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Doc#: 1425433090 Fee: \$46.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 09/11/2014 04:16 PM Pg: 1 of 5

JOINT TENANCY AFFIDAVIT

140 FSO 700493

STATE OF Illinois)
COUNTY OF Cook) SS

Patricia Corcoran,
hereby referred to as the affiant, states under
oath that the affiant resides at

7312 Paradise Ln.
Orland Park 60462

In the City of Orland Park,
State of Illinois;

that the affiant was accompanied with
Thomas J. Corcoran

the decedent; at the time of death, the
decedent was one of the owners of property,
by virtue of a properly recorded joint
tenancy deed, said property located in

Cook County, State of
Illinois, and legally
described as follows:

see attached.

Y3

The decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

The decedent died on 2/25/94, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 300,000.00, and that the value of the above property individually was \$ 125,000.

The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

The affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. (ATG) to issue its policy of title insurance on the above described property.

Attorneys' Title Guaranty Fund, Inc.
1 E. Wacker Dr., STE 2400
Chicago, IL 60606-4850
Title Research Department

S Y
R S
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INT A

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JOINT TENANCY AFFIDAVIT

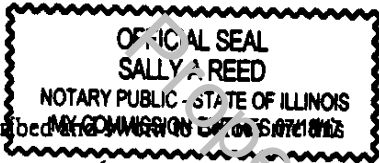
(continued)

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that ATG may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of Thomas J. Corcoran, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

Patricia E. Corcoran (Seal)

_____ (Seal)



Subscribed and sworn to before me on

19th day of August, 2014

 (Month) (Year)
Sally A. Reed
 (Notary Public)

Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to ATG for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

This instrument prepared by:

Sally A. Reed

 (Name)
Attorney at Law

 (Address)
1261 Brookside Ln.

Downers Grove, IL

 (City, State, Zip) 60515

Return to:

Sally A. Reed

 (Name)
Attorney at Law

 (Address)
1261 Brookside Ln.

Downers Grove, IL

 (City, State, Zip) 60515

CERTIFICATE OF DEATH RECORD

MEDICAL CERTIFICATE OF DEATH

REGISTERED NUMBER 169	DECEASED-NAME FIRST: THOMAS MIDDLE: J. LAST: CORCORAN		SEX 2 MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3 2-25-94
COUNTY OF DEATH 4 Cook	AGE- LAST BIRTHDAY (YRS) 5a 68	UNDER 1 YEAR MO: 5b DAYS: 5c HOURS: 5d MIN: 5e	DATE OF BIRTH (MONTH, DAY, YEAR) 5d August 21, 1925	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a Evergreen Park	HOSPITAL OR OTHER INSTITUTION (NAME IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b Little Co. Mary		IF HOSP. OR INST. INDICATE D.O.A. OF EMER. PAL. INPATIENT (SPECIFY) 6c Emer. Rm	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 Chicago, Il.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b Mary Gallagher		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9 Yes
SOCIAL SECURITY NUMBER 10	USUAL OCCUPATION 11a Salesman	KIND OF BUSINESS OR INDUSTRY 11b Carpet Sales	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) 12 12 College (1-4 or 5+) 4	
RESIDENCE (STREET AND NUMBER) 13a 9518 S. Hamlin	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b Evergreen Park	INSIDE CITY (YES/NO) 13c YES	COUNTY 13d Cook	
STATE 13a Illinois	ZIP CODE 60642	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a White	OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAL, PUERTO RICAN, etc.) 14b NO YES SPECIFY:	
FATHER-NAME FIRST MIDDLE LAST 15 Thomas J. Corcoran	MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16 Julia Wilson	INFORMANT'S NAME (TYPE OR PRINT) 17a Mary Corcoran RELATIONSHIP 17b Wife MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c 9518 S. Hamlin Evergreen Park, Il.		
18. PART I. Enter the disease, or compound of two that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or head failure. List only one cause on each line. Intervening Cause (First disease or condition resulting in death) (a) CARDIOGENIC SHOCK DUE TO, OR AS A CONSEQUENCE OF (b) ACUTE MYOCARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF (c) CORONARY ARTERY DISEASE				APPROXIMATE INTERVAL BETWEEN DEATH AND DEATH
PART II. Other (diagnosed condition) contributing to death but not resulting in the underlying cause given above. PERIPHERAL VASCULAR DISEASE				AUTOPSY (YES/NO) 19a NO WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b
DATE OF OPERATION, IF ANY 20a	MAJOR FINDINGS OF OPERATION 20b	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c YES NO		
(DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a 2-25-94	(WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b YES	HOUR OF DEATH 21c 15-25 3:35 P.M.		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR) 21d 2-26-94		
SIGNATURE 22a	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22b 2850 W. 95 ST. EVERGREEN PARK, IL.	ILLINOIS LICENSE NUMBER 22c 036-064520		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a Burial	CEMETERY OR CREMATORY-NAME 24b St. Mary	LOCATION CITY OR TOWN STATE 24c Evergreen Park, Il.	DATE (MONTH, DAY, YEAR) 24d 2-28-94	
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a Kenny Brothers Funeral Directors 3600 W. 95th St. Evergreen Prk, Il. 60642	FUNERAL DIRECTOR'S SIGNATURE 25b Partner 25c 6440			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
LOCAL REGISTRAR'S SIGNATURE 26a	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b FEBRUARY 28, 1994			

