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Doc#: 1317746041 Fee: \$40.00
RHSP Fee:\$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 06/26/2013 11:05 AM Pg: 1 of 2

DECEASED JOINT TENANCY AFFIDAVIT

State of ILLINOIS)
) SS.
County of COOK)

TIMOTHY PAUL MURPHY hereinafter called Affiant, being duly sworn, states that he resides at: 34 Scottdale Road, La Grange Park, IL 60526. That Affiant was married to MARY C. MURPHY, hereinafter referred to as the "Decedent," and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

LOT "1" IN SHERWOOD VILLAGE, RESUBDIVISION OF LOTS 46 TO 68 INCLUSIVE IN SHERWOOD VILLAGE, BEING A SUBDIVISION OF PART OF THE WEST HALF (1/2) OF SECTION 28, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRANT OF TITLES OF COOK COUNTY, ILLINOIS, ON MAY 21, 1957, AS DOCUMENT NUMBER 1739193

Permanent Real Estate Index Number: 15-28-301-040-0000
Address of Real Estate: 34 Scottdale Road, La Grange Park, IL 60526

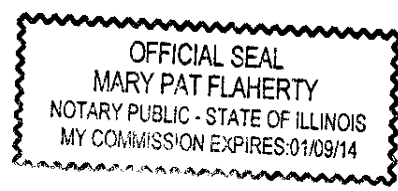
That the Decedent died on February 19, 2008, as evidenced by a copy of Decedent's death certificate attached hereto.

That the Decedent, at the time of her death, held her share of the above-mentioned property as a joint tenant with the affiant.

TIMOTHY PAUL MURPHY
TIMOTHY PAUL MURPHY,
surviving joint tenant

Subscribed and sworn before me this 13th day of June 2013.

Mary Pat Flaherty
Notary Public



This instrument prepared by & return to:
Mary Pat Flaherty
1000 Hillgrove Avenue, Suite 220
Western Springs, IL 60558

UNOFFICIAL COPY

STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0		LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED'S LEGAL NAME (include AKA's if any) (First, Middle, Last) Mary C. Murphy			2. SEX Female	3. DATE OF DEATH (Month/Day/Year) (Spell Month) February 19, 2008	
4. COUNTY OF DEATH Cook	5a. AGE AT LAST BIRTHDAY (Years) 74	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Month/Day/Year) January 21, 1934	
7a. CITY OR TOWN LaGrange Park			7b. HOSPITAL OR OTHER INSTITUTION NAME (if not in either, give street and number) 34 Scotdale		
7c. PLACE OF DEATH (Check only one: see instructions)					
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input checked="" type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____		
8. BIRTHPLACE (City and State or Foreign Country) Ireland	9. SOCIAL SECURITY NUMBER [REDACTED]	10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) Timothy P. Murphy	12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13a. RESIDENCE (Street and Number) 34 Scotdale		13b. APT. NO.	13c. CITY OR TOWN LaGrange Park		13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13g. COUNTY Cook	13f. STATE IL	13g. ZIP CODE 60513	14. FATHER'S NAME (First, Middle, Last) Thomas O'Brien		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Molly McGrath
16a. INFO. MARRIAGE NAME Mr. Timothy J. Murphy		16b. RELATIONSHIP husband		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 34 Scotdale, LaGrange Park, IL 60513	
17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematorium, other) Queen of Heaven		19. LOCATION - CITY, TOWN AND STATE Hillside, Illinois	20. DATE OF DISPOSITION (Month/Day/Year) Feb. 23, 2008
21a. FUNERAL HOME (NAME) Gibbons Funeral Home, Ltd.		STREET AND NUMBER 124 South York Road, Elmhurst, Illinois 60126-3498		CITY OR TOWN Elmhurst, Illinois	STATE IL
21b. FUNERAL DIRECTOR'S SIGNATURE <i>Marya F. Gibbons</i>			21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-015235		
22. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>			23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) FEB 25 2008		
CAUSE OF DEATH (See instructions and examples)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing underlying cause. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Respiratory Failure Due to (or as a consequence of):					
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST					
b. Metastatic breast cancer Due to (or as a consequence of):					
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. NONE					
25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No					
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		28. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death		29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation	
30. DATE OF INJURY (Month/Day/Year)		31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		32. PLACE OF INJURY (e.g. Decedent's home, construction, site, restaurant, wooded area)	
33. INJURY AT WORK? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____
37. (DID YOU NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 02/19/2008)		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) 2.19.2008	
40. TIME OF DEATH 10:21 A.M.					
41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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) DR. WENDY MARSHALL, 300 BARNEY DR., JOLIET, IL 60454				43. PHYSICIAN'S LICENSE NUMBER 036-075261	
44. TITLE OF CERTIFIER M.D.		45. DATE CERTIFIED (Month/Day/Year) 2.19.08		46. SIGNATURE OF CERTIFIER <i>David Orr</i>	

(Based on the 2003 U.S. Standard Certificate)
 Illinois Department of Public Health - Division of Vital Records
 VR200 (Rev. 1/08)

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

FEB 25 2008

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr
COUNTY CLERK