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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

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

Kathleen A. Davenport,
hereby referred to as the affiant, states under
oath that the affiant resides at _____
4038 N. Osceola

In the Village
of Norridge,
State of Illinois;
that the affiant was acquainted with _____
William J. Hess,
the decedent; at the time of death, the
decedent was one of the owners of property,
by virtue of a properly recorded joint
tenancy deed, said property located in
Cook County, State of
Illinois, and legally
described as follows:

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 FEBRUARY 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 appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests 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, and that the value of the above property individually was \$ 25,000.00.

lm

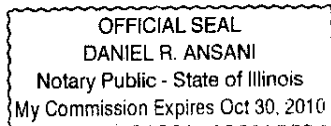
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The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

Lathen A. Navarone
(Seal)

Subscribed and sworn to before me this

21st day of MAY 2010
(Month) (Year)



Daniel R. Ansani
(Notary Public)

Note: A death certificate, together with evidence of payment 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)
1411 W. Peterson Ave., Suite 202
(Address)
Park Ridge, Illinois 60068
(City, State, Zip)

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1411 W. Peterson Ave., Suite 202
(Address)
Park Ridge, Illinois 60068
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STATE OF ILLINOIS
County of Cook

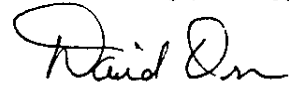
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OCTOBER 3, 2006

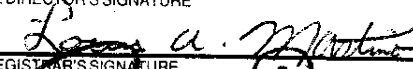
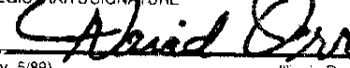
DAVID ORR, County Clerk

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

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS				STATE FILE NUMBER		
		REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH						
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED NAME FIRST MIDDLE LAST			SEX		DATE OF DEATH (MONTH, DAY, YEAR)			
A DECEASED		1. WILLIAM JAMES HESS			2. MALE		3. SEPTEMBER 27, 2006			
B		COUNTY OF DEATH		AGE - LAST BIRTHDAY (YRS)		UNDER 1 YEAR		DATE OF BIRTH (MONTH, DAY, YEAR)		
C		4. COOK		5a. 75		5b. 75		5d. MARCH 28, 1931		
D		CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)		
E		6a. NORRIDGE		6b. 4115 N. OLCOTT				6c.		
		BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)		
		7. CHICAGO, ILLINOIS		8a. MARRIED		8b. GINA FALDANI		9. YES		
		SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
		-3543		11a. CONSTRUCTION		11b. WALGREEN		12. 12 College (1-4 or 5+)		
		RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY		
		13a. 4115 N. OLCOTT		13b. NORRIDGE		13c. YES		13d. COOK		
		STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		
		13e. ILLINOIS		13f. 60706		14a. WHITE		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
PARENTS		FATHER - NAME FIRST MIDDLE LAST			MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST					
		15. CORNELIUS JAMES HAFHEY			16. ROSE CHAMBERS					
1		INFORMANT'S NAME (TYPE OR PRINT)			RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
2		17a. KATHLEEN DAVENPORT			17b. DAUGHTER		17c. 4038 N. OSCEOLA NORRIDGE, ILLINOIS 60706			
3		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	
CAUSE		Immediate Cause (Final disease or condition resulting in death) → (a) PNEUMONIA							1 WEEK	
		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DYSPHAGIA AND ASPIRATION							1 WEEK	
		(c) MUSCULAR DYSTROPHY								
4		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.								
5		DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)		
N		20a.		20b.		19a. NO		19b.		
P		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?				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. 9/12/06			21b. NO		21c. 11:45 A.M. M.			
CERTIFIER		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		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22c. DR. P. LACUESTA 7400 W. ADDISON CHICAGO, ILLINOIS 60634		22b. 9-28-06		
		22a.		22c.		22d. 036-098775		ILLINOIS LICENSE NUMBER		
		22a.		22c.		22d.		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
DISPOSITION		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY - NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)		
		24a. CREMATION		24b. ACACIA PARK CEMETERY		24c. CHICAGO ILLINOIS		24d. SEPT 30, 2006		
		FUNERAL HOME		NAME STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE		ZIP		
		25a. CUMBERLAND CHAPELS 8300 W. LAWRENCE AVE. NORRIDGE ILLINOIS 60706		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				
		25b. 		25c. 031-008880		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				
		LOCAL REGISTRAR'S SIGNATURE		26a. 		26b. 10-03-2006				

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