

UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT

STATE OF	ILLINOIS)
COUNTY OF _	COOK) SS
Kathleen A. Da	venport ,
oath that the affi	o as the affiant, states under ant resides at
4038 N. Osceola	<u> </u>
In the Village	
of No	orridge ,
State of _Illinois	
that the affiant w	as acqueinted with
William J. Hess	
decedent was on	at the time of death, the e of the owners of property,
by virtue of a	n properly recorded joint
	said property located in
Cook	County, State of
Illinois	, and legally
described as follo	ows:



Doc#: 1019756035 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds
Date: 07/16/2010 10:54 AM Pg: 1 of 3

LOT 263 IN VOLK BROTHERS' SECOND ADDITION TO SHAW ESTATES, A SUBDIVISION IN THE SOUTH EAST QUARTER OF SECTION 13, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED FLORUARY 2, 1925, AS DOCUMENT 8760260, IN COOK COUNTY, ILLINOIS.

Permanent Index Number: 12-13-412-018-0000

The decedent had no interest in any business or partnership, nor held any power of appoin ment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of incrests to take effect in possession or enjoyment after death;

The decedent died on September 27, 2006 , leaving no last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 25,000.00 that the value of the above property individually was \$ 25,000.00

1019756035 Page: 2 of 3

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he State and Estate/Inheritance Tax and the Federal Estate T	ax, if any, that was due from the decedent's estate, has been paid in ful
	Then a. Naveryo
Subscribed and sworn to before me this	
Jail Am	Year) OFFICIAL SEAL DANIEL R. ANSANI Notary Public - State of Illinois My Commission Expires Oct 30, 2010
0,5	nent of death taxes, if any, should accompany this affidavit.
This instrument prepared by: Daniel R. Ansani, Ansani & Ansani, P.C.	Return to: Daniel R. Ansani, Ansani & Ansani, P.C.
(Name)	(Name)
1411 W. Peterson Ave., Suite 202	1411 W. Peterson Ave., Suite 202
(Address	(Address)
Park Ridge, Illinois 60068	Park Ridge, Illinois 60068
(City, State, Zip)	(City, State, Zip)
	7.0
	Co

PHINIEU BY AUTHORITY OF THE STATE OF ILLINUIS

STATE OF ILLINOIS)
County of Cook)

