

# UNOFFICIAL COPY



## DECEASED TENANCY BY THE ENTIRETY AFFIDAVIT

Doc#: 1023239078 Fee: \$38.00  
Eugene "Gene" Moore RHSP Fee:\$10.00  
Cook County Recorder of Deeds  
Date: 08/20/2010 03:06 PM Pg: 1 of 2

STATE OF ILLINOIS        )  
  )  
COUNTY OF COOK        )

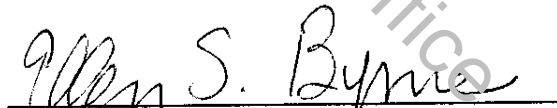
**ELEN S. BYRNE**, being duly sworn states that she resides at 4209 Lawn, Western Springs, Illinois 60558.

**ELEN S. BYRNE** was acquainted with **JOHN PATRICK BYRNE, JR.**, deceased, who at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

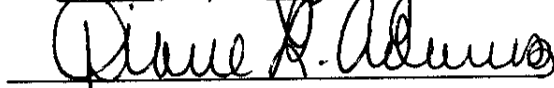
ALL OF LOT 22 AND 23 (EXCEPT THE NORTH 15 FEET THEREOF) IN BLOCK 17 IN WESTERN SPRINGS RESUBDIVISION OF PART OF EAST HINSDALE, A SUBDIVISION OF THE EAST HALF OF SECTION 6, TOWNSHIP 38 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING SOUTH OF THE CHICAGO AND NAPERVILLE HIGHWAY AND WEST OF THE EAST LINE OF SECTION 6 AFORESAID, PRODUCED NORTH OF SAID HIGHWAY IN AFORESAID SECTION 6, IN COOK COUNTY, ILLINOIS.

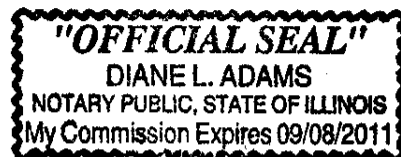
Permanent Property Index No.: 18-06-220-015-0000  
Address: 4209 Lawn, Western Springs, Illinois 60558

That the deceased died March 15, 2009, as evidenced by a copy of the death certificate of the deceased attached hereto.

  
\_\_\_\_\_  
**ELEN S. BYRNE**

Subscribed and sworn to before me  
by the said **ELEN S. BYRNE**  
this 29<sup>th</sup> day of July 2010

