

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 1319034020 Fee: \$40.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 07/09/2013 10:45 AM Pg: 1 of 2

ROSALYN J. TIMBO, being duly sworn, states that she resides at 1828 N. Fremont St., in the City of Chicago, Illinois 60614.

That she was acquainted with **JOHN A. TIMBO, deceased**, who, at the time of his death, was one of the owners of the land in Chicago, Cook County, Illinois, described as:

LOT 9 IN SUB-BLOCK 3 IN BLOCK 5 IN SHEFFIELDS ADDITION TO CHICAGO IN SECTION 32, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

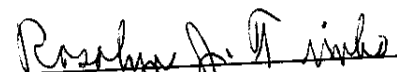
PIN: 14-32-412-051-0000
**COMMONLY KNOWN AS: 1828 N. FREMONT ST.
CHICAGO, IL 60614**

That the deceased died on September 21, 1981 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, 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 Lake County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Lake 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 One Hundred Seventy-Five Thousand Dollars (\$175,000.00).


ROSALYN J. TIMBO

Subscribed and sworn to before me
this 8th day of July, 2013.


Notary Public

"OFFICIAL SEAL"
Steven B Levit
Notary Public, State of Illinois
My Commission Expires 10/20/2016

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REGISTRATION DATE 1610
 REGISTERED NUMBER
 MEDICAL EXAMINERS CERTIFICATE OF DEATH
 STATE PLUS NUMBER 619852

490 SEPT 81
 STATE OF ILLINOIS

April 27, 1982
 STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO } SS

I, Hugo H. Murriel, M.D. Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago; that the accompanying certificate on this sheet is a true copy as a record kept by me in pursuance of said laws and ordinances.

DECEASED NAME: JOHN A. TIMBO
 FIRST MIDDLE LAST
 SEX: MALE
 DATE OF BIRTH: Dec. 14, 1922
 COUNTY OF DEATH: Cook
 MARRIED, RECORDED (YES/NO): Married
 NAME OF SURVIVING SPOUSE: Barbara Cook
 NAME OF TOWN, TWP. OR ROAD DISTRICT NUMBER: Chicago
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Chicago

STATE OF BIRTH (IF NOT IN U.S.A. NAME AND COUNTY): Illinois
 CITIZENSHIP: U. S. A.
 USUAL OCCUPATION: 13a. Security
 KIND OF BUSINESS OR INDUSTRY: 13b. Hotel
 NAME OF SURVIVING SPOUSE (MARRIED): Barbara Cook
 U.S. WAR VETERAN: 11. Rosalyn Mandik
 WAR OR DATES OF SERVICE: 13c. Yes W W 2
 FATHER: 14a. Joseph Timbokovich
 MOTHER: 14c. Barbara Cook
 MOTHER MAIDEN NAME: Barbara Cook
 RELATIONSHIP: 17b. Wife
 MOTHER ADDRESS: 17c. 1808 N. Fremont St. Chicago, Ill. 60614

DEATH CAUSED BY: 18. Arteriosclerotic Cardiovascular Disease
 IMMEDIATE CAUSE: (b)
 DUE TO, OR AS A CONSEQUENCE OF: (c)
 CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

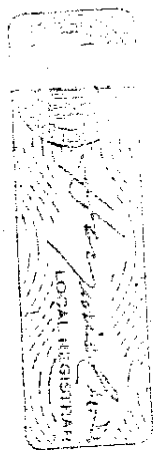
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
 OCCURRENCE OF SUICIDE, HOMICIDE OR OTHER CRIME: 20a. None
 PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY): 20b. None
 INJURY AT WORK: 20c. None
 HOUR: 20d. M. 2:00 P.
 LOCATION: 20e. River Grove, Illinois
 CITY OR TOWN: 20f. River Grove, Illinois
 HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I FOR PART II, ITEM (a))
 AUTOPSY (YES/NO): 19a. No
 IF YES, NAME, PLACING TIME OF DEATH, DATE AND TIME OF EXAMINATION (SPECIFY)
 IF YES, NAME, PLACING TIME OF DEATH, DATE AND TIME OF EXAMINATION (SPECIFY): 19b. None

21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND THE INFORMATION OBTAINED FROM THE INVESTIGATION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSES STATED, AND THAT...
 MEDICAL EXAMINER'S SIGNATURE: [Signature]
 DATE SIGNED: SEPT 21 1981
 MONTH, DAY, YEAR

22. BURIAL CREATION, REMOVAL (SPECIFY): 24a. Burial
 CEMETERY OR CREMATORY - NAME: 24b. Elmwood
 LOCATION: 24c. River Grove, Illinois
 CITY OR TOWN: 24d. River Grove, Illinois
 STATE: 24e. Illinois
 DATE (MONTH, DAY, YEAR): 24f. Sept. 24, 1981

25a. P. A. BIRREN & SON 1356 Wellington Ave Chicago
 FUNERAL HOME: 25b. P. A. Birren & Son
 STREET AND NUMBER OR R.F.D.: 1356 Wellington Ave
 CITY OR TOWN: Chicago
 STATE: Illinois
 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 60657

25c. DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR): SEP 22 1981
 25d. LOCAL REGISTRAR'S SIGNATURE: [Signature]
 25e. DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR): SEP 22 1981
 25f. LOCAL REGISTRAR'S SIGNATURE: [Signature]



This Certified Copy VALID
 When MULTICOLOR SEAL
 And BLUE SIGNATURE ARE
 Affixed.