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DECEASED JOINT TENANCY
AFFIDAVIT

AFTER RECORDING PLEASE MAIL TO:

WARREN C. DULSKI, Attorney at Law, 4108 N. Cicero Ave.

Doc#: 1009131063 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 04/01/2010 11:50 AM Pg: 1 of 2

polores donnelly , hereinafter referred to as the affiant, states under oath that the affiant resides at 2100 N. Lolis St. , in the City of Melrose Park , State of Illinois; that the affiant was acquainted with JAMES JOSET DONNELLY* , the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of properly recorded joint tenancy warranty deed, said property located in, County of Cook , State of Illinois , and legally described as follows: * JAMES J. DONNELLY
LOT 18 IN BLOCK 22 IN SECTION 1 OF COUNTRY CLUB ADDITION TO MIDLAND DEVELOPMENT COMPANY NORTH LAKE VILLAGE IN THE SOUTHWEST 1/4 OF SECTION 32, TOWNSHIP 40 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.
Co.
Property Commonly Known As: 42 BERNICE DR., NORTHLAKE, IL 60164 Permanent Index Number: 12-32-306-018
That the decedent died on May 24, 2009 A copy of death certificate is attached. leaving no/a last will and testament.
STATE OF ILLINOIS) SS COUNTY OF COOK)
Subscribed and Sworn to before me this 11th day of March , 2010. WARREN C DULSKI NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:07/31/11
Prepared by: Warren C. Dulski, Attorney at Law, 4108 N. Cicero Ave., Chicago, IL 60641-2065

Chicago, IL 60641-2065

1009131063 Page: 2 of 2

CENTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

2009 0023763	:					DAT	E ISSUED 08/21/200		
DECEDENT'S LEGAL NAME				19 F 198					
JAMES JOSEPH DONNELLY					l	TE OF DEATH			
COUNTY OF DEATH	AGE AT I	ACT BIDTUDAY	<u> </u>	State of the state		MAY 24, 20	109		
СООК	AGE AT LAST BIRTHDAY DATE OF BIRTH 74 YEARS SEPTEMBER 01, 193								
CITY OR TOWN			741 00 0000			A. A.	a far see to		
LEYDEN TWP		710	TAL OR OTHER ON LOUIS S	INSTITUTION	NAME				
PLACE OF DEATH		1 210	0 14 10012 3	Mary Care					
DECEDENT'S HOME						Andrew Colors	21 1 2 2		
BIRTHPLACE SOCIAL	SECURITY NUMBER	MARITAL STATUS AT 3	NAC OF DEATH	T at	188				
CHICAGO, IL	SURVIVING SPOUSE'S NAME EVER IN						EVER IN U.S. ARMED		
RESIDENCE		<u> </u>			RES DRAAG	11 11 11 11 11 11 11 11 11 11 11 11 11	FORCES? NO		
2100 N LOUBS ST APT. NO. CITY OR TOWN							INSIDE CITY LIMITS?		
COUNTY	ZID CODE		MEL	ROSE PAR	₹K		NO		
COOK		HER'S NAME			MOTHER'S NAME PE		T MARRIAGE		
INFORMANT'S NAME		AMES JOSEPH DO	NNELLY	·	LILLIAN KEHL	<u>. </u>			
DOLORES DONNELLY		RELATIONSHIP MAILING ADDRESS WIFE 2100 N.1 OLUS ST. MEL DOSE DADY, IL COLOR							
METHOD OF DISPOSITION					JIS ST, MELROSE		60164		
BURIAL	PLACE OF DISPO				OR TOWN AND STAT	E DATE OF	DISPOSITION		
	SAIF JUSEP	SAINT JOSEPH CATHOLIC CEMETERY					30, 2009		
FUNERAL HOME				5-8-7 TLB 80	Williams		The second secon		
CUNEO-COLUMBIAN FUNERAL I	IOME, 10300 ₩	GRAND AVE., FRA	NKLIN PAR	K, IL, 6013	1	12.00			
FUNERAL DIRECTOR'S NAME					FUNERAL DIRECTOR	S ILLINOIS LIC	ENSE NUMBER		
CHARLES WILLIAM FREEMON				THE TANK THE	034012345	H 2 27 3			
LOCAL REGISTRAR'S NAME DAVID ORR					DATE FILED WITH LO	CAL REGISTR	AR		
DAVID ORR					MAY 26, 2009	1.00			
CAUSE OF DEATH PART I. LUNG (ANCER			the second	See 1				
IMMEDIATE CAUSE a.			B11	Children Ju	阿里	표	3 YEARS		
(Final disease or condition	· · · · · · · · · · · · · · · · · · ·	Due to (or as a conso	De Caron	·		TVVI TVVI A E E	3 TEARS		
resulting in death) b.		200 to for 23 8 C01136	que laca III.	1000		× 8 9			
					34 14	A A L			
		Dug to /a		<u> </u>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
c.		Due to (or as a conse	quence of):			IN O	, in		
			#1		\$ * \$ * \$ * \$ * \$ * \$ * \$ * \$ * \$ * \$ *				
PART II. Enter other significant conditions con-	tributing to death but	Due to (or as a conse	dnauce ou:			artists, Toronto			
	amount to destit DO	r not tearning in the hudel)	ing cause given	in PART (WAS AN A	UTOPSY PER	FORMED? NO		
					WERE AU	TOPSY FINDIN	IGS USED TO		
OID TORACCO LIGE COLUMN							DEATH? N/A		
YES	FEMALE PREGNANCY STATUS						NER OF DEATH		
	NOT APP	LICABLE			NATUR	AL			
DATE OF INJURY	TIME OF INJU	IRY PLACE O	F INJURY			<u> </u>	INJURY AT WORK?		
LOCATION OF WHITE	L					/x.			
LOCATION OF INJURY					4	7/	·		
				4 Table 1		(2)			
DESCRIBE HOW INJURY OCCURRED:					IE	TRANSPORT	ATION INJURY, SPECIFY:		
				were and		unor on	THOR INVOICE, OF EURY:		
ATTEND THE DECEASED? DATE LAST S	EEN ALIVE	WAS MEDICAL EXAMINER	OR	DATE PP	ONOUNCED		The or pears		
YES MAY 21,		CORONER CONTACTED?		- CALL PR	CITOUITUED		TIME OF DEATH		
CERTIFIER							10:45 AM		
PHYSICIAN		•	The Same		, D	ATE CERTIFIE			
NAME, ADDRESS AND ZIP CODE OF PERSON O	OMPLETING CALLER	OF DEATH	<u> </u>			MAY 26, 2			
SHANIS, RODNEY, 675 W NORTH	AVE MELDOS	F DADK III INOIC :	20400				S LICENSE NUMBER		
THE PROPERTY OF THE PARTY OF TH	AVE, WELKUS	E FARK, ILLINOIS, (50160		August 1	036092	883		



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



