UNOFFICIAL COPY

86155283

Doc#: 1106155083 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds

Date: 03/02/2011 03:58 PM Pg: 1 of 3

Instrument Prepared by:

MARY A. Dempsey
695 Longtree Drive
Wheelmon GL 60090
Doccossed Joint Tenancy Affidavit

· · · ·	
being duly swom states that MARY VEW presides	in 695 Longtue Drive
n the City of Whilling to	
not MARY TOREOL	T) & . 000.
was acquainted with	deceased who, at the time of .
earn, was one of the owners of the land in	Ounty, Illinois, described as:
ATTACH LEGA	AL DESCRIPTION
	0.
hat the deceased died $\frac{165}{20}$	201) , as evidenced by a certified copy of
ath certificate of the deceased attached hereto.	i as established by a certified copy of
at the deceased died:	9_
Leaving no Last Will & Testament	
Leaving a Last Will & Testement a competitudial	
be filed with the Clerk of Prohate Division of the C	h is attached hereto. The original of the unproven will should be counted the country illinoises.
Leaving a Last Will & Testament which was filed	in the Unproven Will Box of the Probate Division of the
Circuit Court of	County Illinois about
· · · · · · · · · · · · · · · · · · ·	
•	
t the lotal value of the petate of the deceased includes	
or individually or in joint tenancy at the time of the death	both real and personal property owned by the deceased
er individually or in joint tenancy at the time of the death	or the deceased, does not exceed the sum ofdollars.
	•
ant makes this affidavit for the purpose of transferring title	of or the above described real property from the deceased
owner to the surviving joint tenant(s).	man property main and december
scribed and sworn to before me by the said	***************************************
A	Official Seal
ARY A. DEMPSEY	Josephine L Acocella Notary Public State of Illinois
	My Commission Expires 03/27/2011
1ST day of MARCH, AD. 10 2011	3
	Mn
proper will a	Mary a Demoses
Notary Public	(Affiant's Signature)

1106155083 Page: 2 of 3

PIN # 034NOFFIGIAL COPY

hot 53 in Longtree, beiNh A subdivision of PART of the west half of the Southwest Compter of Section 10, township 42 north, Range 11, EAST of the third principle meridian according to the PIAT therefore Recorded August 30, 18 1978 As downener 24 606 839, in Cook County, Ellinois, Coot County Clert's Office

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

	SUED :		2011

ATE FILE NUMBER 2011 0014412 DECEDENT'S LEGAL NAME		SEX	DATE ISSUED 02/2: DATE OF DEATH
JOSEPH JAMES DEMPSEY		MALE	FEBRUARY 20, 2011
COOK COOK	AGE AT LAST BIRTHDAY 85 YEARS	DATE OF BIRTH MARCH 15, 1925	
TYORTOWN ARLINGTON HEIGHTS		or other institution name West community hospital	
LACE OF DEATH. EMERGENCY ROOM / OUTPATIEN			
RTHPLACE SOCIAL SEL POTTSVILLE; PA	UNITY NUMBER MARITAL STATUS AT TIME : 3773 MARRIED	OF DEATH SURVIVING SPOUSE'S NAME MARY A BATINICK	EVER IN U.S. ARMEI FORCES? YES
ESIDENCE 695 LONGTREE DHIVL	APT.NO	CITY OR TOWN WHEELING	INSIDE CITY LIMITS? YES
	ODE FATHER'S NAME D90 JAMES JOSEPH DEMPS	 Service and the service of the service	MEPRIOR TO FIRST MARRIAGE NAMARA
FORMANT'S NAME KATHLEEN MARIE FISCHER	AELATIONSHIP DAUGHTER	MAILING ADDRESS 4210 FOREST GLEN, HOFFN	MAN ESTATES, IL, 60192
	L/ JE OF DISPOSITION EC PICST CREMATORY	LOCATION CITY OF TOWN AND BOMEOVILLE, IL	STATE DATE OF DISPOSITION FEBRUARY 23, 2011
UNERAL HOME CREMATION SOCIETY OF ILLINOIS	-MOU, ™ P. USPECT, 1030 EAST N	IORTHWEST HIGHWAY MT PR	OSPECT IL 600%6
JNERAL DIRECTOR'S NAME GERALD F SULLIVAN			TOR'S ILLINOIS LICENSE NUMBER
OCAL REGISTRAR'S NAME DAVID ORP			H LOCAL REGISTRAR
	Y ARTERY DISEASE		₽ŰĔ 20 YEARS
IMMEDIATE CALISE & Final disease of condition Septime in death Septime in death Septime in death	Diesto (er as a unisequenc	e of):	
p HYPERLIP	IDEM)A		PEROXIII RVAL BET AND
c HYPERTEI	Due to (or as a oprisequation	ė òn:	APPH INTERVA ONSETY
	Dire to (or est a consequence		
MT 11. Enter other <i>significant conditions contribu</i>	rking to eleath but het resulting in the underlying o		ANAUTOPSY PERFORMED? NO
CO. D. COLON CANCER, SEIZUME DISC	APEN.		E AUTOPSY FINDINGS USED TO PLETE CAUSE OF DEATHY N/A
D TOBACCO USE CONTRIBUTE TO DEATH?	FEMALE PREGNANCY STATUS NOT APPLICABLE	· · · · · · · · · · · · · · · · · · ·	NER OF SEATH TURAL
NTE OF INJURY	TIME OF INJURY PLACE OF IN	JURY	INJURY AT WORK?
CATION OF INJURY			
SCRIBE HOW INJURY OCCURRED.			IF TRANSPOTEA TON MULHY SPECI
TEND THE DECEASED? DATE LAST SEE	超越上 保疫 法国人的现在分词 海绵 计选择 化二氯苯乙二	DATE PRONOUNCED	TIME OF DEATH 10:38 AM
RIJIPER PHYSICIAN			BATE CERTIFIED FEBRUARY 22, 2013
ME, ADDRESS AND ZIP CODE OF PERSON CON	THERE AND A MARKET . A TOTAL CONTROL OF THE ACTION AND ADMINISTRATION OF THE ACTION AND ADMINISTRATION OF THE ACTION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION		PHYSICIAN'S LICENSE NUMBER

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.

David Orr Cook County Clerk