

114305

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) ss.
COUNTY OF COOK)



Doc#: 093557044 Fee: \$38.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 12/21/2009 12:15 PM Pg: 1 of 2

ELISA MOFFETT, divorced and not since remarried, being duly sworn states that she resides at 8626 West Palmer Street, River Grove, Illinois 60171.

That she was acquainted with MARY GLYNN JACOBUCCI deceased, who at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

Above Space for Recorder's Use Only

THE EAST HALF (1/2) OF LOT THIRTY FIVE (35) AND ALL OF LOT THIRTY SIX (36) IN BLOCK ONE (1) TRUMBULL RIVER ROAD SUBDIVISION OF THE NORTH WEST QUARTER (1/4) OF THE NORTH WEST QUARTER (1/4) OF SECTION THIRTY FIVE (35), TOWNSHIP FORTY (40) NORTH, RANGE TWELVE (12), EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT THE NORTH 15 CHAINS THEREOF), IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number: 12-35-107-038-0000

Address of Real Estate: 8626 West Palmer Street, River Grove, Illinois 60171

That the deceased died March 11, 1998, 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 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

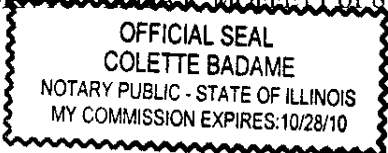
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of dollars.

Subscribed and sworn to before me this September 10, 2009

[Signature of Colette Badame]
Notary Public

[Signature of Elisa Moffett]
ELISA MOFFETT, Affiant

RETURN TO: ELISA R. MOFFETT of 8626 West Palmer Street, River Grove, Illinois 60171



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DECEASED'S BIRTH NO. _____ REGISTRATION NO. 16-35 STATE OF ILLINOIS STATE FILE NUMBER _____
 DISTRICT NO. _____ REGISTERED NUMBER 1341 MEDICAL CERTIFICATE OF DEATH

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

1. COUNTY OF DEATH COOK		MIDDLE G.		LAST JACOBUCCI		SEX FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) MARCH 11, 1998	
4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER MELOSE PARK		AGE-LAST BIRTHDAY (YRS) 70		UNDER 1 YEAR MOS. DAYS 5d		UNDER 1 DAY HOURS MIN. 5d		DATE OF BIRTH (MONTH, DAY, YEAR) MARCH 1, 1928
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO, IL		6b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) WIDOWED		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) NONE		HOSPITAL OR OTHER INSTITUTIONAL NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) GOTTLEBER MEMORIAL HOSPITAL		IF HOSP. OR INST. INDICATE D.O.A. (OPERATOR, R.M., INPATIENT (SPECIFY)) INPATIENT
7. SOCIAL SECURITY NUMBER 1149		8a. USUAL OCCUPATION SUPERVISOR		8b. KIND OF BUSINESS OR INDUSTRY INTERNAREVENUE		EDUCATION (SPECIFY GRADE COMPLETED) 12		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) NO
10. RESIDENCE (CITY AND NUMBER) 8626 PALMER		11a. CITY, TOWN, TWP. OR ROAD DISTRICT NO. ILLINOIS		11b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. RIVER GROVE		12. INSIDE CITY (YES/NO) YES		13. COUNTY COOK
13a. STATE ILLINOIS		13b. ZIP CODE 60171		14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) WHITE		14b. OF HISPANIC ORIGIN? (SPECIFY) NO		14c. SPECIFY: MIDDLE
15. FATHER'S NAME HAROLD STEVENS		16. MOTHER'S NAME GIYNN COSTELLO		17a. INFORMANT'S NAME (TYPE OR PRINT) BARBARA A. EVERETT		17b. RELATIONSHIP RECORDS		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 1701 N. NORTH AVE. MELROSE PARK, IL. 60160
18. PART I: Immediate Cause (Final disease or condition resulting in death) CONDICTIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(a) DUE TO, OR AS A CONSEQUENCE OF ARRESTED HEART		(b) DUE TO, OR AS A CONSEQUENCE OF ARRESTED HEART		(c) DUE TO, OR AS A CONSEQUENCE OF ARRESTED HEART		REASON FOR INTERVIEW, IF ANY (SPECIFY) ARRESTED HEART
PART II: Other significant conditions contributing to death but not resulting in the underlying cause (specify in PART I)		DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		AUTOPSY (YES/NO) NO		WAS AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) NO
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 21b.		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO		HOUR OF DEATH 7:50A M.		DATE SIGNED (MONTH, DAY, YEAR) 3/14/98		ILLINOIS LICENSE NUMBER 224-036074432
22a. SIGNATURE OF CERTIFIER [Signature]		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) DR. [Signature]		22b. DATE SIGNED (MONTH, DAY, YEAR) 3/14/98		22c. ILLINOIS LICENSE NUMBER 224-036074432		NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
23. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT) DR. [Signature]		24a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO, IL		24b. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER MELOSE PARK		24c. STATE ILLINOIS		24d. DATE (MONTH, DAY, YEAR) MAR. 14, 1998
25a. FUNERAL HOME ED PRIGNANO FUNERAL HOME		25b. CITY OR TOWN CHICAGO		25c. STATE ILLINOIS		25d. ZIP 60160		25e. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-015336
26a. LOCAL REGISTRAR'S SIGNATURE [Signature]		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 3/14/98		26c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 3/14/98		26d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 3/14/98		26e. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 3/14/98

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.
 DATE MAY 19 2009 SIGNED [Signature] REGISTRAR
 AT MELROSE PARK, Illinois OFFICIAL TITLE [Signature]

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