



1003918044

Doc#: 1003918044 Fee: \$38.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 02/08/2010 12:31 PM Pg: 1 of 2

**SURVIVING
JOINT TENANCY
AFFIDAVIT**

AFTER RECORDING MAIL TO:
Edmund J. Wohlmuth
Attorney at Law
115 S. Emerson St.
Mt. Prospect, IL 60056

STATE OF ILLINOIS)
COUNTY OF COOK)

EDWARD A. PARDEL being duly sworn states that he resides at 9200 Luna Avenue, Morton Grove, IL.

That he was acquainted with **MARY CECILIA PARDEL**, deceased, who at the time of her deaths, was one of the owners of the land in Cook County, Illinois, described as:

LOT FORTY-SIX (46) IN SCHAEFGES SUBDIVISION NO. 3 OF THE EAST HALF (1/2) OF THE SOUTHEAST QUARTER (1/4) OF SECTION 11, TOWNSHIP 42 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT THE WEST 8 ACRES OF THE NORTH 20 ACRES THEREOF AND EXCEPT THE SOUTH 956 FEET THEREOF) ALL IN COOK COUNTY ILLINOIS.

VACANT LOT--S/E CORNER OF OLIVE & DALE, PROSPECT HEIGHTS, IL
201 DALE AVENUE, PROSPECT HEIGHTS, IL
03-21-401-024-0000

That **MARY CECILIA PARDEL** died JUNE 14, 2009, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died without leaving a Last Will and Testament.

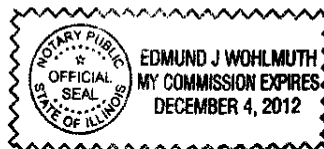
That the total value of the estate of **MARY CECILIA PARDEL**, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$1,000,000.00 Dollars.

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

Edward A. Paradel
EDWARD A. PARDEL, affiant

Subscribed and sworn to before me
December 29, 2009.

Edmund J. Wohlmuth
Notary Public



Edmund J. Wohlmuth

DOCUMENT PREPARED BY: Edmund J. Wohlmuth, Attorney at Law,
115 S. Emerson St., Mt. Prospect, IL 60056

UNOFFICIAL COPY

**SKOKIE HEALTH DEPARTMENT
SKOKIE, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

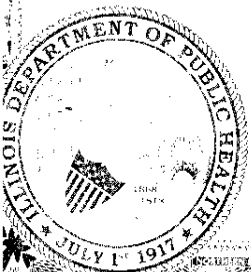
STATE FILE NUMBER 2009 0033594

DATE ISSUED 06/17/2009

DECEDENT'S LEGAL NAME MARY CECILIA PARDEL			SEX FEMALE	DATE OF DEATH JUNE 14, 2009	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 79 YEARS		DATE OF BIRTH OCTOBER 22, 1929	
CITY OR TOWN SKOKIE			HOSPITAL OR OTHER INSTITUTION NAME SKOKIE HOSPITAL		
PLACE OF DEATH INPATIENT					
BIRTHPLACE CHICAGO, IL		SOCIAL SECURITY NUMBER	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME EDWARD PARDEL	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 9200 LUNA AVENUE			APT. NO.	CITY OR TOWN MORTON GROVE	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60053	FATHER'S NAME DANIEL PATRICK FORD		MOTHER'S NAME PRIOR TO FIRST MARRIAGE MARY KENNELLY
INFORMANT'S NAME CHRISTINE INDELLI		RELATIONSHIP DAUGHTER		MAILING ADDRESS 101 S EDWARD ST, MT PROSPECT, IL, 60056	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION NORTH SHORE CREMATION CARE		LOCATION - CITY OR TOWN AND STATE SKOKIE, IL	DATE OF DISPOSITION JUNE 16, 2009
FUNERAL HOME HABEN FUNERAL HOME & CREMATORY, 8057 NILES CENTER RD., SKOKIE, IL, 60077					
FUNERAL DIRECTOR'S NAME JOHN W HABEN				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011820	
LOCAL REGISTRAR'S NAME CATHERINE COUNARD				DATE FILED WITH LOCAL REGISTRAR JUNE 16, 2009	
CAUSE OF DEATH PART I. ACUTE RENAL FAILURE					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	1 DAYS
		Due to (or as a consequence of): b. PNEUMOCOCCAL PNEUMONIA SEPSIS			3 WEEKS
		Due to (or as a consequence of): c. PNEUMOCOCCAL PNEUMONIA PNEUMONIA			3 WEEKS
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. ASTHMA; MALNUTRITION				WAS AN AUTOPSY PERFORMED? NO	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DID TOBACCO USE CONTRIBUTE TO DEATH? NO		FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH NATURAL	
DATE OF INJURY		TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRED:					IF TRANSPORTATION INJURY, SPECIFY:
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JUNE 13, 2009	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 12:45 AM
CERTIFIER PHYSICIAN				DATE CERTIFIED JUNE 16, 2009	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH KATHY BAILEY MD, 6131 DEMPSTER ST, MORTON GROVE, ILLINOIS, 60053					PHYSICIAN'S LICENSE NUMBER 036071337

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.

Catherine A. Counard, MD, MPH
Catherine A. Counard, M.D., M.P.H.
Local Registrar/Director of Health
Skokie, Illinois



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE