UNOFFICIAL COPY

STATE OF ILLINOIS)
COUNTY OF COOK)
SS.

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 land in Cook County, Illinois, described as:

Lot 3 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.#: 20-04-442-032-0000

- 3. That the deceased died: Leaving no Last will be 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 \$95,900.00 dollars.

5. Further, Affiant sayeth naught.

Beverly J. Lelian BEVERLY J. AILISON - Afrian

Signed & Sworn to before me this 21st day of February, 2014.

Notary Public

OFFICIAL SEAL ANGELA L GREENE NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES 05/12/15 1408447027

Doc#: 1408447027 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. Shutlley &

1408447027 Page: 2 of 2,

UNOFFORMA

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 201	3 0094726					DATE ISSUED	12/18/201	
DECEDENT'S LEGAL NAME MICHAEL GREGORY	ALLISON				SEX MALE	DATE OF DEATH DECEMBER 10, 2013		
COOK		AGE AT LAST BIRT 70 YEARS	НДАУ	DATE OF E	и ВІЯТН MBER 06, 194			
CITY OR TOWN CHICAGO				OTHER INSTITUTION	NAME			
PLACE OF LIFATH DECEDENT'S HOME								
BIRTHPLACE CHICAGO, IL	SOCIAL SECURIT 324-36-46	Y NUMBER STATUS 36 MARE			SE/CIVIL UNION PART JEAN NEWBY	THER'S MAIDEN NAME EVER IN U. FORCES?		
RESIDENCE 256 WEST SWANN S	TREET		APT. NO	OITY OR TOWN CHICAGO		INSIDE CITY L		
COOK ID	7TE ZIP GODE 60609	FAIHERVOO HARENTS	SON	,	MOTHERICO PAREN DOROTHY	NT'S NAME PRIOR TO FIRST MARHIAGE	/CIVIL UNION	
BEVERLY JEAN ALLISON WIFE				MAILING ADDRESS 256 WEST SWANN STREET; CHICAGO, IL, 60609				
METHOD OF DISPOSITION PLACE OF DISPOSITION CREMATION THE LAKES CREMATORY				LOCATION - CIT	LOCATION - CITY OR TOWN AND STATE. DATE OF DISPOSITION. LAKE VILLA, IL DECEMBER 17, 2013			
FUNERAL HOME GREAT LAKES CREM	ATION SOCIET 1,	1451 WEST IRVI	NG PARK ROAD			1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	.010	
FUNERAL DIRECTOR'S NAME IRVING R SYMONDS (II					FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012248			
LOCAL REGISTRAB'S NAME DAVID :ORR						H LOCAL REGISTRAR		
CAUSE OF DEATH PAR	III. ADENOCARCIN	OMA (CANCER) C	UNCLEAR PRIMAR	Y .				
IMMEDIATE CAUSE (throit disease or condition	a		4			## #	10NTHS	
resulting in death)		, ₁₉ 0	ue to (or as a cose tuence of			APPROXIMATE APPROXIMATE ONSET AND DEATH CONSET AND DEATH	- 10 A 2 A. - 10 A 10 A.	
		S 4 - 4 - 1			and the second	AN A		
			<u> </u>			APP SETA		
	c .		reto (or as a consequence)	'		N O N		
				O_X				
	i <u>ili jira</u>	<u> </u>						
PART II. Enter other significant c	onditions contributing	O death out on the on	ue to (or as a consequence of)					
	-,	o ocam burnor result	ng in the underlying caus	se given in FA 3.1.1.	WAS	AN AUTOPSY PERFORMED? NO) : [
		建压建 安全	State Table		WER	E AUTOPSY FINDINGS USED TO	-	
FEMALE PREGNANCY STATUS						PLETE CAUSE OF DEATH? N/A		
NOT APPLICABLE	그 불고통 그렇					NER OF DEATH		
DATE-OF INJURY	TI.	VE OF INJURY	PLACE OF INJUR	ny-	1 //	TURAL	W/OOV2	
							WORKS.	
LOCATION OF INJURY								
EFFORENCE HOLLENGE						Agr (Fig. 1)		
DESCRIBE HOW INJURY OCCUP	RED:	gila Nadi . Holomorphis				IF TRAI SPC ATATION INJURY,	SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIV OCTOBER 23, 2		CAL EXAMINER OR CONTACTED? NO	DATE PRO	DNOUNCED	TIME OF DEA	1 / A 1	
CERTIFIER PHYSICIAN						DATE GERTIEIED DECEMBER 12, 2013		
NAME, ADDRESS AND ZIP CODE MANISH SHARMA MD,	OF PERSON COMPLET 5841 SOUTH MAR	NG CAUSE OF DEAT YLAND AVENUE	H , MC 2115, CHICA	AGO, ILLINOIS, 6	0637	PHYSICIAN'S LICENSE NUM 036124310	1BER	



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.



