UNOFFICIAL COPY

This document prepared by and MAIL TO: Paul A. Smolinski 6446 West 127th Street Palos Heights, IL 60463



Doc#: 1229822053 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds
Date: 10/24/2012 11:03 AM Pg: 1 of 2

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS) ss. COUNTY OF COOK)

Donna McDonnell, wife of decedent, John V. McDonnell, Sr., having been duly sworn on oath states that she resides at 17751 Crestview Drive, Orland Park, Illinois. That she was acquainted with John V. McDonnell, Sr., deceased who, at the time of his death, was one of the owners of the land located at 17751 Crestview Drive, Orland Park, Illinois, located in Cook County, Illinois, described as:

Lot 380 in Brook Hills P.U.D. Unit 6, Being a Planned Unit Development in the North 1/2 of the Southwest 1/4 of Section 31, Township 36 North, Range 12, East of the Third Principal Address of Property: 17751 Crestview Dive, Orland Park, Illinois 60467 Meridian, In Cook Permanent Index No.: 27-31-103-002-0000 County, Illinois.

That the deceased died July 3, 2012, as evidence by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

___X_ 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 Vill Box of the Probate Division of the Circuit Court of Cook County, Illinois in Chicago, Illinois.

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 \$1,000,000.00.

Affiant makes this affidavit for that purpose of reflecting the current ownership interest of the above-referenced property.

Donna Mc Donnell

Subscribed and Sworn to before me by the said **Donna McDonnell**

this 5 day of September, 2012.

OFFICIAL SEAL
PAUL A SMOLINSKI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:09/01/13

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

		and the control of th	
STATE FILE NUMBER	2012 0049634		DATE ISSUED 07/09/201:

DECEDENTS LEGAL NAME JOHN V MC DONNELL SR			SEX MALE	DATE OF DEATH JULY 03, 2012
COUNTY OF DEATH	AGE AT LAST BIRTHDAY 69 YEARS	DATE OF MARC	BIRTH CH 14, 1943	
CITY OR TOWN ORLAND PARK		AL OR OTHER INSTITUTION 1 CRESTVIEW DRIV		
PLACE OF DEATH				
DECEDENT'S HOME BIRTHPLACE SOCIAL SEC	URITY NUMBER STATUS AT TIME OF DEAT	EU CURWING CROL	ICE ICE III III III III III III III III	TNER'S MAIDEN NAME EVER IN U.S. ARMED
EVERGREEN PARK, IL	MARRIED	1 1 2	TURTURILLO	FORCES? NO
RESIDENCE 17751 CRESTVIEW DRIVE	APT, NO	CITY OR TOWN ORLAND PAR	K	INSIDE CITY LIMITS? YES
COUNTY SATE ZIP COD COOK IL 50467	E FATHER/CO-PARENT'S NAME PRIOR TO FIRE MAURICE E MC DONNELL	ST MARRIAGE/CIVIL UNION		NTS NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION IARY BARTOLI
DONNA M MC DONNELL	RELATIONSHIP WIFE	MAILING ADDR 17751 CRES		ORLAND PARK, IL. 60467
METHOD OF DISPOSITION ENTOMBMENT	NU CE OF DISPOSITION HOLD SEPULCHEE CATHOLIC CEMETERY		TY OR TOWN AND	STATE DATE OF DISPOSITION JULY 07, 2012
FUNERAL HOME PANOZZO BROS FUNERAL HOME	, 530 WEST LINCOLN HIGHWAY,	CHICAGO HEIGHTS	S, IL, 60411	
FUNERAL DIRECTOR'S NAME PHILLIP J PANOZZO			FUNERAL DIRE 034014612	CTOR'S ILLINOIS LICENSE NUMBER 2
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WI JULY 6, 20	TH LOCAL REGISTRAR 012
CAUSE OF DEATH PART CORONAL	RY ARTERY DISEASE			
IMMEDIATE CAUSE a				YEARS
(Final disease or condition	Due to (or as a cons/ 4)	sterics of):		YEARS
resulting in death) b.		~		AND AND
		0,		APPROX APPROX CWSET AND
	Due to (or as a conseq	uence of,		E N
C.		'/)x		
			4	
	Due to (or as a conseq	uence of):		
PART II. Enter other significant conditions contrib	outing to death but not resulting in the underly	ing cause given in PART	WA	S AN AUTOPSY PERFORMED? NO
	- 그 개호를 됐는다. - 기 시 경 발 용			RE AUTOPSY FINDINGS USED TO MPLETE CAUSE OF DEATH? N/A
FEMALE PREGNANCY STATUS NOT APPLICABLE			. 4// .	INER OF DEATH
DATE OF INJURY	TIME OF INJURY PLACE OF	FINJURY		INJURY AT WORK?
LOCATION OF INJURY		**************************************		
		41/2		
DESCRIBE HOW INJURY OCCURRED:				IF TRANSPORTATION INJURY, SPECIFY
				W
ATTEND THE DECEASED? DATE LAST SEE JULY 02, 2			PRONOUNCED	TIME OF DEATH 03:30 PM
CERTIFIER PHYSICIAN			······································	DATE CERTIFIED JULY 05, 2012
NAME, ADDRESS AND ZIP CODE OF PERSON CO JOHN ARROTTI, MD, 13011 S 104TH		ARK, ILLINOIS, 60464	<u> </u>	PHYSICIAN'S LICENSE NUMBER 036-051397

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.



ERATION OR ERASURE VOIDS THIS CERTIFICAT