

UNOFFICIAL COPY



Record & Return to:
Mortgage Information Services, Inc
4877 Galaxy Parkway, Suite 1
Cleveland, OH 44128

Doc#: 1421622082 **Fee:** \$42.00
RHSP Fee:\$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 08/04/2014 03:06 PM Pg: 1 of 3

Prepared By:
Patricia Reis
10518 Canterbury St.
Westchester, IL 60154

M.I.S. FILE NO 1324120

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
) ss.
County of Cook)

Patricia Reis, hereinafter called Affiant(s) being duly sworn states that he/she/they resides at: 1001 THOMAS AVE, FOREST PARK, IL 60130. That Affiant(s) was Married to David Reis, hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF COOK, STATE OF ILLINOIS IN DOCUMENT NUMBER 96378245 AND IS DESCRIBED AS FOLLOWS:

IN BLOCK THIRTEEN (13) IN ANSTETT AND BRAUN'S ADDITION TO HARLEM, BEING A SUBDIVISION OF BLOCKS 2, 10, 13 AND 20 IN JOSEPH K. DUNLOP'S SUBDIVISION OF THE WEST HALF (1/2) OF THE SOUTHEAST QUARTER (1/4) AND THAT PART OF THE EAST ONE THIRD (1/3 RD) OF THE EAST HALF (1/2) OF THE SOUTHWEST QUARTER (1/4), LYING SOUTHEAST OF THE CENTER OF DES PLAINES AVENUE, IN SECTION 13, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN.

APN: 15-13-418-018-0000

Yes
3
N
N
SC yes
E yes
INT su

UNOFFICIAL COPY

That the Deceased died on October 2, 2003, as evidenced by a copy of Deceased's death certificate attached hereto.

That the Deceased, at the time of his/her death, held his/her share of the above-mentioned property as a joint tenant and that the Deceased died leaving no last will & testament.

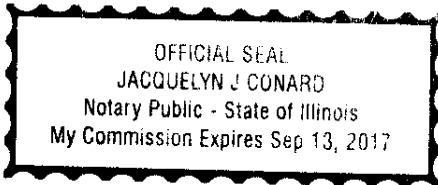
That the total value of the estate of the Deceased, for estate tax purposes, including both real and personal property owned by the Deceased either individually or in joint tenancy at the time of the death of the Deceased, does not exceed the sum of \$ _____.

Affiant makes this affidavit for the purpose of any individual or corporation who may be named by the Affiant's lack of veracity.

Patricia Reis
PATRICIA REIS

Subscribed and sworn before me
this 21st day of July 2014.

Jacquelyn J. Conard
Notary Public



Property of Cook County Clerk's Office

UNOFFICIAL COPY

CERTIFICATION OF VITAL RECORD

OAK PARK, ILLINOIS

OAK PARK HEALTH DEPARTMENT - OFFICE OF VITAL RECORDS

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

DECEASED'S BIRTH NO.		REGISTRATION DISTRICT NO. 1624	STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER 591		MEDICAL CERTIFICATE OF DEATH				
Type or Print in PERMANENT INK Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME FIRST MIDDLE LAST 1. DAVID A REIS		SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. OCTOBER 2, 2003		
	COUNTY OF DEATH 4. COOK		AGE-LAST BIRTHDAY (YR) MO S 5a. 53	UNDER 1 YEAR UNDER 1 DAY MO S DAYS HOURS MIN 5b. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. May 27, 1950	
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. OAK PARK		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. OAK PARK HOSPITAL		IF HDSP. OR INST. INDICATE D.O.A. OR OTHER, FM, INPATIENT (SPECIFY) 6c. INPATIENT	
	BIRTHPLACE (CITY AND STATE OR FOREIGN) OF VTR 7. Albia Iowa		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) 8b. Patricia Walker		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. No
	SOCIAL SECURITY NUMBER 10. 478 60 4062		USUAL OCCUPATION 11a. Metallurgist	KIND OF BUSINESS OR INDUSTRY 11b. Manufacturing	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary Secondary (9-12) College (1-4/5/6) 12. 2	
	RESIDENCE (STREET AND DISTRICT NO.) 13a. 10518 CANTERBURY ST		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. WESTCHESTER	INSIDE CITY (YES/NO) 13c. YES	COUNTY 13d. COOK	
	STATE 13e. ILLINOIS	ZIP CODE 13f. 60154	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. NO		14c. YES
	FATHER-NAME FIRST MIDDLE LAST 15. Thomas Boyd		MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST 16. Lorraine Clark			
	INFORMANT'S NAME (TYPE OR PRINT) 17a. JOAN P. JANCIK		RELATIONSHIP 17b. MEDICAL RECORDS	MAILING ADDRESS (STREET AND NO OR P.O. CITY OR TOWN, STATE, ZIP) 17c. 520 S MAPLE AVE, OAK PARK, IL 60304		
	PART I. Enter the diseases, or complications that led to the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) (a) Lung cancer		DUE TO, OR AS A CONSEQUENCE OF (b)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (c)		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		AUTOPSY (YES/NO) 19a. NO	IF AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.	
(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a. October 1, 2003		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO		HOUR OF DEATH 21c. 6:35 A.M.		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE Terrie Weir		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. TERRIE WEIR M.D. 7435 W MADISON ST. FOREST PARK IL 60130		DATE SIGNED (MONTH, DAY, YEAR) 22b. 10/2/03		
NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT) 23.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO		ILLINOIS LICENSE NUMBER 22d. 36-08-633		
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY-NAME 24b. Glen Oak		LOCATION CITY OR TOWN STATE 24c. Hillside Illinois	DATE (MONTH, DAY, YEAR) 24d. Oct. 7, 2003		
FUNERAL HOME NAME 25a. Zimmerman-Ehringer	STREET AND NUMBER OR P.O. CITY OR TOWN STATE ZIP 7319 W Madison Street Forest Park Illinois 60130		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE COACHMAN OR MEDICAL EXAMINER MUST BE NOTIFIED.			
FUNERAL DIRECTOR'S SIGNATURE 25b.		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-012259		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. OCT 03 2003		
LOCAL REGISTRAR'S SIGNATURE 26a.		FILED TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY FROM THE OFFICIAL RECORD filed with the Illinois Department of Public Health - Division of Vital Records				

Georgina Polynk, MD
LOCAL REGISTRAR

