



Doc#: 1131429096 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 11/10/2011 11:47 AM Pg: 1 of 3

Drafted by:
Roger R. Ochoa, Esq.
1127 E. Cambridge Dr.
Scherverville, IN 46375

Return to:
LSI Title Company
5039 Dudley Blvd.
McClellan, CA 95652

DECEASED JOINT TENANT AFFIDAVIT OF DEATH

State of Illinois) Order No.12067534
County of Cook) ss.

Affiant, Steven M. Walsh and Linda M. Walsh, being duly sworn states that they reside at 8944 W. Forestview Ave., Riverside, IL, 60546. That they were acquainted with Agnes Vaira, deceased, who at the time of her death was one of the owners of the land described and referred to herein, located in Cook County, Illinois, and described as:

See Exhibit A attached hereto and made a part hereof

That the deceased died October 23, 1997, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

Recording Requested By:
LSI

- 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 Cook County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook 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 death of the deceased, does not exceed the sum of \$100,000.00 dollars.

Affiant makes this affidavit for that purpose of inducing the *National Title Insurance of New York, Inc.*, to issue its Title Insurance Policy, describing the above mentioned property.

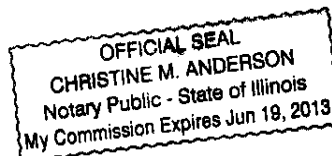
Subscribed and sworn to before me by the said Steven M. Walsh and Linda M. Walsh.

By: Linda M. Walsh
Linda M. Walsh

By: Steven M. Walsh
Steven M. Walsh

This 21 day of October, A.D. 2011

Christine M. Anderson
Notary Public



UNOFFICIAL COPY

EXHIBIT A

The following described property:

Lot 22 in Block 11 in Komareks West 22nd Street Fifth Addition, being a subdivision of the East 1/2 of the Northeast 1/4 of Section 27, Township 39 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Assessor's Parcel No: 15-27-218-022-0000

Property of Cook County Clerk's Office

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <u>166</u>		STATE OF ILLINOIS				STATE FILE NUMBER	
		REGISTERED NUMBER		UNOFFICIAL COPY 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)		
		1. AGNES L. VAIRA			2. Female		3. October 23, 1997		
DECEASED		COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS) MOS DAYS		UNDER 1 YEAR UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)	
		4. Cook		5a. 79		5b. 5c.		5d. January 13, 1918	
A		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)		
		6a. Indian Head Park		6b. Briar Place Nursing Home			6c. Inpatient		
B		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, Il.		8a. Widowed		8b.		9. NO	
C		SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
		10. -0032		11a. Housekeeper		11b. Hospital		12. 12 College (1-4 or 5+)	
D		RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
		13a. 6800 Joliet Road		13b. Indian Head Park		13c. Yes		13d. Cook	
E		STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
		13e. Illinois		13f. 60525		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. George Folz			16. Bessie Horn				
1		INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
		17a. Pat Matches		17b. Daughter		17c. 74 Lawton Road Riverside, Il. 60546			
2		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			
		Immediate Cause (Final disease or condition resulting in death)		(a) <u>cardiorespiratory arrest</u>		immediate			
3		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) <u>A-H-D</u>		7/4			
		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
4		DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	
		20a.		20b.		19a. No		19b.	
5		(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. 10/29/97				21b. No		21c. 5:00 a.m.	
N		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 <u>Edmond W. Vizinas MD</u>						22b. Oct. 23, 1997	
P		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)						ILLINOIS LICENSE NUMBER	
		22c. Dr. Vizinas 6187 s. Archer Ave. Chicago, Il. 60609						22d. 036-059443	
CERTIFIER		23. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.							
		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)	
DISPOSITION		24a. Burial		24b. Bohemian National		24c. Chicago, Illinois		24d. Oct. 27, 1997	
		FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP		25a. IVINS FUNERAL HOME 80 E. Burlington Road Riverside Illinois 60546		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
DISPOSITION		25b. <u>[Signature]</u>		25c. 036-011836		LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
		26a. REGISTRAR <u>Karen L. Scott, MD</u>		26b. October 24 1997		26c. <u>[Signature]</u>			

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR DECEDENT NAME IN ITEM 1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS STILL BIRTHS AND DEATHS.

DATE October 24, 1997 SIGNED [Signature]

AT COOK COUNTY DEPARTMENT OF PUBLIC HEALTH OFFICIAL TITLE CHIEF DEPUTY REGISTRAR 1010 LAKE STREET, SUITE 300, OAK PARK, ILLINOIS 60301