UNOFFICIAL COMMISSION OF THE PROPERTY OF THE P

DECEASED JOINT TENANCY AFFIDAVIT	Doc#: 1018310041 Fee: \$40.00 Eugene "Gene" Moore Cook County Recorder of Deeds Date: 07/02/2010 02:33 PM Pg: 1 of 3
State of Illinois)) SS. County of Cook)	
ROBERT W. BRUNETTE, being duly sworn, states as follows:	t talen er
I, ROBERT W. BRUNEFIF, reside at 15	5317 Las Robles Street, Oak Forest, IL 60452.
That I was acquainted with BORBIE AN land in Cook County, Illinois, legally des	N BRUNETTE, who at the time of death was one of the owners of the cribed as:
See Atto	ched Exhibit "A" for Legal Description
The premises are commonly known as 15	5317 vas Robles Street, Oak Forest, Illinois 60452.
Permanent Index Number (PIN): 28-17-	115-032-2000
IN WITNESS HEREOF, the grantor afor	resaid has hereunto set his hand on $6-24$, 2010.
	9
That this property was assigned the follow	wing Permanent Real Estate Number: 28-17-115-032-0000
That the deceased died on November 6, deceased, attached hereto.	2009, as evidenced by a certified copy of the death certificate of the
which is attached hereto. The original Division of the Circuit Court of Cook Co	Last Will & Testament/Leaving a Last Will & Testament a copy of of the Unproven Will should be filed with the Clerk of the Probate ounty, Illinois/Leaving a Last Will & Testament which was filed in the Division of the Circuit Court of Cook County, Illinois about
Official Seal IN WITNESS HEATS Pellane friant of or Notary Public State of flishols My Commission Expires 08/19/2011	esaid has hereunto set her hand on 6-27, 2010. Affiant, ROBERT W. BRUNETTE
Signed and sworn to before me, a Notary	Public, on, 2010. Employed by DeLaney Law Offices, Ltd.

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UNOFFICIAL COPY

Exhibit "A" Legal Description

The premises commonly known as 15317 Las Robles Street, Oak Forest, Illinois 60452.

Permanent Index Number (PIN): 28-17-115-032-0000

Lot 19 in Block 18 in the 6th Addition to Medema's El Vista Gurdens, Being a Subdivision of Part of the Northwest 14 of Section 17, Township 36 North, Range 13 East of the Third Principal Meridian, in the Village of Dak Forest, in Cook County, Illinois.

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TINLEY PARK, ILLINOIS

BREMEN TOWNSHIP REGISTRAR MEDICAL CERTIFICATE OF DEATH

ATE	ISSUED	11/09/20	ū

DECEDENT'S LEGAL NAME BOBBIE ANN BRUNE	ΠE						SEX FEMALE	DATE OF DEA	TH ER 06, 2009
COUNTY OF DEATH		V	AT LAST BIRTHDAY	7		DATE OF B	irth '0, 1953		
CITY OR TOWN OAK FOREST				HOSPITAL OF	* 1				
PLACE OF BEATH DECEDENT'S HOME									
BIRTHPLACE SOCIAL SECURITY NUMBER MARITAL STATUS AT TIN CHICAGO, IL 9239 MARRIED				F DEATH	SURVIVING ROBE	"". a	EVER IN U.S. ARMED FORCES? NO		
RESIDENCE 15317 LAS ROBITAS S	TREET		*	r ND	CATY OR	TOWN			INSIDE CITY LIMITS? YES
COOK COOK	STATE IL	ZIP CODE 60452	FATHER'S NAME SAMUEL C	AMPAGNA			MOTHER'S NA LORRAIN	ME PRIOR TO FIR E HEAD	ST MARRIAGE
INFORMANT'S NAME ROBERT W BRUNET	E		RELATIONSHIP HUSBAND	i ii	1	ING ADDRE	T	NK FOREST, IL, 60	452
METHOD OF DISPOSITION BURNAL			DISPOSITION ARY CATHOLIC C	EMETERY		3.00	Y OR TOWN AND EN PARK, IL	7.5	OF DISPOSITION /EMBER 11, 2009
FUNERAL HOME BRADY GILL FUNERA	T HOME	TINLEY FAR	(, 19600 S. OAK	(PARK AVE,	TINLEY I	PARK, IL,	60477		
FUNERAL DIRECTOR'S NAME MICHAEL F GILL					4.3		FUNERAL DIRE 034011540		LICENSE NUMBER
LOCAL REGISTRARS NAME LEONARD J HINES					#1.6 1.14 1.50		DATE FILED WI	TH LOCAL REGIS	TRAR
CAUSE OF DEATH PAI MANEDIATE CAUSE (Final disease or condition resulting in death)	RTI LUNG	3 CANCER		O (di s a con aquance					
	.			o (or as a conseque o					
PART IL Enter other significant	tomáltions (contributing to a				n PART L	w	S AN AUTOPSY P	ERFORMED? NO
- Wilder of Howel Control of the								RE AUTOPSY FIN MPLETE CAUSE C	
DID TOBACCO USE CONTRIBU	ITE TO DEAT	And the Armail of the con-	LE PREGNANCY STA T PREGNANT V		YEAR		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	MER OF DEATH ATURAL	
DATE OF INJURY		TIME	OF INJURY	PLACE OF IN.	ILIRY				INJURY AT WORK?
LOCATION OF INJURY	i. aliak								
DESCRIBE HOW INJURY OCC	JRRED :				y. Si	r ee		IF T RANSPO	RTATION INJURY, SPECIFY:
ATTEND THE DECEASED?		ST SEEN ALIVE		AL EXAMINER OR CONTACTED?		DATE P	RONOUNCED		TIME OF DEATH 10:59 PM
CERTIFIER PHYSICIAN		ing di	fa	Web 1988	V 1.3. 4.			DATE CERT	THED MBER 09, 2009
NAME, ADDRESS AND ZIP CO SYED Z MOHSIN, 28	DE OF PERS	ON COMPLETING	CAUSE OF DEATH	RK ILLINOIS	60805		27 27		AN'S LICENSE NUMBER 098660

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.

Leonard J. Hines

Bremen Township Registrar