UNOFFICIAL COPY OCTOBER 3,

DAVID ORR, County Clerk

1, 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

ECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.		EDICAL C	STATE OF IL		OF DE	АТН	STATE F NUMBEF	
Type or Print in	DECEASED -N' 10/5	FIRST	HIDDI F			·			
PERMANENT INK	1. WIGLIA		MIDDLE JAMES	last HESS		EX			NTH, DAY, YEAR)
ospital, or Physicians	COUNTY OF DEATH	F1	AGE-LAST	UNDER 1 YEAR		MALE	3	SEPTEME	BER 27,2006
Handbook for INSTRUCTIONS	4. COOK		BIRTHDAY (YRS)	MOS. DAYS	HOURS MIN	(.		NTH, DAY, YEAR)	
	CITY, TOWN, TWP, OR ROAD	DISTRICT NUMBER	5a. 75	5b. HER INSTITUTION-I	5c.	5d. M	ARCH 2	8, 1931	
<u> </u>	_6a. NORRIDGE	Ox	I			THER, GIVE STRE	ET AND NUM8	IER) IF HOS OP/EM	SP, OR INST, INDICATE D.O.A. ER. RM, INPATIENT (SPECIFY)
	BIRTHPLACE (CITY AND STATE	EOR MARTIEL N	6b. 4115 EVER MARRIED.	N. OLCOTT	NAME COLOR			6c.	
DECEASED	FOREIGN COUNTRY)	WIC DWED (DIVORCED (SPECIFY)	NAME OF SURV	IVING SPOUSE	(MAIDEN NAME,	IF WIFE)		WAS DECEASED EVER IN I ARMED FORCES? (YES/I
3	7. CHICAGO, ILLI SOCIAL SECURITY NUMBER	NOIS[8a. M/1 USUALODO	PRIED	8b. GINA	FALDA				9. YES
	0.540	CONS	TRUCTION	KIND OF BUSINE WALGRE	։SSOR (NDUST) * ԵՐՈ		TION (SPEC ry/Secondary (IFY ONLY HIGHES	T GRADE COMPLETED)
	RESIDENCE (STREET AND NUM	. IIIa.	PICT	11b.		12.	<u>1</u> 2		2
	/115 37 0-	•	CITY	TOWN, TWP, OR		NO.	INSIDE CIT	Y COUN	TY
***********	13a. 4115 N. OL	r 	13b.	NORRID			13c.	YES 13d.	COOK
			RACE (WHITE, BL/ CK, A INDIAN, etc.) (SPECIFY)	MERICAN OF	HISPANIC ORIG	IN? (SPECIFYN	OOR YES-IF Y	ES, SPECIFY CUBA	AN, MEXICAN, PUERTO RICAN, 6
>	13e. ILLINOIS	13f. 60706	14a. WHI	TF 14t	o. XX NO	☐ YES	SPECIFY	:	
PARENTS		MIDDLE	LAST	МО	THER-NAME	FIRST	MIDDLE		(MAIDEN) LAST
$\overline{}$	15. CORNELIUS	JAMES	HAF	FEY 16.	ROS	SE		CHAMI	RTDC
	INFORMANT'S NAME (TYPEO		R	ELATIONSHIP			T AND NO. OR	R F.D., CITY OR TO	OWN, STATE ZIP)
	17aKATHLEEN DAV	VENPORT		7b.DAUGHጊ ም	1.0				60706
······	18. PART I.	Enter the diseases, or co	mplications that caused t ist only one cause on e		rune in oo e of dvir	10. Such as card	iacor resnira	NUKKIDO	
	Immediate Cause (Fina) disease or condition resulting in death)	\rightarrow (a)	EUMO NIA	ach line.	4			, 211004,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CAUSE	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a)	(b) THE	CONSEQUENCE OF	AND	AGOM	PAKU	V/		1 Maria
	STATING THE UNDERLYING	' 1 YIAA/.	CONSEQUENCE OF	معيدي والم			X.		1 west
-	CAUSE LAST.	(c) IMM	SCUPE	DUSTE	opty				1 natalk
		(c) IMM	SCUPIUS of resulting in the underlying ca	SUBSECTION	opty		AUTUP		UTOPSY FINDINGS AVAILABLE PRIOR T
	PART II. Other significant condition	ns contributing to death but n		THE TENTE OF THE PART I.	орну		AUTUP		UTOPSY FINDINGS AVAILABLE PRIOR T ETION OF CAUSE OF DEATH? (YESNO)
=	CAUSE LAST. PART II. Other significant condition DATE OF OPERATION, IF ANY	ns contributing to death but n	SCHIPLE of resulting in the underlying co	THE STATE OF THE S	орну		4UTUP (1:23" 0 19a.	NO COMPLETE	INTOPSYFNDINGS AVAILABLE PRIOR TETIONOF CAUSE OF DEATH? (YESNO) HERE A PREGNANCY IN PAST
-	CAUSE LAST. PART II. Other significant condition DATE OF OPERATION, IF ANY 20a.	(c) IVVIIII (c) ns contributing to death but n MAJOR FIND!	NGS OF OPERATION	DUCTE	орнц		4UTOP (1-23" O 19a.	NO COMPLE 19b. FEMALE, WASTH HREE MONTHS?	ETIONOF CAUSE OF DEATH? (YES NO) HERE A PREGNANCY IN PAST
