UNOFFICIAL COPY

STATE OF ILLINOIS)

OUNTY OF C O O K)

DECEASED JOINT TENANCY AFFIDAVIT

Now Comes, BEVERLY J. ALLISON, Affiant herein and being duly sworn upon oath deposes and states as follows:

- 1. That Michael G. Allison, resided at 256 West Swann, in the city of Chicago, county of Cook, and state of Illinois;
- 2. She was acquainted with Michael G. Allison, deceased who, at the time of death was one of the owners of and in Cook County, Illinois, described as:

Lot 2 in Block 3 in No. 2 Chicago Dwellings Association's Resubdivision in the West ½ of the Southeast ¼ of Section 4, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois

P.I.N.#: 20-04-442-031-0000

- 3. That the deceased died: Leaving no Last will & Testament;
- 4. 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 \$95,000.00 dollars.

5. Further, Affiant sayeth naught.

Beverly J. Weson. BEVERLY JAYLISON - Afriant

Signed & Sworn to

before me this 21st day of February 2014. A

Notany Dublia

OFFICIAL SEAL ANGELA L GREENE NOTARY PUBLIC - STATE OF ILLINO

MY COMMISSION EXPIRES:05/12/15

1406447076

Doc#: 1408447026 Fee: \$62.25

RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 03/25/2014 11:59 AM Pg: 1 of 2

Prepared by

Atty Michael W Stuttles ?

April Ridge Road - Second Fir &

1408447026 Page: 2 of 2

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS **MEDICAL CERTIFICATE OF DEATH**

TATE FILE NUMBER 2013	0094726								DATE	ISSUED	12/18/2013	
DECEDENT'S LEGAL NAME MICHAEL GREGORY ALLISON									OF DEATH CEMBER	10, 2013		
DUNTY OF DEATH AGE AT LAST COOK 70 YEAF			AST BIRTHDAY EARS					43				
CITY OR TOWN CHICAGO				1	INSTITUTION ANN STREE							
PLACE OF DEATH DECEDENT'S HOME			, , , , , , , , , , , , , , , , , , , ,		•							
BIRTHPLACE CHICAGO, IL				ME OF DEATH				SE/CIVIL UNION PARTNER'S MAIDEN NAME JEAN NEWBY			EVER IN U.S, ARMED FORCES? NO	
RESIDENCE 256 WEST SWANN ST	RE ET		APT.	NO.		OR TOWN				INSIDE CITY I YES	LIMITS?	
COUNTY STA	ZIP CODE 0609		PARENTS NAME F	PRIOR TO FIRST MA	ARRIAGE/	CIVIL UNION	MOTHER/CO-PARE DOROTHY		PRIOR TO F	IRST MARRIAGE	E/CIVIL UNION	
INFORMANT'S NAME BEVERLY JEAN ALLIS	NC.							ADDRESS VEST SWANN STREET, CHICAGO, IL, 60609				
METHOD OF DISPOSITION PLACE OF DISPOSITION CREMATION THE LAKES CREMA										F DISPOSITION EMBER 17, 2013		
FUNERAL HOME GREAT LAKES CREMA	TION SOCIETY,	445 W	EST IRVING I	PARK ROAD	, CHIC	AGO, IL, 60)641		•			
FUNERAL DIRECTOR'S NAME IRVING R SYMONDS III							FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012248					
OCAL REGISTRAR'S NAME DAVID ORR						DATE FILED WITH LOCAL REGISTRAR DECEMBER 17, 2013						
CAUSE OF DEATH PAR	I ADENOCARC	INOMA (CA	ANCER) OF U	C' EAR PRIMA	ARY		•		<u>.</u> ∃		MONTHE	
IMMEDIATE CAUSE (Final disease or condition	a	Due to (or as a c insequence of):					 	_ 🔻	DEA	4	MONTHS	
resulting in death)	b.						OXX NVD					
•	•	-		/ / .	APPROXIMATE ONSET AND DEATH ONSET AND DEATH							
	· · · · · · · · · · · · · · · · · · ·		Due to ((or as a consequence	· · · · · ·		SNO					
	c		17,								, i	
	: .											
				(or as a consequence								
PART II. Enter other significant c	onditions contributin	g to death b	out not resulting in	n the underlying c	ause give	en in PAR 1.	W/	AS AN AUT	OPSY PER	FORMED? N	10	
						•				NGS USED TO DEATH? N/		
FEMALE PREGNANCY STATUS NOT APPLICABLE							1 111	NNER OF				
DATE OF INJURY	TIME OF INJURY PLACE OF INJ					INJURY AT WORK?					T WORK?	
LOCATION OF INJURY									12			
DESCRIBE HOW INJURY OCCUP	RED:							IF TE	RANSPOPT	TION INJUR	Y, SPECIFY:	
ATTEND THE DECEASED?	DATE LAST SEEN A) IVE	WAS MEDICAL	L EXAMINER OR		DATE B	RONOUNCED	<u> </u>		TIME OF DE	ZΔTH	
YES		OCTOBER 23, 2013 CORONER CONT						NONOUNCEU			10:31 PM	
CERTIFIER PHYSICIAN					 	• • • •			E CERTIFI DECEMB	ED ER 12, 20	13	



NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

MANISH SHARMA MD, 5841 SOUTH MARYLAND AVENUE, MC 2115, CHICAGO, ILLINOIS, 60637

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



PHYSICIAN'S LICENSE NUMBER

036124310