THE WORD VOID APPEARS WHEN PHOTOCOPIED

HOLD UP TO LIGHT TO VERIFY TRUE WATERMARK

ISSUED

AUG 12 2014

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.

Kelly A. Kuzlik
Kelly A. Kuzlik
Local Registrar



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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ATTORNEYS' TITLE GUARANTY FUND, INC.

LEGAL DESCRIPTION

Permanent Index Number:

Property ID: 24-11-103-027-0000

Property Address:

9518 S. Hamlin Ave.

Evergreen Park, IL 60805

Legal Description:

LOTS 35 AND 36 IN BLOCK 1 IN A.G. BRIGGS AND COMPANY'S CRAWFORD GARDENS BEING A SUBDIVISION OF THE NORTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 11, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

VILLAGE OF EVERGREEN PARK EVERGREEN PARK, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2013 0037202

DATE ISSUED 5/29/2013

DECEDENT'S LEGAL NAME MARY G CORCORAN			SEX FEMALE		DATE OF DEATH MAY 09, 2013	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 85 YEARS		DATE OF BIRTH MARCH 22, 1928		
CITY OR TOWN EVERGREEN PARK			HOSPITAL OR OTHER INSTITUTION NAME LITTLE COMPANY OF MARY HOSPITAL			
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT						
BIRTHPLACE CHICAGO, IL		SOCIAL SECURITY NUMBER		STATUS AT TIME OF DEATH DOWED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME
RESIDENCE 9518 S HAMLIN		APT. NO.		CITY OR TOWN EVERGREEN PARK		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60805	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION THOMAS J GALLAGHER		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARY BURNS	
INFORMANT'S NAME PATRICIA CORCORAN		RELATIONSHIP DAUGHTER		MAILING ADDRESS 7312 PARADISE LANE, ORLAND PARK, IL, 60462		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION CAPT MARY CATHOLIC CEMETERY		LOCATION - CITY OR TOWN AND STATE EVERGREEN PARK, IL		DATE OF DISPOSITION MAY 14, 2013
FUNERAL HOME BLAKE LAMB FUNERAL HOME, 4727 WEST 103RD STREET, OAK LAWN, IL, 60453						
FUNERAL DIRECTOR'S NAME VINCENT G GIFF				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012014		
LOCAL REGISTRAR'S NAME KELLY A KUZLIK				DATE FILED WITH LOCAL REGISTRAR MAY 13, 2013		
CAUSE OF DEATH						
IMMEDIATE CAUSE (Final disease or condition resulting in death)	PART I: MYOCARDIAL INFARCTION				SUDDEN	
	a. Due to (or as a consequence of):					
	b. ATHEROSCLEROTIC CORONARY DISEASE				15 YEARS	
	c. Due to (or as a consequence of):					
	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 DEMENTIA				WAS AN AUTOPSY PERFORMED? NO		
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A		
FEMALE PREGNANCY STATUS NOT APPLICABLE				MANNER OF DEATH NATURAL		
DATE OF INJURY		TIME OF INJURY		PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY						
DESCRIBE HOW INJURY OCCURRED:						IF TRANS. OR AVIATION INJURY, SPECIFY:
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE FEBRUARY 15, 2013	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED		TIME OF DEATH 09:45 PM
CERTIFIER PHYSICIAN				DATE CERTIFIED MAY 11, 2013		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH RICHARD M FARRELL, MD, 5660 W 95TH STREET, SUITE 2, OAK LAWN, ILLINOIS, 60453					PHYSICIAN'S LICENSE NUMBER 036068003	

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.

Kelly A. Kuzlik
Kelly A. Kuzlik
Local Registrar



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