



STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

Doc#: 1234131096 Fee: \$60.00
Karen A. Yarbrough RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 12/06/2012 03:26 PM Pg: 1 of 2

AFFIDAVIT BY SURVIVING JOINT TENANT

Tyler Wilson being first duly sworn, upon oath deposes and says:

That he resides at 2687 Stewart Avenue in the City of Evanston, Illinois and that he is one of the parties who took title, not in tenancy in common, but in joint tenancy, to real estate situated in said Cook County, Illinois, described as follows:

LOT FOUR (4) IN VAN S. DRESSERS RESUBDIVISION OF LOT FIFTEEN (15) IN BLOCK TWENTY-FIVE (25) ~~IN~~ NORTH EVANSTON, IN SECTION 34, TOWNSHIP 42 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.
PIN # 05-34-316-004-0000

Affiant states that Joan K. Wilson, one of the said owners in joint tenancy, died in the City of Evanston in the State of Illinois as is confirmed by a Certificate of the health department of said municipality hereto attached.

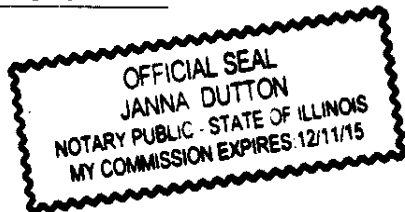
Affiant states that the remaining joint tenant has not changed his marital status since the death of Joan K. Wilson.

Further, the affiant states that the value of the death estate of Joan K. Wilson was less than \$2,000,000.00 and that there was no federal or state estate liability.

Subscribed and sworn to before me
this 18th day of July 2012.

Tyler Wilson
Tyler Wilson

Janna Dutton
NOTARY PUBLIC.



UNOFFICIAL COPY

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

STATE FILE NUMBER 2011 0098280

DATE ISSUED 01/09/2012

DECEDENT'S LEGAL NAME JOAN K WILSON		SEX FEMALE	DATE OF DEATH DECEMBER 29 2011	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 81 YEARS	DATE OF BIRTH FEBRUARY 05 1930		
CITY OR TOWN SKOKIE		HOSPITAL OR OTHER INSTITUTION NAME LIEBERMAN GERIATRIC HLTH CTRE		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE CHICAGO IL	SOCIAL SECURITY NUMBER 298-24-4597	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE OR CIVIL UNION PARTNER'S MAIDEN NAME TYLER D WILSON	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 2687 STEWART AVENUE		APT. NO.	CITY OR TOWN EVANSTON	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60201	FATHER, CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE (CIVIL UNION) ASHLEY KENNEDY	MOTHER, CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE (CIVIL UNION) MARY HELEN STANLEY
INFORMANT'S NAME TYLER D WILSON		RELATIONSHIP HUSBAND	MAILING ADDRESS 2687 STEWART AVENUE, EVANSTON, IL 60201	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION WIN PINES CREMATORY	LOCATION - CITY OR TOWN AND STATE EAST DUNDEE, IL	DATE OF DISPOSITION JANUARY 06 2012
FUNERAL HOME ELEGY CREMATION AND MEMORIAL SERVICES LLC, 205 S RIVER RD, DES PLAINES, IL 60016				
FUNERAL DIRECTOR'S NAME ERNEST A SEVERINO			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010789	
LOCAL REGISTRAR'S NAME CATHERINE COUNARD			DATE FILED WITH LOCAL REGISTRAR JANUARY 5 2012	
CAUSE OF DEATH	PART I	UTERINE CANCER		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	_____		
	b	Due to or as a consequence of _____		
	c	Due to or as a consequence of _____		
	d	Due to or as a consequence of _____		
	e	Due to or as a consequence of _____		
	f	Due to or as a consequence of _____		
	g	Due to or as a consequence of _____		
	h	Due to or as a consequence of _____		
	i	Due to or as a consequence of _____		
	j	Due to or as a consequence of _____		
	k	Due to or as a consequence of _____		
	l	Due to or as a consequence of _____		
	m	Due to or as a consequence of _____		
	n	Due to or as a consequence of _____		
	o	Due to or as a consequence of _____		
	p	Due to or as a consequence of _____		
	q	Due to or as a consequence of _____		
	r	Due to or as a consequence of _____		
	s	Due to or as a consequence of _____		
	t	Due to or as a consequence of _____		
	u	Due to or as a consequence of _____		
	v	Due to or as a consequence of _____		
	w	Due to or as a consequence of _____		
	x	Due to or as a consequence of _____		
	y	Due to or as a consequence of _____		
	z	Due to or as a consequence of _____		
PART II: Enter other <i>significant conditions contributing to death</i> 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		
FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH NATURAL		
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY		IF TRANSPORTATION INJURY, SPECIFY		
DESCRIBE HOW INJURY OCCURRED				
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 12 27 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 04 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SOBEL J, 2050 CLAIRE COURT, GLENVIEW, ILLINOIS, 60025			PHYSICIAN'S LICENSE NUMBER 036111758	

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

THE WORD VOID APPEARS WHEN PHOTOCOPIED