

# UNOFFICIAL COPY



Doc#: 1213150021 Fee: \$42.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 05/10/2012 12:14 PM Pg: 1 of 3

Property of Cook County Clerk's Office

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

SS

Order No.

COUNTY OF ~~COOK~~

ANGELA GALLO, being duly sworn, states that she resided at 2154 W. Foster, in the city of Chicago.

That she was acquainted with STEVEN R. EVANS, deceased, who at the time of his death was one of the owners of the land in Cook County, Illinois, described as:

LOT 38 IN SAM BROWN JR.'S FOSTER AVENUE SUBDIVISION BEING A SUBDIVISION OF THE WEST ½ OF THE SOUTH WEST ¼ OF THE SOUTH EAST ¼ OF THE NORTH WEST ¼ OF SECTION 7, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY ILLINOIS.

That the deceased died July 14, 2011, as evidenced by a certified copy of a 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.

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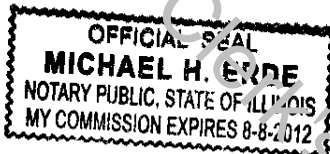
Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois about \_\_\_\_\_.

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 the death of the deceased, does not exceed the sum of \$ 200,000.

Angela e Gallo  
ANGELA GALLO

Subscribed and Sworn to before me by the said  
this 20 day of March, 2012.

Michael H. Erde  
Notary Public



Property of Cook County Illinois Office

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

DATE ISSUED: 07/20/2011

STATE FILE NUMBER 2011 0053099		SEX MALE	DATE OF DEATH JULY 14, 2011
DECEDENT'S LEGAL NAME STEVAN RAY EVANS		AGE AT LAST BIRTHDAY 61 YEARS	DATE OF BIRTH JULY 10, 1950
COUNTY OF DEATH COOK	HOSPITAL OR OTHER INSTITUTION NAME UNIVERSITY OF ILLINOIS HOSPITAL		
CITY OR TOWN CHICAGO			
PLACE OF DEATH INPATIENT	SOCIAL SECURITY NUMBER [REDACTED] 707	MARITAL STATUS AT TIME OF DEATH NEVER MARRIED	SURVIVING SPOUSE'S NAME
BIRTHPLACE CHICAGO, IL	APT. NO.	CITY OR TOWN CHICAGO	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 2122 WEST FOSTER AVENUE		MOTHER'S NAME PRIOR TO FIRST MARRIAGE ANGELA GALLO	
COUNTY COOK	STATE IL	ZIP CODE 60625	FATHER'S NAME CHARLES EVANS
INFORMANT'S NAME ANGELA GALLO	RELATIONSHIP MOTHER	MAILING ADDRESS 2154 WEST FOSTER AVENUE, CHICAGO, IL, 60625	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION FOREST CREMATORY	LOCATION - CITY OR TOWN AND STATE ROMEOVILLE, IL	DATE OF DISPOSITION JULY 18, 2011
FUNERAL HOME CREMATION SOCIETY OF ILLINOIS - LAKEVIEW, 720 WEST ADDISON STREET, CHICAGO, IL, 60613		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011165	
FUNERAL DIRECTOR'S NAME GERALD F SULLIVAN		DATE FILED WITH LOCAL REGISTRAR JULY 18, 2011	
LOCAL REGISTRAR'S NAME DAVID ORR			
CAUSE OF DEATH	PART I		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	PULMONARY EMBOLUS		
	a. Due to (or as a consequence of):		
	b. CIRRHOSIS OF THE LIVER		
	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	
		MANNER OF DEATH NATURAL	
DID TOBACCO USE CONTRIBUTE TO DEATH?	FEMALE PREGNANCY STATUS NOT APPLICABLE		INJURY AT WORK?
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	
LOCATION OF INJURY		IF TRANSPORTATION INJURY, SPECIFY	
DESCRIBE HOW INJURY OCCURRED			
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JULY 14, 2011	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED
CERTIFIER PHYSICIAN		TIME OF DEATH 08:46 AM	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ALICE CHING MD, 1740 WEST TAYLOR STREET, CHICAGO, ILLINOIS, 60612		DATE CERTIFIED JULY 14, 2011	
		PHYSICIAN'S LICENSE NUMBER 125-055896	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: FACILE SECURITY

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