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Doc#: 1205922054 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 02/28/2012 02:45 PM Pg: 1 of 2

**JOINT TENANCY
AFFIDAVIT**

State of Illinois)
) SS.
County of Cook)

DONALD G. OLSON hereby referred to as the **affiant**, states under oath that the affiant resides at 5447 N. Nagle, Chicago, Illinois; that the affiant was the husband of **EVELYN**

T. OLSON, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property, located in Cook County, Illinois, and legally described as follows:

LOT 5 AND THE NORTH 5.00 FEET OF LOT 6 IN BLOCK 7 IN KINSEY'S FOREST GARDEN NO. 2, A SUBDIVISION IN THE SOUTHWEST QUARTER OF SECTION 5 AND THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 8, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED JUNE 12, 1915 AS DOCUMENT NUMBER 5652510, IN COOK COUNTY, ILLINOIS

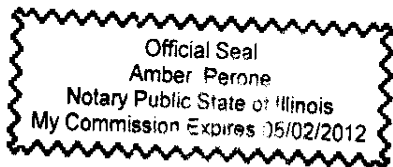
PIN: 13-08-108-058-000

PROPERTY ADDRESS: 5447 N. NAGLE, CHICAGO, IL 60630

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on January 19, 2009, leaving no will and testament.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any, was due from the decedent's estate, has been paid in full;



Donald G. Olson (SEAL)
DONALD G. OLSON

Subscribed and sworn to before me this 10th day of February 2012.

Amber Perone
Notary Public

This document prepared by and mail to:
Vincent Sansonetti
Attorney at Law
5521 N. Cumberland Avenue Ste 1109
Chicago, Illinois 60656

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REGISTRATION DISTRICT NO 16.10 LOCAL FILE NUMBER

STATE OF ILLINOIS CERTIFICATE OF DEATH

STATE FILE NUMBER

Form fields containing decedent information: 1. DECEDENT'S LEGAL NAME (EVELYN T. OLSON), 2. SEX (FEMALE), 3. DATE OF DEATH (JANUARY 19, 2009), 4. COUNTY OF DEATH (COOK), 5a. AGE AT LAST BIRTHDAY (76), 7a. CITY OR TOWN (CHICAGO), 7b. HOSPITAL OR OTHER INSTITUTION NAME (RESURRECTION MEDICAL CENTER), 8. BIRTHPLACE (STEVENS POINT, WI), 9. SOCIAL SECURITY NUMBER (9937), 10. MARITAL STATUS AT TIME OF DEATH (Married), 11. SURVIVING SPOUSE'S NAME (DONALD OLSON), 12. EVER IN U.S. ARMED FORCES? (No), 13a. RESIDENCE (5447 NORTH NAGEL), 13b. APT. NO., 13c. CITY OR TOWN (CHICAGO), 13d. INSIDE CITY LIMITS? (Yes), 13e. COUNTY (COOK), 13f. STATE (IL), 13g. ZIP CODE (60635), 14. FATHER'S NAME (MICHAEL PALLEN), 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (EUGENIA PIOTROWSKI), 16a. INFORMANT'S NAME (CINDY KLIMA), 16b. RELATIONSHIP (DAUGHTER), 16c. MAILING ADDRESS (5547 NORTH AUSTIN, CHICAGO, ILLINOIS 60630), 17. METHOD OF DISPOSITION (Burial), 18. PLACE OF DISPOSITION (ROSEHILL CEMETERY), 19. LOCATION - CITY, TOWN AND STATE (CHICAGO, ILLINOIS), 20. DATE OF DISPOSITION (JANUARY 23, 2009), 21a. FUNERAL HOME (NELSON FUNERAL HOMES, INC), 21b. FUNERAL DIRECTOR'S SIGNATURE (Richard Ruzicka), 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER (034-010846), 22. LOCAL REGISTRAR'S SIGNATURE (Jenny Mason MD), 23. DATE FILED WITH LOCAL REGISTRAR (012109)

CAUSE OF DEATH (See Instructions and examples) 24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Acute Myocardial Infarction Due to (or as a consequence of) b. c. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: minutes

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. 25. WAS AN AUTOPSY PERFORMED? (No) 26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (No) 27. DID TOBACCO USE CONTRIBUTE TO DEATH? (No) 28. IF FEMALE: (Not pregnant within past 12 months) 29. MANNER OF DEATH: (Natural) 30. DATE OF INJURY (Month/Day/Year) 31. TIME OF INJURY (A.M. P.M.) 32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) 33. INJURY AT WORK? (No) 34. LOCATION OF INJURY (Street and Number, Apartment Number, City or Town, State, ZIP Code)

35. DESCRIBE HOW INJURY OCCURRED: 36. IF TRANSPORTATION INJURY, SPECIFY: (Driver/Operator, Pedestrian, Passenger, Other (Specify))

37. (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 4/21/08 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? (Yes) 39. DATE PRONOUNCED (Month/Day/Year) 01/19/09 40. TIME OF DEATH 09:46 A.M. P.M.

41. CERTIFIER (Check only one): (X) Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. () Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. () Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) S.A. MASLANKA MD 7447 W. TARCOTT, CHICAGO, IL 60631 43. PHYSICIAN'S LICENSE NUMBER 036011835

44. TITLE OF CERTIFIER M.D. 45. DATE CERTIFIED (Month/Day/Year) JAN 20 2009 46. SIGNATURE OF CERTIFIER [Signature]

(Based on the 2003 U.S. Standard Certificate)

Illinois Department of Public Health - Division of Vital Records

VR200 (Rev. 1/08)