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1127048005

Doc#: 1127048005 Fee: \$38.00
Eugene "Gene" Moore RIISP Fee: \$10.00
Cook County Recorder of Deeds
Date: 09/27/2011 02:40 PM Pg: 1 of 2

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FAVIL DAVID BERNS & ASSOCIATES
Attorneys at Law
30 E. North Ave.
Northlake, IL 60164
(708) 562-1076

The Above Space for Recorder's Use Only

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

JOHNNY B. MALONE being duly sworn states that he resides at
311 S. 46th Avenue in the City of Bellwood, IL.

That he was acquainted with SHIRLEY ANN MALONE deceased who, at the time of
her death, was one of the owners of the land in Cook County, Illinois, described as:

Lots 15 and 16 in Abogal L. Daniel's Subdivision of Block 17 of Smith's
Addition to Maywood, a subdivision of the South East 1/4 and the East 693
feet of the South East 1/4 of the North East 1/4 of Section 10, Township
39 North, Range 12, East of the Third Principal Meridian in Cook County, Illinois

PIN: 15-10-408-009-0000

That the deceased died February 17, 2011, as evidenced by a certified copy of the death certificate of the deceased attached
hereto.

That the deceased died:

- Leaving no Last Will & Testament
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven Will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- 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 _____.

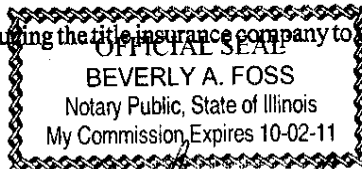
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of _____ dollars.

Affiant makes this affidavit for that purpose of inducing the title insurance company to issue its title insurance policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

JOHNNY B. MALONE
this 17th day of May, A.D. 2011

Beverly A. Foss
Notary Public



Johnny B. Malone
(affiant's signature)
JOHNNY B. MALONE

This document prepared by: FAVIL D. BERNS, Favil David Berns & Associates, Attorneys at Law, 30 E. North Ave., Northlake, IL 60164 (708) 562-1076

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

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

STATE FILE NUMBER 2011 0013887

DATE ISSUED 03/01/2011

| | | | | | | |
|--|---------------------------------|--|---|--|---|--|
| DECEDENT'S LEGAL NAME SHIRLEY ANN MALONE | | | SEX FEMALE | | DATE OF DEATH FEBRUARY 17, 2011 | |
| COUNTY OF DEATH COOK | | AGE AT LAST BIRTHDAY 57 YEARS | | DATE OF BIRTH NOVEMBER 05, 1953 | | |
| CITY OR TOWN CHICAGO | | | HOSPITAL OR OTHER INSTITUTION NAME JOHN H. STROGER JR. HOSPITAL OF COOK CO | | | |
| PLACE OF DEATH INPATIENT | | | | | | |
| BIRTHPLACE SAN AUGUSTINE, TX | | SOCIAL SECURITY NUMBER [REDACTED]-4787 | MARITAL STATUS AT TIME OF DEATH MARRIED | | SURVIVING SPOUSE'S NAME JOHNNY MALONE | EVER IN U.S. ARMED FORCES? NO |
| RESIDENCE 311 46TH AVENUE | | | APT. NO. | CITY OR TOWN BELLWOOD | | INSIDE CITY LIMITS? YES |
| COUNTY COOK | STATE IL | ZIP CODE 60104 | FATHER'S NAME TOMMIE DENNIS | | MOTHER'S NAME PRIOR TO FIRST MARRIAGE MARY MATLOCK | |
| INFORMANT'S NAME JOHNNY MALONE | | | RELATIONSHIP HUSBAND | | MAILING ADDRESS 311 46TH AVENUE, BELLWOOD, IL, 60104 | |
| METHOD OF DISPOSITION BURIAL | | PLACE OF DISPOSITION OAK RIDGE CEMETERY | | LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL | | DATE OF DISPOSITION FEBRUARY 25, 2011 |
| FUNERAL HOME WALLACE BROADVIEW FUNERAL HOME, 2920 ROOSEVELT ROAD, BROADVIEW, IL, 60155 | | | | | | |
| FUNERAL DIRECTOR'S NAME VERNON L WALLACE | | | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034009351 | | |
| LOCAL REGISTRAR'S NAME DAVID ORR | | | | DATE FILED WITH LOCAL REGISTRAR FEBRUARY 22, 2011 | | |
| CAUSE OF DEATH PART I. MULTIPLE ORGAN DYSFUNCTION SYNDROME IMMEDIATE CAUSE a. _____ DAYS <small>If final disease or condition resulting in death</small> Due to (or as a consequence of) b. SEPSIS _____ DAYS Due to (or as a consequence of) c. METASTATIC ENDOMETRIAL CARCINOMA _____ MONTHS Due to (or as a consequence of) | | | | | | |
| PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. | | | | WAS AN AUTOPSY PERFORMED? YES | | |
| | | | | WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES | | |
| DID TOBACCO USE CONTRIBUTE TO DEATH? | | FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR | | MANNER OF DEATH NATURAL | | |
| DATE OF INJURY | | TIME OF INJURY | PLACE OF INJURY | | INJURY AT WORK? | |
| LOCATION OF INJURY | | | | | | |
| DESCRIBE HOW INJURY OCCURRED | | | | | IF TRANSPORTATION INJURY, SPECIFY | |
| ATTEND THE DECEASED? YES | DATE LAST SEEN ALIVE UNKNOWN | | WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES | | DATE PRONOUNCED | TIME OF DEATH 08:30 PM |
| CERTIFIER PHYSICIAN | | | | | DATE CERTIFIED FEBRUARY 22, 2011 | |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH TERENCE HARPER, 1901 W HARRISON ST, CHICAGO, ILLINOIS, 60612 | | | | | PHYSICIAN'S LICENSE NUMBER 036101411 | |

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
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED