

THIS INSTRUMENT WAS PREPARED BY

CASEY EDWARDS

9254 ASPEN DRIVE

DSS PLAINES, IL. 60016

847/824-1487



Doc#: 0921150026 Fee: \$38.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 07/30/2009 02:22 PM Pg: 1 of 2

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }
COUNTY OF COOK } ss.

I, CASEY EDWARDS being duly sworn
states that HE resides at 9254 ASPEN DRIVE in the City of
DSS PLAINES, ILLINOIS 60016.

That HE was acquainted with CECELIA EDWARDS
deceased who, at the time of HER death, was one of the owners of the land in COOK
County, Illinois, described as: THE NORTH HALF OF LOT 223 IN TWIN OAKS ADDITION
BEING A SUBDIVISION IN THE SOUTHEAST QUARTER OF THE NORTHWEST
QUARTER OF SECTION 15, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE

PROPERTY LEGAL
DESCRIPTION (AND PIN.)

THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.
P.I.N # 09-15-111-041-0000 VOLUME 088

That the deceased died ON OCTOBER 10TH 2007, as evidenced by a
CERTIFIED COPY OF DEATH CERTIFICATE OF THE DECEASED ATTACHED HERETO.

That the deceased died:

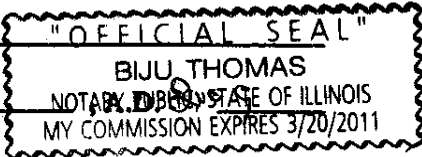
- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of COOK County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____

That 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.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

EDWARDS CASEY
this 30th day of JULY
[Signature]
Notary Public



[Signature]
(Affiant's signature)

UNOFFICIAL DIGITAL COPY

STATE OF VERMONT

NAME KNOWN TO PHYSICIAN <i>Cecilia Edwards</i>	DATE OF DEATH <i>10/10/2007</i>
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DH-PHB-DTH-02

DEPARTMENT OF HEALTH VERMONT CERTIFICATE OF DEATH

TYPE OR PRINT
IN BLACK INK

1. DECEDENT'S NAME (First, Middle, Last) <i>Cecilia Ann Edwards</i>		2. SEX <i>Female</i>	3. DATE OF DEATH (Month, Day, Year) <i>10/10/07</i>
4. SOCIAL SECURITY NUMBER <i>196-12-2693</i>	5a. AGE (Yrs.) <i>84</i>	5b. UNDER 1 YEAR Months: _____ Days: _____ Hours: _____ Minutes: _____	6. DATE OF BIRTH (Mo., Day, Yr.) <i>August 30, 1923</i>
7. BIRTHPLACE (City and State or Foreign Country) <i>Carnegie, Pennsylvania</i>	8. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> OTHER <i>Residence of decedent</i> <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) <i>Other</i>		
9. FACILITY NAME (If not institution, give street and number) <i>330 Franklin Access Rd</i>	10. CITY OR TOWN OF DEATH <i>Subbury</i>	11. VETERAN? (If so, what war?) <i>NO</i>	
12. MARITAL STATUS <i>Married</i>	13. SURVIVING SPOUSE (If only, give maiden name) <i>Casey Edwards</i>	14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do not use retired) <i>Homemaker</i>	15. KIND OF BUSINESS / INDUSTRY <i>Own Home</i>
16. DECEDENT'S EDUCATION (Specify only highest grade completed) <i>Elementary/Secondary (9-11) 2</i>	17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <i>XXX</i>	18. RACE - White, Black, American Indian, etc. (Specify) <i>White</i>	
19. RESIDENCE - STATE <i>Illinois</i>	20. CITY, TOWN, OR LOCATION <i>DesPlaines</i>	21. MAILING ADDRESS (Street, City or Town, State, Zip Code) <i>9254 Aspen Drive, DesPlaines, Illinois 60016</i>	
22. FATHER'S NAME (First, Middle, Last) <i>Rosario Mascellino</i>	23. MOTHER'S NAME (First, Middle, Maiden Surname) <i>Rosa Unavailable</i>		
24a. INFORMANT'S NAME (Type/Print) <i>Mr. Casey Edwards</i>	24b. MAILING ADDRESS (Street, City or Town, State, Zip Code) <i>9254 Aspen Drive, Des Plaines, Illinois 60016-4202</i>		
25. PART 1. Enter the diseases, injuries, 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) <i>blunt impact of head (fall)</i> DUE TO (OR AS A CONSEQUENCE OF)			Approximate Interval Between Onset and Death <i>unknown(s)</i>
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF)			
PART 2. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. <i>Osteoporosis, dementia</i>			
26a. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	26b. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	26c. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
27a. MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undet. <input type="checkbox"/> Pending	27b. DATE OF INJURY (Month, Day, Year) <i>10/10/2007</i>	27c. HOUR <i>4:30 PM</i>	27d. HOW DID INJURY OCCUR? (Enter nature of injury in Part 1 or Part 2) <i>Fell down stairs (12)</i>
27e. INJURY AT WORK (Specify Yes or No) <i>No</i>	27f. PLACE OF INJURY (Home, Farm, Factory, Street, Office, Shop, etc. (Specify)) <i>Residence of other</i>	27g. LOCATION (Street, or P.O. No., City or Town, State) <i>330 Franklin Access Rd, Subbury, VT</i>	
28. TO THE BEST OF MY KNOWLEDGE, ON THE BASIS OF THE CASE HISTORY, EXAMINATION AND/OR INVESTIGATION, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO CAUSE(S) AND MANNER STATED. <i>Elizabeth A. Bundack, MD</i>			29a. DATE BONES SET (Month, Day, Year) <i>10/11/07</i>
29b. NAME AND ADDRESS OF CERTIFIER (Type or Print) <i>Elizabeth A. Bundack, MD 111 Colchester Av</i>			29c. HOUR OF DEATH <i>20:55</i>
29d. NAME AND ADDRESS OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <i>Gary C. Stanley, Deputy</i>			29e. PRONOUNCED DEAD ON <i>10/10/07 20:55</i>
30a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____	30b. PLACE OF TEMPORARY STORAGE (Cemetery, City or Town, State)	30c. PLACE OF FINAL DISPOSITION (Cemetery or Crematory, City or Town, State) <i>Resurrection Cemetery Coraopolis, Pennsylvania</i>	
31. SIGNATURE OF FUNERAL DIRECTOR OR AUTHORIZED PERSON <i>Anna C. Quinn</i>	32. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON <i>Durfee Funeral Home, 119 North Main Street Fair Haven, VT 05743</i>	33. DATE OF DEPOSIT (Month, Day, Year) <i>Oct. 16, 2007</i>	
34. REGISTRAR'S SIGNATURE <i>Gary C. Stanley</i>	34a. NAME AND ADDRESS OF REGISTRAR <i>Gary C. Stanley, Deputy</i>	34b. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year) <i>October 12, 2007</i>	
35a. TRUE COPY	35b. TOWN	35c. DATE (Month, Day, Year)	

TO BE SIGNED
BY REGISTRAR
ON COPY ONLY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AND PLACED ON FILE IN THIS OFFICE.

PLACE ISSUED Subbury ATTEST: *Stan Lyall*

DATE ISSUED: October 15, 2007

This copy not valid unless prepared on engraved border displaying State Seal.