

# UNOFFICIAL COPY



Doc#: 1014144073 Fee: \$40.25  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 05/21/2010 12:51 PM Pg: 1 of 2

## DECEASED JOINT TENANT AFFIDAVIT

State of ILLINOIS )  
 ) SS.  
County of DU PAGE )

MARY T. JOSCELYN hereinafter called Affiant, being duly sworn, states that she resides at: 921 Bell, La Grange, Illinois 60525. That Affiant was married to AUSTIN E. JOSCELYN, hereinafter referred to as the "Decedent," and at the time of Decedent's death, was one of the owners of the land in DuPage County, Illinois, described as:

LOT 26 IN WEST END ADDITION TO LA GRANGE, A SUBDIVISION OF PART OF THE EAST 1/2 OF THE NORTH EAST 1/4 OF SECTION 5, TOWNSHIP 38 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, BETWEEN THE CENTER LINE OF OGDEN AVENUE AND THE NORTH LINE OF CHICAGO BURLINGTON AND QUINCY RAILROAD, IN COOK COUNTY, ILLINOIS

Permanent Real Estate Index Number: 18-05-206-008-0000  
Address of Real Estate: 921 Bell, LaGrange, IL 60525

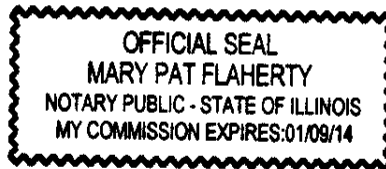
That the Decedent died on May 9, 2005, as evidenced by a copy of Decedent's death certificate attached hereto.

That the Decedent, at the time of his death, held his share of the above-mentioned property as a tenant by the entirety with the affiant.

Mary T. Joscelyn  
MARY T. JOSCELYN surviving joint tenant

Subscribed and sworn before me  
this 11th day of February 2010.

Mary Pat Flaherty  
Notary Public



S YES  
P 2  
S NO  
M YES  
SC YES  
E NO  
INT NO

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|  |  |  |  |   |  |
|--|--|--|--|---|--|
| REGISTRATION DISTRICT NO.  | 22.0   | 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. AUSTIN EVERETT JOSCELYN, JR.  |  | 2. MALE  |  | 3. MAY 9, 2005  |  |
| COUNTY OF DEATH  | AGE—LAST BIRTHDAY (YRS)                        | UNDER 1 YEAR MOS.                                    | UNDER 1 DAY HOURS                                | DATE OF BIRTH (MONTH, DAY, YEAR)  |  |
| 4. DU PAGE   | 5a. 72   | 5b.  | 5c.  | 5d. SEPTEMBER 7, 1932   |  |
| 6a. HINSDALE   |  | 6b. HINSDALE HOSPITAL                                |  | 6c. INPATIENT   |  |
| BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)   |  | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)  |  | NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)   |  |
| 7. YONKERS, NEW YORK   |  | 8a. MARRIED  |  | 8b. MARY TAZIC  |  |
| SOCIAL SECURITY NUMBER   |  | USUAL OCCUPATION                                     |  | KIND OF BUSINESS OR INDUSTRY  |  |
| 10. [REDACTED] 2816  |  | 11a. SALES REPRESENTATIVE                            |  | 11b. NEWSPAPER ADVERTISING  |  |
| EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)   |  | RESIDENCE (STREET AND NUMBER)                        |  | CITY, TOWN, TWP. OR ROAD DISTRICT NO.   |  |
| 12. 2  |  | 13a. 921 BELL AVENUE                                 |  | 13b. LA GRANGE  |  |
| INSIDE CITY (YES/NO)   |  | STATE  |  | ZIP CODE  |  |
| 13c. YES   |  | 13e. ILLINOIS  |  | 13f. 60525  |  |
| COUNTY   |  | RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) |  | OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)      |  |
| 13d. COOK  |  | 14a. WHITE   |  | 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:               |  |
| FATHER—NAME FIRST MIDDLE LAST  |  | MOTHER—NAME FIRST MIDDLE LAST (MAIDEN)               |  |   |  |
| 15. AUSTIN EVERETT JOSCELYN, SR.   |  | 16. ANNA MOENCH                                      |  |   |  |
| INFORMANT'S NAME (TYPE OR PRINT)   |  | RELATIONSHIP   |  | MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)                            |  |
| 17a. MARY JOSCELYN   |  | 17b. WIFE  |  | 17c. 921 BELL AVENUE; LA GRANGE, ILLINOIS 60525   |  |
| 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) subdural hematoma  |  |  |  |   |  |
| DUE TO, OR AS A CONSEQUENCE OF   |  |  |  |   |  |
| CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) thrombocytopenia  |  |  |  |   |  |
| DUE TO, OR AS A CONSEQUENCE OF   |  |  |  |   |  |
| (c) lung cancer—small cell carcinoma   |  |  |  |   |  |
| PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.   |  |  |  | AUTOPSY (YES/NO)  |  |
| hypothyroid  |  |  |  | 19a. NO   |  |
|  |  |  |  | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)                 |  |
|  |  |  |  | 19b. n/a  |  |
| DATE OF OPERATION, IF ANY  |  | MAJOR FINDINGS OF OPERATION                          |  | IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?  |  |
| 20a.   |  | 20b.   |  | 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>                                   |  |
| 1 (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. 5/6/5   |  | 21b. YES   |  | 21c. 1:55 A.M.  |  |
| TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.  |  |  |  | DATE SIGNED (MONTH, DAY, YEAR)  |  |
| 22a. SIGNATURE → [Signature] DR. MICHAEL DUPONT, M.D.  |  |  |  | 22b. 5/10/5.  |  |
| NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)  |  |  |  | ILLINOIS LICENSE NUMBER   |  |
| 22c. 5201 SOUTH WILLOW SPRINGS ROAD; LA GRANGE, ILLINOIS 60525   |  |  |  | 22d. 036085104  |  |
| 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. CREMATION   | 24b. THE LAKES CREMATORY                       | 24c. LAKE VILLA, ILLINOIS                            | 24d. MAY 14, 2005                                |   |  |
| FUNERAL HOME NAME  | STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE |  | ZIP  |   |  |
| 25a. HALLOWELL & JAMES; 1025 WEST 55TH STREET; COUNTRYSIDE, ILLINOIS   | 60525  |  |  |   |  |
| FUNERAL DIRECTOR'S SIGNATURE   |  |  | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER       |   |  |
| 25b. [Signature] HOWARD J. EGGERT  |  |  | 25c. #034-012221                                 |   |  |
| LOCAL REGISTRAR'S SIGNATURE  |  |  | DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) |   |  |
| 26a. [Signature]   |  |  | 26b. MAY 11 2005                                 |   |  |

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.

[Signature]

Local Registrar

Not valid without the embossed seal of DuPage County Health Department