	CAUSE LAST. PART II. Other significant condition DATE OF OPERATION, IF ANY	(c) WAS an a contributing to death but no MAJOR FIND (Contribution) 20b.	NGS OF OPERATION	DUSTI	op Hy	CORONEROS	AUTOP (1-25° O 19a.	NO 19b. FEMALE, WAS THEE MONTHS? OC. YES	ETIONOF CAUSE OF DEATH? (YESNO) HERE A PREGNANCY IN PAST NO (**)
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CERTIFIER	CAUSE LAST. PART II. Other significant condition DATE OF OPERATION, IF ANY 20a. I (DID OUT NOT ATTEND THE AND LAST SAW HIM: HER ALLVI 21a. TO THE BEST OF MY KNOWLE 22a. SIGNATURE NAME AND ADDRESS OF CERT 22c. DR. P. LACU NAME OF ATTENDING PHYSIC 23. BURIAL CREMATION	MAJOR FINDS 20b. DECEASED (MONTEON DISTRIBUTION DISTRIBUTION DISTRIBUTION TIFIED (TYPEORE ESTA 7400 IAN IF OTHER THAN CO	NGS OF OPERATION H. DAY, YEAR) 1	AND PLACE AND DI CHICAGO RPRINT)	21b. UETO THE CAUS	CORONER OR MINER NOTIFIE NO SE(S) STATED	MEDICAL D? (YESNO)	NO 19b. FEMALE, WASTHERE MONTHS? OC. YES HOUR OF DEA 21c. 1 DATE SIGNED 22b. 9-0 ILLINOIS LICE! 22d 36-1 MOTE: IF AN INJU DEATH THE COR MUST BE NOTIFIE	ETIONOF CAUSE OF DEATH? (YESNO) HERE A PREGNANCY IN PAST NO (1) 1:45 A.M. M. (MONTH, DAY, YFAR) 28-6 NSE NUMBER
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- ERTIFIER	CAUSE LAST. PART II. Other significant condition DATE OF OPERATION, IF ANY 20a. I(DID OUD NOT ATTEND THE AND LAST SAW HIM: HER ALIVI 21a. TO THE BEST OF MY KNOWLE 22a. SIGNATURE NAME AND ADDRESS OF CERT 22c. DR. P. LACU NAME OF ATTENDING PHYSIC 23. BUPIAL CREMATION, REMOVAL (SPECIFY)	MAJOR FINDI 20b. DECEASED (MONT EON DECEASED (MONT TIFIE (TYPEORE ESTA 7400 IAN IF OTHER THAN CI 24b. ACACIA	NGS OF OPERATION H, DAY, YEAR) 1 2 0 0 ED AT THE TIME, DATE PRINT) W. ADDISON ERTIFIER (TYPE O MATORY-NAME A PARK CEME	CHICAGO RPRINT) LOCATIO TERY 24c.	, ILLING	CORONER OF MINER NOTIFIE NO SE(S) STATED OIS 606	MEDICAL D? (YESNO)	NO 19b. FFEMALE, WASTHHEE MONTHS? ROC. YES HOUR OF DEA 21c. 1 DATE SIGNED 22b. 9. ILLINOIS LICEI 22d 36- NOTE: IF AN INJUI DEATH THE CORR MUST BE NOTIFIE DAT 24c	ETIONOF CAUSE OF DEATH? (YESNO) HERE A PREGNANCY IN PAST NO (1) 1:45 A.M. M. (MONTH, DAY, YFAR) 28-6 NSE NUMBER
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SPOSITION	CAUSE LAST. PART II. Other significant condition DATE OF OPERATION, IF ANY 20a. I (DID COLD NOT) ATTEND THE AND LAST SAW HIM HER ALIVI 21a. TO THE BEST OF MY KNOWLE 22a. SIGNATURE NAME AND ADDRESS OF CERT 22c. DR. P. LACU NAME OF ATTENDING PHYSIC 23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. CREMATION FUNERAL HOME 25a. CUMBERLAND FUNERAL DIRECTOR'S SIGNAT	MAJOR FINDI 20b. DECEASED (MONTEON) DEGRADE HOCCURE TIFIED (TYPEORE ESTA 7400 IAN IF OTHER THANCO	NGSOFOPERATION H. DAY, YEAR) 1 2 0 0 1 2 0 0 1 2 0 0 1 2 0 0 1 2 0 0 1 2 0 0 1 2 0 0 1 2 0 0 1 3 0 0	CHICAGO REPRINT) LOCATIO TERY 24c. NUMBER OR R.F.D.	, ILLING	CORONER OF MINER NOTIFIE NO SE(S) STATED OIS 606 PATOWN ILLICITY OR TOWN RIDGE	MEDICAL D? (YESNO) STATE NOIS	NO 19b. FEMALE, WASTHERE MONTHS? OC. YES 12b. HOUR OF DEA 21c. 1 DATE SIGNED 22b. 9.0 ILLINOIS LICE! 22d 36- NOTE: IF AN INJUDEATH THE CORE MUST BE NOTIFIED STATE	ETIONOF CAUSE OF DEATHY (YESNO) HERE A PREGNANCY IN PAST NO (INTH) 1:45 A.M. M. (MONTH, DAY, YEAR) 28-06 NSE NUMBER -098-275 RY WAS INVOLVED IN THIS ONER OR MEDICAL EXAMINER ED. (MONTH, DAY, YEAR) 25 EPT 30, 2001 219
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