## **UNOFFICIAL COPY**



## **Deceased Joint Tenancy Affidavit**

Doc#: 1323348001 Fee: \$40.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 08/21/2013 09:23 AM Pg: 1 of 2

**State of Illinois** SS **County of Cook** 

Date: August 20, 2013.

William A. Dwycr. being first duly sworn, for the purpose of recording that certain Quitclaim Deed dated August 20, 2013, decesses and says:

- 1. That he resides at 1049 Dunlop Ave., Forest Park, IL 60130
- 2. That he was acquainted with and married to Carol Lydecker Dwyer, who died on October 2, 2012, as evidenced by the attached copy of the death certificate.
- 3. That said decedent was one of the owners of the land described in the attached Legal Description.
- 4. That said decedent died: Leaving no vill and testament

5. That the total value of said decedent's estate fx State of Illinois Inheritance Tax/Estate Tax and Federal Estate Tax purposes does not exceed \$350,000.

Affiant's Signature

Subscribed and sworn before me this 20th day of August, 2013

OFFICIAL SEAL LANCE D. TAYLOR Notary Public - State of Illinos Ay Commission Expires Sep 29, 2

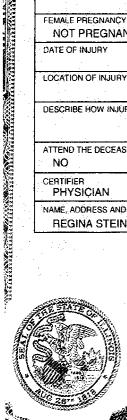
1323348001 Page: 2 of 2

KARRIHATAN (ARYAMIARAN) ARTHURIYAN (ARYAN ARTHURIYA) HATIN HATIN HATIN HATIN HATIN HATIN HATIN HATIN HATIN HATI

COOK COUNTY CLERK VITAL RECORDS

	. 1		CHICAGO, ILLINOIS
\$ 15 h			MEDICAL CERTIFICATE OF DEATH
STATE FILE NUMBER	2012 007	'3639	

							4						
DECEDENT'S LEGAL NAME CAROL LYDECKER DWY	/ER						SEX FEMALE	DATE OF DEA OCTOBE	лн R 02, 2012				
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 57 YEARS					DATE OF BIRTH MAY 10, 1955						
FOREST PARK HOSPITAL OR OTHER INSTITUTION NAME 1049 DUNLOP AVENUE													
PLACE OF DEATH DECEDENT'S HOME													
BIRTHPLACE	SOCIAL SECURITY	Y NUMBER STA	TUS AT TIN	E OF DEATH	SUAV	/IVING SPOUS	E/CIVIL LINION PART	TNER'S MAIDEN NAM	IE EVER IN U.S. ARMED				
NEW YORK, NY	335-52-98	335-52-9898 MARRIED					WILLIAM DWYER FORCES? NO						
RESIDENCE 1049 DUNLOP AVE' UL							Y OR TOWN INSIDE CITY LIMITS?  OREST PARK YES						
COUNTY STITE ZIP CODE FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION VIRGINIA WEIGOLD													
INFORMANTS NAME WILLIIAM DWYER	In the last 100 (100)							REST PARK, IL	,60130				
METHOD OF DISPOSITION CREMATION							LOCATION - CITY OR TOWN AND STATE DATE OF DISPOSITION  ROMEOVILLE, IL OCTOBER 04, 2012						
FUNERAL HOME CREMATION SOCIETY O	F ILLINOIS - E	DISON PARK	6471 N	ORTHWEST				<del> </del>					
FUNERAL DISECTOR'S NAME			, 0 17 1 14	0.,,,,,,,,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<del>``</del>	LICENICE NUMBER				
SUSAN WINKELSTEIN 03401153							B:	<u>-</u>					
LOCAL REGISTRAR'S NAME DAVID ORR DAVID ORR DATE FILED WITH									TRAR				
CAUSE OF DEATH PART I	METASTATIC A	NAL CANCER											
IMMEDIATE CAUSE a			1					e 발발 t	30 MONTHS				
(Final disease or condition			Due to fo	or as consel lience	of)·		<del></del>	— <u>S</u> åå –					
resulting in death)  Due to (or as . conse uence of):													
			<u> </u>	0,				APPR APPR ONSET /					
c			Due to (o	r as a conseque. Th	O <sub>X</sub>	•		≧ 5					
			Due to (or	r às a consequence (	of):			<del>-</del>					
PART II. Enter other significant cond	litions contributing	to death but not r	esulting in t	the underlying ca	use given in	P AT I.	WAS	AN AUTOPSY PE	ERFORMED? NO				
			7.				WEE	RE AUTOPSY FIND	NIMOS LISED TO				
				* * .		", G		PLETE CAUSE O					
FEMALE PREGNANCY STATUS  MANNER OF DEATH													
NOT PREGNANT WITHIN		· · · · · · · · · · · · · · · · · · ·	<del></del>	·		·	- CIVA	TURAL	I a a a a a a a a a a a a a a a a a a a				
DATE OF INJURY		IME OF INJURY		PLACE OF INJU	JHY				INJURY AT WORK?				
LOCATION OF INJURY								1750					
DESCRIBE HOW INJURY OCCURRED:  IF TR INSI ORTATION INJURY, SPECIFY:													
								0	)				
ATTEND THE DECEASED? DA	ATE LAST SEEN ALI UNKNOWN		MEDICAL E	EXAMINER OR TACTED? NO	0	DATE PR	ONOUNCED		TIME OF DEATH 12:55 AM				
CERTIFIER PHYSIÇIAN						· ·	· · · · · · · · · · · · · · · · · · ·	DATE CERTII OCTOB	FIED ER 03, 2012				
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH									PHYSICIAN'S LICENSE NUMBER				
REGINA STEIN, 676 N ST CLAIR, CHICAGO, ILLINOIS, 60611									036111761				



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.



Cook County Clerk