

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

State Of Illinois)SS
County Of Cook)

Frances R. Hisson, a widow, being duly sworn states that she resides at 5141 West 139th Place, Unit #703, Crestwood, IL 60445.

That she was acquainted with Martin Joseph Hisson, her husband, deceased, who at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:



Doc#: 1011846080 Fee: \$38.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 04/28/2010 03:07 PM Pg: 1 of 2

Unit 703 and Garage Unit G-83 in the Crestpoint Condominiums, as delineated on a part of survey of the following described tract of land:

Lot 7 in Crestpoint Phase 2, being a Subdivision of part of the West Half of the Southeast Quarter of Section 4, Township 36 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois which plat of survey is attached as Exhibit "D" to the Declaration of Condominium recorded April 14, 2004, as Document Number 04105158066, together with its undivided percentage interest in the common elements.

PIN: 28-04-400-087-1003 and 28-04-400-087-1015

Address: 5141 West 139th Place, Unit #703, Crestwood, 60445

That the deceased died June 29, 2009 as evidenced by an original death certificate of the deceased attached hereto.

That the deceased died:

Leaving no Last Will & Testament.

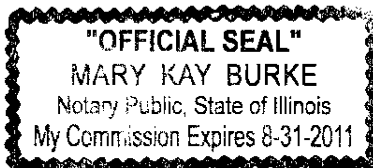
Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven Will should be filed with the Clerk of the Probate Division of the Circuit Court of Cook County, Illinois.

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.

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 lifetime unified exemption equivalent for federal estate tax purposes.

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

Subscribed and sworn before me
This 28th day of April, 2010.



Mary Kay Burke
Notary Public

Frances R. Hisson
Affiant's Signature

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CERTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2009 0044724

DATE ISSUED 07/07/2009

DECEDENT'S LEGAL NAME MARTIN JOSEPH HISSON		SEX MALE	DATE OF DEATH JUNE 29, 2009																						
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 75 YEARS	DATE OF BIRTH JANUARY 11, 1934																							
CITY OR TOWN PALOS HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME PALOS COMMUNITY HOSPITAL																							
PLACE OF DEATH INPATIENT																									
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 354-26-5103	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME FRANCES R MARKLEY	EVER IN U.S. ARMED FORCES? YES																					
RESIDENCE 5141 139TH PLACE		APT. NO. 703	CITY OR TOWN CRESTWOOD	INSIDE CITY LIMITS? YES																					
COUNTY COOK	STATE IL	ZIP CODE 60445	FATHER'S NAME JOHN HISSON	MOTHER'S NAME PRIOR TO FIRST MARRIAGE MARGARET BUCKLEY																					
INFORMANT'S NAME FRANCES R HISSON		RELATIONSHIP WIFE	MAILING ADDRESS 5141 139TH PLACE 703, CRESTWOOD, IL, 60445																						
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION SKYLINE MEMORIAL PARK	LOCATION - CITY OR TOWN AND STATE MONEE, IL	DATE OF DISPOSITION JULY 03, 2009																					
FUNERAL HOME MCKENZIE FUNERAL HOME LTD, 15618 S CICEO AVENUE, OAK FOREST, IL, 60452																									
FUNERAL DIRECTOR'S NAME MCKENZIE, CHARLES KENNETH			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031007184																						
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JULY 2, 2009																						
<table border="0" style="width: 100%;"> <tr> <td style="width: 20%;">CAUSE OF DEATH</td> <td style="width: 50%;">PART I. SEPTIC SHOCK</td> <td rowspan="5" style="width: 10%; text-align: center; vertical-align: middle; font-size: 0.8em;">APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</td> <td style="width: 15%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small></td> <td>a. _____ <small>Due to (or as a consequence of):</small></td> <td></td> <td></td> </tr> <tr> <td></td> <td>b. ATHEROSCLEROSIS ; RENAL FAILURE</td> <td></td> <td></td> </tr> <tr> <td></td> <td>c. CORONARY ARTERY DISEASE</td> <td></td> <td></td> </tr> <tr> <td></td> <td>_____ <small>Due to (or as a consequence of):</small></td> <td></td> <td></td> </tr> </table>					CAUSE OF DEATH	PART I. SEPTIC SHOCK	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a. _____ <small>Due to (or as a consequence of):</small>				b. ATHEROSCLEROSIS ; RENAL FAILURE				c. CORONARY ARTERY DISEASE				_____ <small>Due to (or as a consequence of):</small>		
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	c. CORONARY ARTERY DISEASE																								
	_____ <small>Due to (or as a consequence of):</small>																								
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			WAS AN AUTOPSY PERFORMED? NO																						
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A																						
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN	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 29, 2009	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 12:05 PM																					
CERTIFIER PHYSICIAN			DATE CERTIFIED JUNE 30, 2009																						
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH STYKA, BEATA, 12050 S HARLEM AVENUE A, PALOS HEIGHTS, ILLINOIS, 60463				PHYSICIAN'S LICENSE NUMBER 036100524																					



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

David Orr
David Orr
Cook County Clerk

