

# UNOFFICIAL COPY



## CHICAGO TITLE INSURANCE COMPANY

### DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois )  
County of ) ss.  
)

Order No. \_\_\_\_\_

ROBERT McDONALD being duly sworn states that  
HE resides at 1436 S. EMERALD AVE in the City of  
CHICAGO, IL.

That HE was acquainted with HELEN McDONALD  
deceased who, at the time of HER death, was one of the owners of the land in COOK  
County, Illinois, described as: SHIRAZI CONDO  
9200 S. PULASKI UNIT 107 OAK LAWN DL.  
*See Exhibit A attached hereto and made a part hereof*

That the deceased died DEC. 30, 2008, 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 \_\_\_\_\_ 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 \_\_\_\_\_.

Doc#: 1410834009 Fee: \$64.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 04/18/2014 08:27 AM Pg: 1 of 3



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 \$ 100,000.00 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.

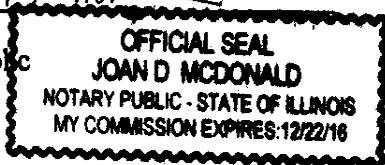
Subscribed and sworn to before me by the said

Robert McDonald

this 17 day of April, A.D. 19 2014

[Signature]

Notary Public



(affiant's signature)

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## STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. <b>16.0</b>		STATE FILE NUMBER	
LOCAL FILE NUMBER		2. SEX <b>Female</b>	
1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) <b>Helen Marie McDonald</b>		3. DATE OF DEATH (Month/Day/Year) (Spell Month) <b>December 30, 2008</b>	
4. COUNTY OF DEATH <b>Cook</b>	5a. AGE AT LAST BIRTHDAY (Years) <b>87</b>	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____
7a. CITY OR TOWN <b>Oak Lawn</b>		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) <b>Advocate Christ Medical Center</b>	
7c. PLACE OF DEATH (Check only one; see instructions) <input checked="" type="checkbox"/> IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____			
8. BIRTHPLACE (City and State or Foreign Country) <b>Chicago, IL</b>	9. SOCIAL SECURITY NUMBER <del>333-14-6666</del>	10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) <b>Robert Daniel McDonald</b>
12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
13a. RESIDENCE (Street and Number) <b>9720 S. Pulaski</b>		13b. APT. NO.	13c. CITY OR TOWN <b>Oak Lawn</b>
13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
13e. COUNTY <b>Cook</b>	13f. STATE <b>IL</b>	13g. ZIP CODE <b>60453</b>	14. FATHER'S NAME (First, Middle, Last) <b>herbert Aloysius Wall</b>
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Helen McMahon</b>			
16a. INFORMANT'S NAME <b>Robert McDonald</b>		16b. RELATIONSHIP <b>Husband</b>	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) <b>9720 S. Pulaski Oak Lawn IL 60453</b>
17. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) <b>Evergreen Crematory</b>	
19. LOCATION - CITY, TOWN AND STATE <b>Evergreen Park, IL</b>		20. DATE OF DISPOSITION (Month/Day/Year) <b>January 7, 2009</b>	
21a. FUNERAL HOME NAME, STREET AND NUMBER <b>Kenny Brothers Funeral Directors 3600 W. 95th Street Evergreen Park Illinois 60805</b>		21b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	
21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-011542</b>		22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>	
23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) <b>JAN 06 2009</b>			
<b>CAUSE OF DEATH (See instructions and examples)</b>			
24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent has a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Septicemia</b> Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. b. <b>Septicemia</b> Due to (or as a consequence of): Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c. <b>Myocardial Infarction</b> Due to (or as a consequence of):			
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I			
25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		28. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months	
29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation			
30. DATE OF INJURY (Month/Day/Year)	31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area)	33. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code			
35. DESCRIBE HOW INJURY OCCURRED:		36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
37. I (DID/DID NOT) ATTEND THE DECEDENT AND LAST SAW HIM/HER ALIVE ON <b>1/2/2009</b>		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	39. DATE PRONOUNCED (Month/Day/Year) <b>December 30, 2008</b>
40. TIME OF DEATH <b>6:49</b> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.			
41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.			
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) <b>THOMAS WARD WALKER MD 7600 W. 95th Street Evergreen Park, IL 60805</b>		43. PHYSICIAN'S LICENSE NUMBER <b>036078350</b>	
44. TITLE OF CERTIFIER <b>Physician</b>	45. DATE CERTIFIED (Month/Day/Year) <b>1/2/09</b>	46. SIGNATURE OF CERTIFIER <i>[Signature]</i>	

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

STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

January 6, 2009

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 the 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 J. Orr*  
COUNTY CLERK

Illinois Department of Public Health - Division of Vital Records (based on the 2003 U.S. Standard Certificate)

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## AFFIDAVIT OF TITLE

STATE OF ILLINOIS )  
 ) SS  
COUNTY OF C O O K )

EXHIBIT

The undersigned affiant, being first duly sworn, on oath says, and also covenants with and warrants to the grantee hereinafter named:

~~That affiant has an interest in the premises described below or in the proceeds thereof or is the grantor in the deed dated May 1, 1978, to Robert J. McDonald and Helen M. McDonald, grantee, conveying the following described premises:~~

Unit No. ~~5720-107~~ in Shibui Condominium as delineated on a survey of the following described real estate:

*9700 S. PULASKI 0412 LAWN TR  
24-10-226-003-004-005-006*

The North 535.48 feet of Lot 2 in Bartolomeo and Milord Subdivision of the South 36 1/2 acres of the East 1/2 of the Northeast Quarter of Section 10, Township 37 North, Range 13 East of the Third Principal Meridian, except the South 8 1/4 acres of the Northwest 1/4 of the Southeast 1/4 of the Northeast 1/4 of Section 10, Township 37 North, Range 13 East of the Third Principal Meridian in Cook County, Illinois; which survey is attached as Exhibit "D" to the Declaration of Condominium recorded as Document No. 24492625 together with its undivided percentage interest in the common elements.

That no labor or material has been furnished for the above described premises within the last four months, that is not fully paid for.

~~That since the title date of June 15, 1978, in the report on title issued by Chicago Title Insurance Company, affiant has not done or suffered to be done anything that could in any way affect the title to the premises, and no proceedings have been filed by or against affiant, nor has any judgment or decree been rendered against affiant, nor is there any judgment note or other instrument that can result in a judgment or decree against affiant within five days from the date hereof.~~

~~That the parties, if any, in possession of the premises are bona fide tenants only, and have paid promptly and in full their rent to date, except as may be set forth on the reverse side hereof, and are renting from ----- to -----, and not for any longer term, and have no other or further interest whatsoever in the premises.~~

~~That all water taxes~~