE	MYELOGEN	OUS LEUK		or as cons quence	o of):				MFFAM, BEDYLEN CYSFT AND DEATH
	С.			Due to (c	or as a consequece	a+1):	$\overline{}$		APPRO	INTERVAL CNSFT AM
			<u>-</u>	Due to (o	or as a consequence	of);	~ _			
PART II. Enter other significant co	onditions con	tributing to de	ath but not re	sulting in	the underlying c	ause give	en in Carl	ľ	VAS AN AUT	FOPSY PERFORMED? NO
							4			PSY FINDINGS USED TO CAUSE OF DEATH? N/A
			FEMALE PREGNANCY STATUS NOT APPLICABLE					MANNER OF DEATH NATURAL		
DATE OF INJURY	TIME OF INJURY PLACE OF INJURY			JURY	INJURY AT WORK			INJURY AT WORK?		
LOCATION OF INJURY										9
DESCRIBE HOW INJURY OCCUR	RED:		•						IF T	R MSP ATTATION INJURY, SPECIFY:
ATTEND THE DECEASED? NO	DATE LAST S UNKNO		E WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO				DATE PR	RONOUNCED	<u> </u>	W ± 0F DEATH 02:2° □ 1
CERTIFIER PHYSICIAN					, <u>, .</u> .					É CERTIFIED APRIL 04, 2009
NAME, ADDRESS AND ZIP CODE MONICA MALEC, 2050					5, 60025		··-····			PHYSICIAN'S LICENSE NUMP_R 036090849

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.

Cotteme a Command, M

0913516039 Page: 4 of 6

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LAST WILL AND TESTAMENT

OF

Maurice J. McCarthy

I, Maurice J. McCarthy, of Glenview, Illinois, being of sound mind and memory, do make and declare this to be my Last Will and Testament, hereby revoking all prior Wills and Codicils that I may have made.

I.

I am married to Sheila, and all references in this will to my wife are to her. I have one adopted daughter, Moira, borz October 6, 1980. Additionally, I have a granddaughter, Shael, born December 10, 2001. If I do not leave property in this will to a child, grandchild, or any other relative, my failure to do so is intentional. I am confident that my wife will make provisions for them in her will or trust or both.

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The expenses of my last illness, my funeral and administration of my estate, wherever situated, any estate or inheritance taxes payable by rear or of my death, including interest and penalties, shall be paid out of and charged generally against the principal of my residuary estate without apportionment or proration. My Executor shall not 2.11 mpt to recover any such payments, except to the extent my Executor shall have the right to recover taxes payable by reason of property over which I have a power of appointment or by reason of property in which I have an income interest for life.

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I leave all of my personal property to my wife, Sheila. This includes, but is not timited to, all financial accounts and other financial assets, such as policies of insurance, and all of my personal and household effects.

IV.

I leave any residuary estate, that is, any property not otherwise effectively disposed of, wherever situated, now owned by or hereafter acquired by me, which at the time of my death shall belong to me or be subject to my disposal by will, to my wife, Sheila, if she survives me for thirty (30) days. If my wife does not so survive me, the residuary estate goes to my daughter Moira, if she survives me for thirty (30) days, or if she does not so survive me, to her descendants, per stirpes.

Page 1 of 2

0913516039 Page: 5 of 6

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I nominate and appoint my wife, Sheila, currently of Glenview, Illinois, as Executrix of this Will. If the Executrix shall resign or fail, refuse, or cease to act as Executrix, I nominate and appoint my daughter Moira, as Successor Executrix. No surety or other security shall be required on the bond of any Executrix or Successor Executrix acting hereunder.

I give to my Executrix the following powers, and any others that may be granted by law, to be exercised in its discretion without Court order:

- (a) To retain any property of my estate;
- (b) To sell any real or personal property of my estate for cash or on credit, at public or private sales, for any purpose; to exchange any such property for other property; to grant or tiens to purchase or acquire any such property; and to determine the prices and terms of sales, exchanges, and options;
- (c) To operate, maintain, repair, rehabilitate, alter, improve or remove any improvements coreal estate; to make leases and subleases for terms of any length; to subdivide real estate; to grant easements, give consents and make contracts relating to real estate or its use; to release or dedicate any interest in real estate;
- (d) To employ attorneys, auditors, depositories, and agents, with or without discretionary powers; to exercise in person or by proxy all voting and other rights with respect to stocks and other securities; and to keep my property in bearer form or in the name of the trustee or a nominee, with or without disclosure of any fiduciary relationship;
- (e) To collect, pay, contest, compromise or abandon claims of or against any estate wherever situated; and to execute contracts, conveyances and other instruments, including instruments containing covenants and warranties binding upon and creating a charge against my estate, and containing provisions excluding personal liability;
- (f) To enter into any transaction autho fixed by this Article with trustees, executors or administrators of any other trust or estate in which any beneficiary has any interest, even though any such trustee or representative is also Executor;
 - (g) To make any distribution or division of my est the in cash or in kind or both;
- (h) To allot different kinds or disproportionate shares of property or undivided interests in property among any beneficiaries, and to determine the value of any such property;
- (i) To make such elections under the tax laws applicable to my estate as my Executrix deems appropriate. No compensating adjustments between principle and income, nor with respect to any bequest or devise, shall be made even though the elections so made may affect the interests of a beneficiary. My Executrix's actions shall be binding on all beneficiaries.

IN WITNESS WHEREOF, I have hereunto set my hand seal to this my Last Will and Testament, consisting of two (2) typewritten pages, and I have placed my initials on both pages, this 10 nd day of May, 2008. Marrice L. McCarthy

(SEAL)

Page 2 of 2

0913516039 Page: 6 of 6

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STATE OF ILLINOIS))SS) COUNTY OF COOK

We saw Maurice J. McCarthy in our presence, sign this instrument at its end and affix his initials on each page hereof; he then declared it his Will and requested us to act as witnesses to it; we believed him to be of sound mind and memory and not under duress or constraint of any kind; and then we, in his presence and in the presence of each other, signed our names as attesting witnesses, all of which was done on the date of this instrument.

Witness

Address

818 S. Seminary Park Ridge, IL 60068

133 W. Palatri Rd. Palatri, IL 600

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