

# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 1210357252 Fee: \$42.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 04/12/2012 10:56 AM Pg: 1 of 3

STATE OF ILLINOIS            )  
  ) SS.  
COUNTY OF COOK            )

**MYRNA JORNA**, being duly sworn states that she resides at  
3340 E. Sauk Trail, Chicago Heights, IL 60411.

That she was acquainted with **KENT JORNA**, deceased who, at the time  
of his death, was one of the owners of the land in Cook County, Illinois,  
described as:

LOT 4 IN SUNSET ESTATES BEING A SUBDIVISION OF PART OF THE  
NORTH WEST ¼ OF SECTION 29 TOWNSHIP 35 NORTH, RANGE 15 EAST  
OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT  
THEREOF RECORDED MARCH 20, 1968 AS DOCUMENT 17159946 IN COOK  
COUNTY, ILLINOIS.

Commonly Known As: 3340 E. Sauk Trail, Chicago Heights, IL 60411

Permanent Real Estate Index Number: 33-29-102-002-0000

That the deceased died June 20, 2011, as evidenced by a certified copy of  
death certificate of the deceased attached hereto.

That the deceased died:

Leaving no Last Will & Testament

Leaving a Last Will & Testament which is attached hereto to be filed  
in the Unproven Will Box 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 \_\_\_\_\_.

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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 Two Hundred Seventy Five Thousand (\$275,000.00) Dollars.

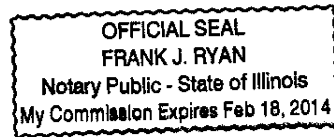
Affiant makes this affidavit for that purpose of providing notice and inducing a title company to issue its Title Insurance Policy, describing the above mentioned property.

Myrna Jorna  
MYRNA JORNA

Subscribed and sworn to before me this

11<sup>th</sup> day of April, 2012.

Frank J. Ryan  
Notary Public



This document prepared by: FRANK J. RYAN, Attorney at Law, P. O. Box 156, 4849 West 167th Street, Suite #102, Oak Forest, Illinois 60452; (708) 633-9600.

PROPERTY OF COOK COUNTY CLERK'S OFFICE

# CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2011 0047603

DATE ISSUED 06/27/2011

DECEDENT'S LEGAL NAME KENT N JORNA		SEX MALE	DATE OF DEATH JUNE 20, 2011	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 65 YEARS	DATE OF BIRTH DECEMBER 20, 1945	
CITY OR TOWN HINSDALE		HOSPITAL OR OTHER INSTITUTION NAME RML SPECIALTY HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 318-38-5181	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME MYRNA K DEHAAN	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 3340 E SAUK TRAIL		APT. NO.	CITY OR TOWN CHICAGO HEIGHTS	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60411	FATHER'S NAME HENRY JORNA	MOTHER'S NAME PRIOR TO FIRST MARRIAGE ELIZABETH FOTHERINGHAM
INFORMANT'S NAME MYRNA K JORNA		RELATIONSHIP WIFE	MAILING ADDRESS 3340 E SAUK TRAIL, CHICAGO HEIGHTS, IL, 60411	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION OAK RIDGE CEMETERY	LOCATION - CITY OR TOWN AND STATE LANSING, IL	DATE OF DISPOSITION JUNE 24, 2011
FUNERAL HOME SMITS DE YOUNG VROEGH, 649 E. 162ND ST. SOUTH HOLLAND, IL, 60473				
FUNERAL DIRECTOR'S NAME JAMES E JANUSZ			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014438	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JUNE 27, 2011	
<b>CAUSE OF DEATH</b> PART I. RESPIRATORY FAILURE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 WEEKS
		b. CARDIO VASCULAR ACCIDENT Due to (or as a consequence of):		6 WEEKS
		c. _____ 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? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DID TOBACCO USE CONTRIBUTE TO DEATH?	FEMALE PREGNANCY STATUS NOT APPLICABLE		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 JUNE 20, 2011	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:45 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED JUNE 21, 2011	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JOHN D BROFMAN, 5601 S COUNTY LINE ROAD, HINSDALE, ILLINOIS, 60521			PHYSICIAN'S LICENSE NUMBER 036-072874	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTICE: VEHICLE SECURITY INFORMATION APPLIES TO ALL BOTTOM

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