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Doc#: 1010422028 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Date: 04/14/2010 09:38 AM Pg: 1 of 3

D 10000 DOCUMENT PREPARED BY: DENNIS J. DA PRATO

7507 W. BELMONT AVE.

MAIL TO:

DENNIS J. DA PRATA
7507 W. BELMONT AVE.
CHICAGO, IL 60634

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DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
) SS.
County of Cook)

JOHN C. BARRY hereinafter called Affiant(s) being duly sworn states that he/she/they resides at: 2535 North West Street River Grove, IL 60171. That Affiant(s) was acquainted with SHIRLEY R. BARRY, hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 18 in Block 22 in Walter G. McIntosh and Company's River Park Subdivision in Sections 27 and 34, Township 40 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index Number: 12-27-412-014-0000

Property Address: 2535 North West Street, River Grove, IL 60171

That the Deceased died on August 7 2005, as evidenced by a copy of Deceased's death certificate attached hereto.

That the Deceased, at the time of his/her death, held his/her share of the above-mentioned property as a joint tenant and that the Deceased died leaving no last will & testament.

That the total value of the estate of the Deceased, for estate tax purposes, 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 \$

Affiant makes this affidavit for the purpose of any individual occoporation who may be harmed by the Affiant's lack of veracity.

Subscribed and sworn before me this 6th day of April, 2010.

Notary Public

Affiant's Signature

OFFICIAL SEAL

DENNIS J. DA PRATO

NOTARY PUBLIC, STATE OF ILLINOIS

MY COMMISSION EXPIRES 8-25-2010

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STATE OF ILLINOIS)
County of Cook)

UNOFF, COLOR PY

AHG 0 9-2005

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.

COUNTY CLERK

					i			
DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS				STATE FILE	
	REGIOTERED NUMBE 1	MI	EDICAL C	ERTIFICA"	TE OF DEA	\ TH	JMBER	
Type or Print in PERMANENT INK See Funeral Directors,	DECEAS LO-NAME 1.	HIRLEY	MIDDLE R.	BBRRY	SEX	DATE OF GEAS	T (MONTH, DAX YEAR)5	
Hospital, or Physicians Handbook for INSTRUCTIONS	COUNTY OF D. ATF		3. BIRTH (MONTH, DAY,	NTH, DAY, YEAR)				
,	CITY, TOWN, TWP, OR HOAF,	/ _		5b. 5c. HER INSTITUTION_NAME (II	FNOT IN EITHER, GIVE STREE	TAND NUMBER)	1931 IF HOSP, OR INST, INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY)	
DECEASED	BIRTHPLACE (CITY AND STATE FOREIGN COUNTRY)	OR NAPOJED, N APOJED, D JOBWC ごい	6b. 2535 SEVER MARRIED, DIVORCED (SPECIFY)	WEST ST NAME OF SURVIVING	SPOUSE (MAIDEN NAME, IF		6c. WAS DECEASED EVER IN	
В	7. CHICAGO, II. SOCIAL SECURITY NUMBER	USU/ LOCC.	JPATION	8b. JOHN C KIND OF BUSINESS OF		ION (SPECIFY ONLY	ARMED FORCES? (YES/I 9. NO HIGHEST GRADE COMPLETED)	
D	10. 35. RESIDENCE (STREET AND NUM	BER)	RETARY CITY	11b. RETAIL, TOWN, TWP, OR ROAD	STORE 12. DISTRICT NO.		College (1-4 or 5 +)	
E		ZIP CODE	PACE (WHITE SLACK AN INDIAN, etc.) (SF :CIFY)	IVER GROVE MERICAN OFHISPA	l	(YES/NO) 13c. YES OR YES-IF YES, SPECI	13d. COOK FYCUBAN, MEXICAN, PUERTORICAN, e	
PARENTS	FATHER-NAME FIRST		14a. WHII	14b. 🖸	NO □YES	SPECIFY:		
PARENIS	15. HAROLI		SCHERRE	ER 16. HE	ELEN	МАНА	(MAIDEN) LAST	
1	17a. JON C.	BARRY	1	THUSBAND 170	LING ADDRESS (STREET) 2535 WEST	מי מי	TUDD CDOTTS -	
3	Immediate Cause (Final disease or condition	hock, or heart failure. L	ist only one cause on a			c or respiratory arres	St, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	resulting in death) CONDITIONS, IF ANY	DUETO, ORAS A	CONSEQUENCE OF	of rada	ur.co.x			
CAUSE	WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		CONSEQUENCE OF)		
4	PART II. Other significant condition	(C) s contributing to death but no	of resulting in the underlying ca	use given in PART I.		AUTOPSY (*CES-NO)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR T	
	DATE OF OPERATION, IF ANY	MAJOR FINDI	NGS OF OPERATION			1 la. NO	COMPLETION OF CAUSE OF DEATH? (YES ANO) 19b. WAS THERE A PREGNANCY IN PAST	
P	20a. (DID)(DID NOT) ATTEND THE CAND LAST SAW HIM/HER ALIVE	20b. DECEASED (MONT)	I, DAY, YEAR)		WAS CORONER OR N	20c. Y	NTHS? ES NO X PEDEATH	
	21a. 504105 TO THE BEST OF MY KNOWLED	•	EDATTHE TIME PATE	AND PLACE AND DUE TO	COMMINENTACTIFIED	? (YES/NO) 21c. 8	17/05@12:45A1	
CERTIFIER	22a. SIGNATURE NAME AND ADDRESS OF CERT	\mathcal{M}	Was 10	4, M.D.		22b Q	8/08/05	
The state of the s	AMARYLLIS GI		OS. 1st	AVE. MAYWO	OD, IL. 6015	53 _{22d.} 6	SLICENSENUMBER 036-LOY085	
>	23. BURIAL CREMATION CEMETERY OF SPENATORY MUST BE NOTIFIED						AN INJURY WAS INVOLVED IN THIS BE CORONER OR MEDICAL EXAMINER NOTIFIED.	
	REMOVAL (SPECIFY) 24 BURTAL FUNERAL HOME		OSEPH	LOCATION 24RIVER	GROVE, ILI	JINOIS	DATE (MONTH, DAY, YEAR) 24d. 08-10-05	
DISPOSITION		UNERAL HO	2000	NUMBERORRED. W. NORTH A		st. O, IL 60	707	
L.	25b.	/ A S	tun		FUNERA	34-0108	IS LICENSE NUMBER	
	LOCAL REGISTRAR'S SIGNA UI	ورك المنا	r	isal	26b.		RAR (MONTH, DAY, YEAR)	
VI	R200 (Rev. 5/89)	Illinois	Department of Public I	lealth-Division of Vital Re	cords		N 1989 U.S. STANDARD CERTIFICATE)	