  
\_\_\_\_\_  
Notary Public



# UNOFFICIAL COPY

TYPEPRINT  
IN  
PERMANENT  
BLACK INK

LF 107  
CF \_\_\_\_\_



STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH  
CERTIFICATE OF DEATH

STATE FILE NUMBER  
**2849331**

1. DECEDENT'S NAME (First, Middle, Last) <b>John Patrick Byrne Jr.</b>		2. DATE OF BIRTH (Month, Day, Year) <b>August 6, 1963</b>		3. SEX <b>Male</b>		4. DATE OF DEATH (Month, Day, Year) <b>March 15, 2009</b>	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (include AKA's if any)				6a. AGE - Last Birthday (Years) <b>45</b>		6b. UNDER 1 YEAR MONTHS _____ DAYS _____	
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c) HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number and zip code) <b>35 Streamwood Dr. - 49090</b>				7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH <b>South Haven City</b>		7c. COUNTY OF DEATH <b>VanBuren</b>	
8a. CURRENT RESIDENCE - STATE <b>Illinois</b>		8b. COUNTY <b>Cook</b>		8c. LOCALITY (check the box that describes the location) <input checked="" type="checkbox"/> CITY OR VILLAGE (issue basis of) <b>Western Springs</b>		8d. STREET AND NUMBER (include Apt. No. if applicable) <b>4209 Lawn Ave.</b>	
8e. ZIP CODE <b>60558</b>		9. BIRTHPLACE (City and State or Country) <b>St. Louis, Missouri</b>		10. SOCIAL SECURITY NUMBER <b>488-82-2770</b>		11. DECEDENT'S EDUCATION - What is the highest degree or level of school completed at the time of death? <b>Masters Degree</b>	
12. RACE - American Indian, White, Black, etc. (if Asian, give nationality; if Chinese, Filipino, Asian Indian, etc.) (Enter all that apply) <b>White</b>		13a. ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc. (Enter all that apply) If American Indian race, enter principal tribe <b>Irish</b>		13b. HISPANIC ORIGIN (Yes or No) <b>No</b>		14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? (Yes or No) <b>NO</b>	
15. USUAL OCCUPATION Give kind of work done during most of working life. Do not use retired. <b>Investment Adv.</b>		16. KIND OF BUSINESS OR INDUSTRY <b>Financa</b>		17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		18. NAME OF SURVIVING SPOUSE (if wife, give name before first married) <b>Ellen Schaefer</b>	
19. FATHER'S NAME (First, Middle, Last) <b>John Patrick Byrne</b>				20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) <b>Carole Klaski</b>			
21a. INFO. MOTHER'S NAME (Type/Print) <b>Ellen Byrne</b>		21b. RELATIONSHIP TO DECEDENT <b>Wife</b>		21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code) <b>4209 Lawn Ave. Western Springs, Illinois 60558</b>			
22. METHOD OF DISPOSITION Burial, Cremation, Entombment, Donation, Funeral, Other (Specify) <b>Burial</b>		23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other location) <b>Bronwood Cemetery</b>		23b. LOCATION - City or Village, State <b>Oak Brook, Illinois</b>			
24. SIGNATURE OF MORTUARY LICENSEE <i>[Signature]</i>		25. LICENSE NUMBER <b>6279</b>		26. NAME AND ADDRESS OF FUNERAL FACILITY <b>Hallowell &amp; James Funeral Home 1025 W. 55th Countryside, Illinois 60525</b>			
27a. CERTIFIER (Check only one) <input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner - On the basis of examination, and/or in my opinion, death occurred at the time, date, and place and due to the cause(s) indicated. Signature and Title: <i>[Signature]</i> <b>Richard Allen</b>		27b. DATE SIGNED (Mo. Day, Yr.) <b>March 17, 2009</b>		27c. LICENSE NUMBER <b>39538</b>		28a. ACTUAL OR PRESUMED TIME OF DEATH <b>11:00 A M</b>	
				28b. PRONOUNCED DEAD ON (Mo. Day, Yr.) <b>March 15, 2009</b>		28c. TIME PRONOUNCED DEAD <b>10:42 A M</b>	
				29. MEDICAL EXAMINER CONTACTED? (Yes or No) <b>Yes</b>		30. PLACE OF DEATH (Home, Hospital, Nursing Home, Hospital, Ambulance) (Specify) <b>Home</b>	
				31. IF HOSPITAL, Inpatient, Outpatient, Emergency Room, DOA (Specify)			
		32. MEDICAL EXAMINER'S CASE NUMBER (if applicable)		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Dr. Richard Allen 930 Blue Star Hwy. South Haven MI. 49090</b>			
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print) <b>Dr. Richard Allen 930 Blue Star Hwy. South Haven MI. 49090</b>				35a. REGISTRAR'S SIGNATURE <i>Tina Leary</i>			
				35b. DATE FILED (Month, Day, Year) <b>March 19, 2009</b>			
36. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line. If diabetes was an immediate, underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, IF ANY, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST							Approximate Interval Between Onset and Death <b>7-10 days</b>
a. <b>Acute Cardiac Death</b>							
b. _____							
c. _____							
d. _____							
PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I. <b>Nasopharyngeal Cancer</b>							
37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year					
39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify) <b>Natural</b>		40. WAS AN AUTOPSY PERFORMED? (Yes or No) <b>No</b>		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)			
41a. DATE OF INJURY (Mo., Day, Yr.)		41b. TIME OF INJURY <b>M</b>		41c. DESCRIBE HOW INJURY OCCURRED			
41d. INJURY AT WORK (Yes or No)		41e. PLACE OF INJURY - At home, farm, street, construction site, wooded area, etc. (Specify)		41f. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify)		41g. LOCATION - Street or RFD No. City, Village or Twp. State	

STATE OF MICHIGAN, COUNTY OF VAN BUREN

I, TINA LEARY, CLERK OF THE COUNTY AND STATE AFORESAID DO HEREBY CERTIFY THAT THE FOREGOING IS A TRUE COPY OF SAME AS APPEARS ON FILE IN MY OFFICE IN PAW PAW, MICHIGAN.

GIVEN UNDER MY HAND AND SEAL THE 19th DAY OF March, 2009.

TINA LEARY, VAN BUREN COUNTY CLERK

BY:

*Susan K Blower*

DEPUTY CLERK