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# UNOFFICIAL COPY

## Affidavit Death of a Joint Tenant



Recording requested by:  
**Hedeker & Perrelli, LTD.**  
**One Overlook Point**  
**Suite 250**  
**Lincolnshire, Illinois 60069**

Doc#: 0927431011 Fee: \$40.25  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 10/01/2009 09:34 AM Pg: 1 of 2

When Recorded Mail to:  
**Hedeker & Perrelli, Ltd.**  
**One Overlook Point, Suite 250**  
**Lincolnshire, Illinois 60069**

**John G. Gleason, being of legal age, being first duly sworn, deposes and says:**

**That Helen Maude Gleason, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Helen L. Gleason named as one of the parties in that certain Deed, dated 06/22/1993, executed by John G. Gleason and Helen M. Gleason and recorded as Document No. 98644880, of Official Records in the Office of the County Recorder of Cook, Illinois, describing land therein as:**

Lot 25 in Barrington Highland first Addition, being a Subdivision of part of the South East ¼ of Section 2, Township 42 North, Range 9 East of the Third Principal Meridian, according to the plat thereof recorded May 2, 1956 as Document 16567063 in Cook County, Illinois.

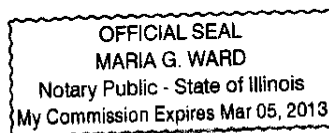
**Permanent Real Estate Index Number:** 01-02-408-009-0000

**Address of Real Estate:** 750 South Country Drive, Barrington, Illinois 60010

Date: 9/17/09 John G. Gleason  
**John G. Gleason**

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, on 9-17-09.

STATE OF ILLINOIS )  
COUNTY OF COOK )  
Maria S. Ward  
Notary Public



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S  
my  
JHC

**UNOFFICIAL COPY**

**CITY OF HIGHLAND PARK  
HIGHLAND PARK, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2009 0042079

DATE ISSUED 06/30/2009

DECEDENT'S LEGAL NAME HELEN MAUDE GLEASON		SEX FEMALE	DATE OF DEATH JUNE 26, 2009	
COUNTY OF DEATH LAKE	AGE AT LAST BIRTHDAY 89 YEARS	DATE OF BIRTH JUNE 25, 1920		
CITY OR TOWN RIVERWOODS	HOSPITAL OR OTHER INSTITUTION NAME BRENTWOOD NORTH NURSING & REHAB			
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE SOUTH MILWAUKEE, WI	SOCIAL SECURITY NUMBER 458-40-4105	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME JOHN GILBERT GLEASON	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 750 SOUTH COUNTRY DR	APT. NO.	CITY OR TOWN BARRINGTON	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60010	FATHER'S NAME HENRY RHODES LEE	MOTHER'S NAME PRIOR TO FIRST MARRIAGE FRANCIS MAY GARDNER
INFORMANT'S NAME JOHN GILBERT GLEASON	RELATIONSHIP HUSBAND	MAILING ADDRESS 750 SOUTH COUNTRY DRIVE, BARRINGTON, IL, 60010		
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION EVERGREEN CEMETERY ASSOCIATION	LOCATION - CITY OR TOWN AND STATE BARRINGTON, IL	DATE OF DISPOSITION JULY 07, 2009	
FUNERAL HOME DAVENPORT FAMILY FUNERAL HOME & CREMATORY, 149 W. MAIN STREET, BARRINGTON, IL, 60010				
FUNERAL DIRECTOR'S NAME MATHEW OLEJNICZAK		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016021		
LOCAL REGISTRAR'S NAME SHIRLEY FITZGERALD		DATE FILED WITH LOCAL REGISTRAR JUNE 29, 2009		
<b>CAUSE OF DEATH</b>	PART I. END STAGE DEMENTIA			
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	Due to (or as a consequence of):		
	b.	Due to (or as a consequence of):		
	c.	Due to (or as a consequence of):		
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I. HYPOTHYROIDISM				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN		FEMALE PREGNANCY STATUS NOT APPLICABLE	WAS AN AUTOPSY PERFORMED? NO	
DATE OF INJURY		TIME OF INJURY	PLACE OF INJURY	WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A
LOCATION OF INJURY		MANNER OF DEATH NATURAL		
DESCRIBE HOW INJURY OCCURRED:			INJURY AT WORK?	
IF TRANSPORTATION INJURY, SPECIFY:				
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JUNE 04, 2009	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 07:15 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JUNE 29, 2009	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MATHEW, DELLA, 150 W HALF DAY RD STE 103, BUFFALO GROVE, ILLINOIS, 60089			PHYSICIAN'S LICENSE NUMBER 036109903	

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

*Shirley Fitzgerald*

Shirley Fitzgerald  
City of Highland Park, Local Registrar

