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Chicago Title Insurance Company



DECEASED JOINT TENANCY AFFIDAVIT

Doc#: 1332546085 Fee: \$60.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 11/21/2013 02:01 PM Pg: 1 of 2

STATE OF ILLINOIS
COUNTY OF COOK

ss.

Order No. _____

_____ KATHLEEN M. HERRINGTON being duly sworn
states that SHE resides at 13042 SPENCER CRT., Alsip, Ill. in the City of
Alsip, Illinois 60803

That SHE was acquainted with JAMES E. MURPHY (HER FATHER)
deceased who, at the time of HIS death, was one of the owners of the land in COOK
County, Illinois, described as:

Lot 4 in Pines of Tinley Park, a planned unit development being a
subdivision of part of the east 1/2 of the northeast 1/4 of Section
6, Township 35 North, Range 13 east of the Third Principal Meridian,
north of the Indian Boundary Line, in Cook County, Illinois.

Commonly Knowns As: 18207 S. 65th Avenue, Tinley Park, Illinois 60477
PIN. 31-06-293-004-0000

That the deceased died NOVEMBER 26, 2010, 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 COOK County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ 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 \$50,000.00 dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

KATHLEEN M. HERRINGTON

this 18th day of August, A.D. 2012

[Signature]
Notary Public

[Signature]
(affiant's signature)

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CERTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 0087083		DATE ISSUED 12/06/2010	
DECEDENT'S LEGAL NAME JAMES E. MURPHY		SEX MALE	DATE OF DEATH NOVEMBER 26, 2010
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 82 YEARS	DATE OF BIRTH JANUARY 23, 1928	
CITY OR TOWN PALOS HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME PALOS COMMUNITY HOSPITAL	
PLACE OF DEATH INPATIENT			
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME MARGARET KIRWAN
RESIDENCE 18307 65TH AVENUE		APT. NO.	CITY OR TOWN TINLEY PARK
		INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60477	MOTHER'S NAME PRIOR TO FIRST MARRIAGE CATHERINE BARRETT
INFORMANT'S NAME MARGARET MURPHY		RELATIONSHIP WIFE	MAILING ADDRESS 18307 65TH AVENUE, TINLEY PARK, IL, 60477
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION HOLY SEPULCHRE CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE ALSIP, IL	DATE OF DISPOSITION NOVEMBER 29, 2010
FUNERAL HOME ROBERT J. SHEEHY AND SONS - ORLAND, 9000 W. 151ST STREET, ORLAND PARK, IL, 60462			
FUNERAL DIRECTOR'S NAME ROBERT J. SHEEHY		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011841	
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR DECEMBER 2, 2010	
CAUSE OF DEATH PART I: PNEUMONITIS			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of)	
		b. _____ 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 causes given in PART I. CONGESTIVE HEART FAILURE			WAS AN AUTOPSY PERFORMED? NO
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A
DID TOBACCO USE CONTRIBUTE TO DEATH?	FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH NATURAL
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION OF INJURY			
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE NOVEMBER 26, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED
			TIME OF DEATH 10:00 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 26, 2010
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ALEX C. DEJONG, D.O., 15300 WEST AVENUE, ORLAND PARK, ILLINOIS, 60462			PHYSICIAN'S LICENSE NUMBER 036051143



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

David Orr
David Orr
Cook County Clerk

