UNOFFICIAL COPY

AFFIDAVIT REGARDING DECEASED JOINT TENANCY

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)



Doc#: 1127644081 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Cook County Recorder of Deeds
Date: 10/03/2011 03:29 PM Pg: 1 of 3

Margaret M. Sullivan, being first duly sworn, for the purpose of clearing title covering the property described below, deposes and says:

- 1. That she resides at 554 Ashland Ave, River Forest, Illinois 60305.
- 2. That she was acquainted with and married to Cornelius Sullivan, who died on November 6, 2010 as evidenced by the attached certified copy of the death certificate.
- 3. That the decedent was one of the owners of the property known as:

LOT 18 IN BLOCK 3 IN HIATT'S SUBDIVISION OF THE NORTH HALF OF THE EAST 40 ACRES OF THE SOUTH WEST QUARTER OF SECTION 7, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number:

16-07-312-005-0000

Address of Real Estate:

218 South Kenilworth

Oak Park, lifinois

- 4. That said decedent died intestate.
- 5. That the total value of said decedent's estate for State of Illinois Inheritance, Tax/Estate Tax and Federal Estate Tax purposes does not exceed the limits at the time of his death.

Margaret M. Sullivan

SPSMSCY SCY INT

1127644081 Page: 2 of 3

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Subscribed and sworn to before me this 22nd day of September 2011.

OFFICIAL SEAL SANDRA BLANCO NOTARY PUBLIC - STATE OF ILLINOIS

Notary Public

Prepared By: Neiburger Law, Ltd. 747 N. Church Rd., Suite B4B Elmhurst, IL 60126 (630) 782-1765

Mail To: OFFICE Neiburger Law, Ltd. 747 N. Church Rd., Suite B49 Elmhurst, IL 60126

Send Tax Bills To: Michael J. Sullivan 554 Ashland Ave River Forest, IL 60305

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CERTIFICATION OF DEATH RELORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

TATE FILE NUMBER 2010	0080533							DAT	EISSUED	11/09/2010
DECEDENT'S LEGAL NAME CORNELIUS SULLIVA	N						SEX MALE	DATE OF DEAT NOVEMBE	10.00	
COUNTY OF DEATH	s. Yêb	1 -	AT LAST BIRTHDAY S YEARS		ସଂଖିତ	DATE OF E	BER 03, 1917	er e	正常会——上海是安安中	e.
CITY OR TOWN BROOKFIELD				HOSPITAL O		A INSTITUTION	NAME			Tivet There exists the dis the dis the dist
PLACE OF DEATH NURSING HOME / LON	IG TERM	CARE FACILI	ΤΥ							
BIRTHPLACE IRELAND		SOCIAL SECURITY NUMBER MARITAL STATUS AT TIME O MARRIED			F DEAT				EVER IN U.S. FORCES? N	
RESIDENCE 8700 W 31ST STREET			APT	NO.	35.55	OF TOWN			INSIDE CITY LII YES	VITS?
COOK COUNTY	8"A.E.	ZIP CODE 60513	FATHER'S NAME MICHAEL S	ULLIVAN			MARY O'S	ME PRIOR TO FIRS SHEA	T MARRIAGE	Steph Strip Ster
INFORMANT'S NAME MARGARET M SULLIV	AN	RELATIONSHIP WIEE				MAILING ADDRESS 8700 W 31ST STREET, BROOKFIELD 1L, 60513				
METHOD OF DISPOSITION BURIAL		42.0F DI 2UF 2N OF	SPOSITION HEAVEN CATHOLIC	CEMETERY		LOCATION CIT	Y OR TOWN AND IL	2.02	FOISPOSITION MBER 13, 20	110
FUNERAL HÖME DRECHSLER BROWN AND WILLIAMS FUN ER N. HOME, 203 S MARION ST, OAK PARK, IL, 60302										
FUNERAL DIRECTOR'S NAME CHARLES MICHAEL W	ILLIAMS				2000 12000 12000 12000		FUNERAL DIRECT	TOR'S ILLINOIS L	CENSE NUMBER	1 55. Asi
LOCAL REGISTRAR'S NAME DAVID ORR							DATE FILED WIT NOVEMBE	H LOCAL REGISTI R 8, 2010	IAR .	
CAUSE OF DEATH PAR	TI CONG	SESTIVE HEART	FAILURE		A STATE				MANY M	ONTHS
(Final disease or condition resulting in death)			Desto	(or as a tondequence	of):					ila.
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	a. The		Que to	(or as a consequence	• 00					A _A
PART II. Enter other significant c	onditions co	intributing to deal	th but not resulting in	the underlying o	ause gr	ven in PA T I	was	AN AUTOPSY PE	RECRMEDY NC	
								E AUTOPSY FIND PLETE CAUSE OF		
DID TOBACCO USE CONTRIBUTE TO DEATH? FEMALE PREGNANCY STATUS NOT APPLICABLE NATURAL								MEN OF DEATH		
DATE OF INJURY		TIME OF	INJURY	PLACE OF IN	KJRY				INJURY AT	WORK?
LOCATION OF INJURY										
DESCRIBE HOW INJURY OCCUP	RED	and the second			*			IF TRANSPORT	I. TION INJURY,	SPECIFY:
					Table Table Table Table Table					14 14 12 14 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14 1
ATTEND THE DECEASED? YES	Later All Control of the Control	r seen alive BER 18, 2010		EXAMINER OR INTACTED? N	Ю	DATEP	RONOUNGED		TIME OF DEA	the setting
CERTIFIER PHYSICIAN								OATE CERTIF NOVEME	IED 3ER 08, 2010	
NAME, ADDRESS AND ZIP CODE RAJEEV KUMAP, 510		5 5 5 5 6 e		E, IL, 60 525				PHYSICIAI 03609	IS LICENSE NUM 3495	ABER
 1 (2000) (2000) (2000) (2000) 	1915	AND STATES	15.50, 705.07	1577-1577	17 (177)	1.00 10 10 10 10 10 10 10 10 10 10 10 10 1	73.5	0.00.00	5 (5.00) PER S	



This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.



