

# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT



STATE OF ILLINOIS     )  
  ) SS  
COUNTY OF COOK     )

Doc#: 1002522119 Fee: \$40.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 01/25/2010 01:48 PM Pg: 1 of 3

Order No. \_\_\_\_\_

CAROL J. PALMER, being duly sworn, states that she resides at 2420 N. Oak St., Franklin Park, IL 60131.

That she was acquainted with RANDALL G. PALMER, SR. deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

SEE LEGAL DESCRIPTION ATTACHED . . .

That the deceased died March 18, 2005 as evidenced by a certified copy of death certificate of the deceased attached hereto.

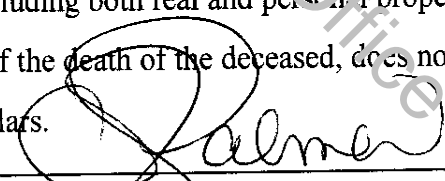
That the deceased died:

Leaving no Last Will & Testament.

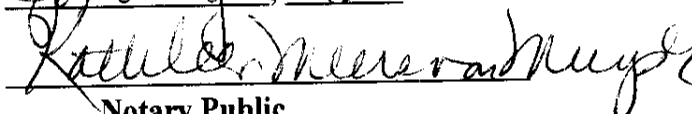
Leaving a Last Will & Testament, a copy of which is attached hereto. The original of the proven Will should be filed with the Clerk of the Probate Division of the Circuit Court of Cook County, Illinois.

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 One hundred-twenty-five thousand (\$125,000.00) Dollars.

  
\_\_\_\_\_  
Affiant's Signature

Subscribed and sworn to before me by the said CAROL J. PALMER, this 21 day of January, 2010.

  
\_\_\_\_\_  
Notary Public



Law Office  
**PREPARED BY: KATHLEEN MEERSMAN MURPHY LLC**  
1100 West Northwest Highway, Suite 112  
Mount Prospect, IL 60056  
(847) 259-3131

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## LEGAL DESCRIPTION

Lot 11 (Except South 11 feet thereof) and South 16 Feet of Lot 10 in Block 27 in Walter G. Mc Intosh's Company's River Park Addition being a Subdivision of Part of Fractional Section 27 and 34, Township 40 North, Range 12 East of the Third Principal Meridian Plat Recorded June 15, 1925 as Document 8944974 in Recorder's Office in Cook County, Illinois.

Commonly known as: 2420 North Oak, Franklin Park, IL

PIN: 12-27-420-028

Property of Cook County Clerk's Office

UNOFFICIAL COPY

|  |  |   |              |  |  |  |
|--|--|---|--------------|--|--|--|
| REGISTRATION DISTRICT NO. <b>22.0</b>  |  | STATE OF ILLINOIS   |              |  | STATE FILE NUMBER  |  |
| REGISTERED NUMBER  |  | <b>MEDICAL CERTIFICATE OF DEATH</b>   |              |  |  |  |
| DECEASED—NAME FIRST MIDDLE LAST  |  | SEX   |              | DATE OF DEATH (MONTH, DAY, YEAR)   |  |  |
| 1. <b>RANDALL G. PALMER</b>  |  | <b>MALE</b>   |              | <b>3 MARCH 18, 2005</b>  |  |  |
| COUNTY OF DEATH  |  | AGE—LAST BIRTHDAY (YRS)   | UNDER 1 YEAR | UNDER 1 DAY  | DATE OF BIRTH (MONTH, DAY, YEAR)                                   |  |
| 4. <b>DuPage</b>   |  | 5a. <b>55</b>   | 5b.          | 5c.  | 5d. <b>October 29, 1949</b>  |  |
| 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 O.O.A. OP/EMER. RM. INPATIENT (SPECIFY) |  |
| 6a. <b>Elmhurst</b>  |  | 6b. <b>Elmhurst Memorial Hospital</b>   |              |  | 6c. <b>inpatient</b>   |  |
| BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)   |  | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)   |              | NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)                          |  | WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)   |
| 7. <b>Chicago, IL</b>  |  | 8a. <b>Married</b>  |              | 8b. <b>Carol Di Meo</b>  |  | 9. <b>NO</b>   |
| SOCIAL SECURITY NUMBER   |  | USUAL OCCUPATION  |              | KIND OF BUSINESS OR INDUSTRY   |  | EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)   |
| 10. <b>338-42-8686</b>   |  | 11a. <b>Meat Cutter</b>   |              | 11b. <b>Grocery</b>  |  | 12. <b>12</b>  |
| RESIDENCE (STREET AND NUMBER)  |  | CITY, TOWN, TWP. OR ROAD DISTRICT NO.   |              | INSIDE CITY (YES/NO)   |  | COUNTY   |
| 13a. <b>2420 N. Oak St.</b>  |  | 13b. <b>Franklin Park</b>   |              | 13c. <b>Yes</b>  |  | 13d. <b>Cook</b>   |
| 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. <b>Illinois</b>   |  | 13f. <b>60131</b>   |              | 14a. <b>White</b>  |  | 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:          |
| FATHER—NAME FIRST MIDDLE LAST  |  | MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST  |              |  |  |  |
| 15. <b>Russell Palmer</b>  |  | 16. <b>Bernadette Pawlowski</b>   |              |  |  |  |
| INFORMANT'S NAME (TYPE OR PRINT)   |  | RELATIONSHIP  |              | MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)     |  |  |
| 17a. <b>Carol Di Meo Palmer</b>  |  | 17b. <b>Wife</b>  |              | 17c. <b>2420 N. Oak, Franklin Pk, IL</b>                                 |  |  |
| 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) <b>Anoxic encephalopathy</b>  |              |  |  | 3/14/05  |
| CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.                           |  | (b) <b>Ventricular fibrillatory arrest</b>  |              |  |  | 3/14/05  |
|  |  | (c) <b>Acute Anterior wall myocardial infarction</b>  |              |  |  | 3/14/05  |
| PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. |  | Autopsy (YES/NO)  |              |  |  | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)            |
| Respiratory insufficiency, aspiration pneumonia  |  | 19a. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A  |              |  |  | 19b. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| DATE OF OPERATION, IF ANY  |  | MAJOR FINDINGS OF OPERATION   |              | IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?                   |  |  |
| 20a. <b>3/14/05</b>  |  | 20b. <b>Subtotally occluded proximal LAD requiring stent placement.</b>   |              | 20c. <b>YES</b> <input type="checkbox"/> NO <input type="checkbox"/> N/A |  |  |
| I (DID) DID NOT ATTEND THE DECEASED AND LAST SAW HIM HER ALIVE ON  |  | (MONTH, DAY, YEAR)  |              | WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)                       |  | HOUR OF DEATH  |
| 21a. <b>3/17/05</b>  |  |   |              | 21b. <b>YES</b>  |  | 21c. <b>5:55 P M.</b>  |
| TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.                |  | SIGNATURE   |              | DATE SIGNED (MONTH, DAY, YEAR)   |  |  |
| 22a. <b>MANFRED DYKA, M.D.</b>   |  | 22b. <b>3/21/05</b>   |              |  |  |  |
| NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)  |  | ILLINOIS LICENSE NUMBER   |              |  |  |  |
| 22c. <b>MANFRED DYKA, M.D. 429 N. YORK RD ELMHURST, IL 60126</b>   |  | 22d. <b>36-087870</b>   |              |  |  |  |
| 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 DATE (MONTH, DAY, YEAR)  |
| 24a. <b>Cremation</b>  |  | 24b. <b>Twin Pines</b>  |              | 24c. <b>East Dundee, IL</b>  |  | 24d. <b>Mar. 23, 05</b>  |
| FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP   |  | 25a. <b>Severino's River Woods, 205 S. River Rd., Des Plaines, IL 60016</b>   |              | FUNERAL DIRECTOR'S SIGNATURE   |  |  |
| 25b. <b>Severino's</b>   |  | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER  |              | 25c. <b>34-010789</b>  |  |  |
| LOCAL REGISTRAR'S SIGNATURE  |  | DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  |              | 26b. <b>MAR 23 2005</b>  |  |  |
| 26a. <b>Severino's</b>   |  | 26b. <b>MAR 23 2005</b>   |              |  |  |  |

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)



111 North County Farm Road  
Wheaton, Illinois 60187

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

*Severino's*

Local Registrar

Not valid without the embossed seal of DuPage County Health Department