

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
) SS.
County of Will)

CAROL J. MCDONALD, hereinafter called Affiant, being duly sworn states that she resides at: 13427 Strawberry Lane, Orland Park, Illinois 60462. That Affiant was acquainted with MICHAEL J. MCDONALD, hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

LOT 23 IN PARK VIEW ESTATES SUBDIVISION, BEING A SUBDIVISION OF THE SOUTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 35, TOWNSHIP 37 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT OF SAID PARK VIEW ESTATES SUBDIVISION RECORDED JULY 24, 1979, AS DOCUMENT 25066458, IN COOK COUNTY, ILLINOIS

That the Deceased died on September 1, 2005, as evidenced by a copy of Deceased's death certificate attached hereto. That the Deceased, at the time of his death, held his share of the above-mentioned property as a joint tenant.

Subscribed and sworn before me
this October 3, 2013.



Meghan Oswald
Notary Public

Carol J. McDonald
Affiant's Signature

This instrument prepared by:

Robert J. Zapolis, Zapolis & Associates, 9991 W. 191st Street, Mokena, IL 60448



Joc#: 1332246032 Fee: \$60.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 11/18/2013 11:04 AM Pg: 1 of 2

STATE OF ILLINOIS
County of Cook)

UNOFFICIAL COPY

DAVID ORR County Clerk

SEP 07 2005

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

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DECEDENT'S BIRTH NO.		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTRATION DISTRICT NO.	16.0				
REGISTERED NUMBER					
<p>Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS</p>					
<p>DECEASED</p> <p>1. DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)</p> <p>MICHAEL J. McDONALD 2. MALE 3. SEPTEMBER 1, 2005</p> <p>4. COUNTY OF DEATH COOK</p> <p>5a. AGE-LAST BIRTHDAY (YRS) 5b. 73 5c. UNDER 1 YEAR 5d. 1 DAY 5e. DATE OF BIRTH (MONTH, DAY, YEAR) 5f. FEBRUARY 28, 1932</p> <p>6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6b. 13427 STRAWBERRY LANE 6c. IF HOSP. OR INST. INDICATE D.O.A. (SPECIFY)</p> <p>7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7a. CHICAGO, ILLINOIS 7b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 7c. MARRIED</p> <p>8. SOCIAL SECURITY NUMBER 8a. 9873 8b. SERVICE MANAGER 8c. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8d. CAPT. E. NADWIDNEY</p> <p>9. RESIDENCE (STREET AND NUMBER) 9a. 13427 STRAWBERRY LANE 9b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. 9c. INSIDE CITY (YES/NO) 9d. YES 9e. COUNTY COOK</p> <p>10. STATE ILLINOIS 10a. ZIP CODE 10b. 60462 10c. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 10d. WHITE 10e. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 10f. YES</p> <p>11. FATHER-NAME FIRST MIDDLE LAST 11a. MICHAEL 11b. MCDONALD 11c. MOTHER-NAME FIRST MIDDLE LAST 11d. MARY 11e. MCGARRY</p> <p>12. INFORMANT'S NAME (TYPE OR PRINT) 12a. CAROLE McDONALD 12b. RELATIONSHIP 12c. WIFE 12d. MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN STATE ZIP) 12e. 13427 STRAWBERRY LANE, ORLAND PARK IL 60462</p> <p>13. PART I. Immediate Cause (Final disease or condition resulting in death) 13a. CANCER WITH METASTASIS</p> <p>14. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF. (c) DUE TO, OR AS A CONSEQUENCE OF.</p> <p>15. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.</p> <p>16. DATE OF OPERATION, ON, IF ANY 16a. 9/1/05 16b. MAJOR FINDINGS OF OPERATION 16c. CEREBRAL VASCULAR ACCIDENT / ATRIAL FIBRILLATION</p> <p>17. DID NOT ATTEND THE DECEASED AND CONTACTS ANY OTHER ALIVE ON 17a. YES 17b. NO</p> <p>18. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 18a. DR. VIJAYALAKSHMI THOTA 18b. 15300 WEST AVE., ORLAND PARK, IL 60462</p> <p>19. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 19a. 60462</p> <p>20. BURIAL, CREMATION, REMOVAL (SPECIFY) 20a. ABRAHAM LINCOLN 20b. CEMETERY OR CREMATORY-NAME 20c. LOCATION 20d. CITY OR TOWN 20e. STATE 20f. DATE (MONTH, DAY, YEAR) 20g. SEPTEMBER 6, 2005</p> <p>21. FUNERAL HOME 21a. NAME 21b. STREET AND NUMBER OR R.F.D. 21c. CITY OR TOWN 21d. STATE 21e. ZIP</p> <p>22. FUNERAL DIRECTOR'S SIGNATURE 22a. ROBERT J. SHEEHY & SONS, 9000 W. 151ST STREET, ORLAND PARK, ILLINOIS 60462</p> <p>23. LOCAL REGISTRAR'S SIGNATURE 23a. ROBERT J. SHEEHY 23b. DATE FILED BY REGISTRAR (MONTH, DAY, YEAR) 23c. SEP 07 2005</p> <p>24. VENDOR (Rev. 5/89) 24a. 26b. (BASED ON 1989 U.S. STANDARD CERTIFICATE)</p>					