UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT					
STATE OF ILLINOIS)) SS COUNTY OF COOK)	Doc#: 1420615099 Fee: \$42.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00 Karen A. Yarbrough Cook County Recorder of Deeds Date: 07/25/2014 12:37 PM Pg: 1 of 3				
Order No.					
JEROME R. MOORE	being duly sworn on oath, states that he/she resides at				
5016 N. MONT CLARE AVENUE, CHICA					
That he/she was acquainted with,LORRAIN	E L. MOORE deceased who, at the time of				
his/her death, was one of the owners of the land in Cook Co	ounty, Illinois, described as:				
See attached legal description					
That the deceased died	as evidenced by a certified copy of death certificated				
of the deceased attached hereto.	/				
That the deceased died:	9				
Leaving no Last Will & Testament.	C				
Leaving a Last Will & Testament, a copy of v	which is attached hereto. The original of the unproven				
Will should be filed with the Clerk of the Pr	robate Division of the Circuit Court of				
County, Illinois.	0,				
Leaving a Last Will & Testament which was f	iled in the Unproven Will Pox of the Probate Division				
of the Circuit Court of Cook County, Illinois a	about				
That the total value of the estate of the deceased, in	cluding 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				
Subscribed and sworn to before me by the SMP MEE MAURE SMP MEE My Commission Expire	EALTO THIS Day of RSMAN of Illinois \$ 2/1/2018				
Minureer Meleson X	Inendel non				

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LEGAL DESCRIPTION

LOT 95 in Foster-Harlem Resubdivision of parts of Blocks 3,6 and 7 and all of Blocks 1,8,9 and 10 in Volk Bros. Greater Harlem Avenue Subdivision of the Northwest 1/4 of the Southwest 1/4 of Section 7, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois, according to the plat thereof recorded July 27, 1950 as Document 14861751 in Book 384 of Plats, Page 33.

go, n.
Columnity Clarks Office 5016 N. Mont Clare Avenue Chicago, IL 60656

PIN: 13-07-311-063-0000

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

TATE FILE NUMBER 2013 0041	1321				DATE	ISSUED	5/29/201	
DECEDENT'S LEGAL NAME. LORRAINE L MOORE				SEX FEMALE	DATE OF DEATH MAY 23, 201	3		
COUNTY OF DEATH	AGE AT LAST BIRTHD. 83 YEARS	ΑΥ	DATE OF E	BIRTH MBER 22, 1929	9			
CITY OF TOWN CHICAGO		HOSPITAL OR OTH PRESENCE	ER INSTITUTION RESURRECT	NAME ION MEDICAL	CENTER	<u> </u>		
PLACE OF DEATH INPATIENT								
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER STATUS AT MARRIE		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EVER FORCE					
RESIDENCE 5016 N MONT CLARE	大學 医多种多种 医电子性	C	Y OR TOWN HICAGO			NSIDE CITY L YES		
COUNTY STATE	ZIP CODE FATHER/CO-PARENT'S NAM CC656 EDWARD STRA	ME PRIOR TO FIRST MARRIA LUSS	GE/CIVIL UNION	ANN DANK	T'S NAME PRIOR TO FI	RST MARRIAGE/	CIVIL UNION	
INFORMANT'S NAME JEROME MOORE	RELATIONSHIP HUSBAND		MAILING ADDRESS 5016 N MONT CLARE, CHICAGO, IL, 60656				<u> </u>	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MAPAHILL CATHOLIC CI	EMETERY	LOCATION - CIT NILES, IL	Y OR TOWN AND		MAY 25, 2013		
FLINERAL HOME	VSKI FH, 6250 N. M. WAUKEE A	AVENUE, CHICAGO), IL, 60646					
FUNERAL DIRECTOR'S NAME ALLAN OSTROWSKI	Q			034015127	TOR'S ILLINOIS LICENSE NUMBER			
LOCAL REGISTRAR'S NAME : DAVID ORR	O,)	DATE FILED WITH LOCAL REGIST MAY 28, 2013			AFI		
CAUSE OF DEATH PART I.	INTRACRANIAL BLEEDING	7			áΞ		DAYS	
IMMEDIATE CAUSE a. (Final disease or condition resulting in death) b.		ię to (or as consequence of):			APPROXIMATI INTERVAL BETW ONSET AND DEA			
,	Dú	e to (or as a consequence).			Ž			
		ue to (or as a consequence of)						
PART II. Enter other significant cond	litions contributing to death but not resulting	ng in the underlying cause	given in P. at I.	WA	S AN AUTOPSY PEF	FORMED? N	10	
			(WE CO	RE AUTOPSY FINDI MPLETE CAUSE OF	NGS USED TO DEATH? N//) \	
FEMALE PREGNANCY STATUS NOT APPLICABLE					NNER OF DEATH			
DATE OF INJURY	YRULIN TO BINIT	PLACE OF INJURY		(INJURY A	T WORK?	
LOCATION OF INJURY						linti Timboli Timboli		
DESCRIBE HOW INJURY OCCURRE	iĐ.				IF THANSOUR			
ATTEND THE DECEASED? D		DICAL EXAMINER OR R CONTACTED? YES	1.5	PRONOUNCED		05:34 F		
CERTIFIER PHYSICIAN					DATE CERTIF MAY 28,	2013	lu toes	
NAME, ADDRESS AND ZIP CODE OF	F PERSON COMPLETING CAUSE OF DEA , 7447 W TALCOTT, CHICAGO,	TH ILLINOIS, 60631				N'S LICENSE N 31494		



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

