

UNOFFICIAL COPY



Doc#: 0931412092 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 11/10/2009 10:01 AM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

0902980300997

0

Property of Cook County Clerk's Office

State of Illinois)
County of Cook) ss.

ROBERTA A. REILLEY, being duly sworn, states that she resides at 1521 EAST PEACHTREE DRIVE, ARLINGTON HEIGHTS, ILLINOIS 60004.

That she was acquainted with JAMES W. REILLEY, deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

SEE ATTACHED EXHIBIT "A"

That the deceased died JANUARY 16, 2009, 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 Cook 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 - 0 - dollars.

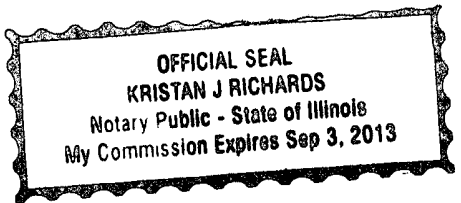
Affiant makes this affidavit for that purpose of inducing the ATTORNEYS' TITLE GUARANTY FUND, INC. to issue its Title Insurance Policy, describing the above mentioned property.

Roberta A. Reilley
AFFIANT'S SIGNATURE

Subscribed and sworn to before me by the said

this 16th day of OCTOBER, A.D. 2009

Kristan J Richards
NOTARY PUBLIC



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EXHIBIT "A"

LOT 600 IN IVY HILL SUBDIVISION UNIT NUMBER 11, BEING A SUBDIVISION OF PART OF THE SOUTH 1/2 OF THE NORTH WEST 1/4 OF SECTION 16, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN THE VILLAGE OF ARLINGTON HEIGHTS, WHEELING TOWNSHIP, COOK COUNTY, ILLINOIS.

PERMANENT INDEX NUMBER: 03-16-108-032-0000

COMMONLY KNOWN AS: 1521 EAST PEACHTREE DRIVE
ARLINGTON HEIGHTS, ILLINOIS 60004

Mail to:

P. Jerome Jakubca
2224 W. Irving Park Rd.
Chgo Ill 60618

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

UNOFFICIAL COPY

Jan. 19, 2005

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr
COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.0	STATE OF ILLINOIS				STATE FILE NUMBER
		REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)			
	1. James W. Reiley		2. Male	3. January 16, 2005			
	COUNTY OF DEATH	AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)		
	4. Cook	5a. 61	5b.	5c.	5d. March 29, 1943		
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)		
6a. Arlington Heights		6b. Northwest Community Healthcare Center			6c. Inpatient		
DECEASED	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WID/WFD, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)		
	7. Chicago, Illinois	8a. Married	8b. Roberta Brakka		9. NO		
B	SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)			
C	10. 7030	11a. Attorney	11b. Legal	Elementary/Secondary (0-12)	College (1-4 or 5+)		
D	RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY		
E	13a. 1521 Peachtree Dr.		13b. Arlington Heights	13c. Yes	13d. Cook		
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)			
13e. Illinois		13f. 60004	14a. White	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
PARENTS	FATHER—NAME FIRST MIDDLE LAST	MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST					
	15. Harold Joseph Reiley	16. Evelyn Goldstein					
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
17a. Roberta Reiley		17b. Spouse	17c. 1521 Peachtree Dr. Arlington Heights Illinois 60004				
18. 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 heart failure. List only one cause on each line.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
Immediate Cause (Final disease or condition resulting in death)		(a) ACUTE MYOCARDIAL INFARCTION					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) ANOXIC ENCEPHALOPATHY					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		19a. ACUTE CHOLECYSTITIS				19b. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST 12 MONTHS?			
20a.		20b.		20c. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH			
21a. 1/13/05		21b. No		21c. 11:44 A.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)					
22a. SIGNATURE <i>Kary</i>		22b. 1/17/05					
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER					
22c. Debjani Roy, M.D. Arlington Heights, Illinois 60005		22d. 036-101102					
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.					
23.		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE	
24a. Cremation		24b. Twin Pines Crematory		24c. Dundee, Illinois		DATE (MONTH, DAY, YEAR)	
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE		ZIP	
25a. Glueckert Funeral Home Ltd., 1520 N. Arlington Heights Rd., Arlington Heights, IL		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25b. <i>John A. Nelson</i>		25c. John A. Nelson		25d. 034-015003			
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, D., Y. YEAR)					
26a. <i>David Orr</i>		26b. January 19, 2005					