

# UNOFFICIAL COPY



Doc#: 1432110077 Fee: \$42.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 11/17/2014 12:41 PM Pg: 1 of 3

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14100065

*Prepared by*

RETURN TO:  
Acquest Title Services, LLC  
2800 W. Higgins Rd. # 180  
Hoffman Estates, IL 60139

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## DECEASED JOINT TENANCY AFFIDAVIT

### EXHIBIT 'A' Legal Description

That part of Lot 1253 in Block 31 in Third Division of Riverside, a subdivision in Sections 25 and 36, Township 39 North, Range 12, East of the Third Principal Meridian, lying Northerly of a straight line extending from the middle point of the front or street line of said Lot, to a point in the rear line of said Lot, 26 feet Northwesterly of the Southwesterly corner of said Lot (except that part of said Lot 1253, lying Northerly of a straight line beginning at a point in the rear line thereof 6 feet Southeasterly of the Northwesterly corner of said Lot 1253 and extending to the Northeasterly corner thereof) in Cook County, Illinois.

PIN 15-25-309-026  
352 Selbourne Rd. Riverside, IL 60454

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## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF Cook

} ss.

Order No. 2014100065

Susan K. Toolan being duly sworn  
states that she resides at 352 Selborne Rd. in the City of  
Riverside, IL 60546

That she was acquainted with David O. Toolan  
deceased who, at the time of his death, was one of the owners of the land in Cook  
County, Illinois, described as:  
See Attached Exhibit A

That the deceased died May 1, 1998, 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 \_\_\_\_\_

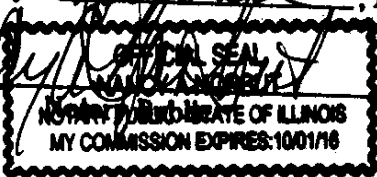
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of -----Five hundredthousand Dollars----- dollars.

Affiant makes this affidavit for that purpose of inducing the Fidelity National Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Susan K. Toolan

this 10th day of September, A.D. 2014



x Susan K Toolan  
(Affiant's Signature)

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record for the person named and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths, and deaths.

DATE: MAY 05 1998

SIGNED: Robert C. Beckhaus

AT: BERWYN, ILLINOIS

OFFICIAL TITLE: REGISTRAR

The original record is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of this record by the Department of Public Health or the local registrar shall be prima facie evidence in all courts and places of the facts therein.

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REGISTRATION NO. 16.21  
 DISTRICT NO. \_\_\_\_\_  
 REGISTERED NUMBER 415

STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER

Type or form in preliminary form See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME: DAVID FIRST TOOLAN MIDDLE AN LAST TOOLAN SEX MALE DATE OF DEATH (MONTH, DAY, YEAR) MAY 1, 1998

COUNTY OF DEATH COOK AGE-LAST BIRTHDAY (YEARS) 0 UNDER 1 YEAR 0 MONTHS 0 DAYS 0 UNDER 1 DAY 0 HOURS 0 MINUTES 0 SECONDS 0

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER BERWYN HOSPITAL OR OTHER INSTITUTION-NAME (IF FROM INSTITUTION, GIVE STREET AND NUMBER) HOSPITAL

DECEASED-AGE (IFY AGE STATE ON FORM) CHICAGO, IL MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED

DECEASED-SOCIAL SECURITY NUMBER CHICAGO, IL SOCIAL SECURITY NUMBER ATTORNEY NAME OF SURVIVOR AND SPOUSE (MARRIAGE NAME IF WIFE) SUSAL DYBAL

DECEASED-RESIDE (IF FROM INSTITUTION) 352 SELBOURNE ROAD CITY, TOWN, TWP. OR ROAD DISTRICT NO. ATTORNEY KIND OF BUSINESS OR INDUSTRY LAW/SEL-F-Emp. EDUCATIONAL ATTENTION YINBERT GRADUATE COMPLETED 204 (IF HIGHER, INDICATE D.O.A. OR OTHER ATTACHMENT (SPECIFY))

STATE ILLINOIS ZIP CODE 60546 RACE (WHITE, NEGRO, OTHER) WHITE CITY, TOWN, TWP. OR ROAD DISTRICT NO. RIVERSIDE OF HISpanic ORIGIN? (SPECIFY NO OR YES, IF YES, SPECIFY CLAN, MEDICAL PHERSONAL, etc.) NO

FATHER-NAME EUGENE P. TOOLAN MOTHER-NAME MARGUERITE R. GULINANE

INFORMANT'S NAME (TYPE OR PRINT) SUSAN TOOLAN RELATIONSHIP SPOUSE MARRIAGE ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

17a. SUSAN TOOLAN 17b. SPOUSE 17c. 352 SELBOURNE, RIVERSIDE, IL 60546

18. PART I: Immediate Cause (Final disease or condition resulting in death) Coronary heart failure

18. PART II: Other (See instructions) Due to a consequence of aortic stenosis and aortic insufficiency

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. 20 years

20a. DATE OF OPERATION, IF ANY NO MAJOR FINDINGS OF OPERATION NO

20b. I (I DID) (I DID NOT) ATTEND THE DECEASED NO (MONTH, DAY, YEAR) SEP 22, 1997

20c. IN THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. YES

21a. SIGNATURE Charles F. Nadler MD (TYPE OR PRINT)

21b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Charles F. Nadler MD 676 St. Clair Chicago IL 60611

21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

22. BURIAL, CREMATION, REMOVAL, (SPECIFY) BURIAL CEMETERY OR CREMATORY-NAME QUEEN OF HEAVEN LOCATION HILLSIDE, ILLINOIS STATE ILLINOIS DATE 5/4/98

23a. FUNERAL HOME KURATKO FUNERAL HOME, 2500 S. DESPLAINES AVENUE, NORTH RIVERSIDE, IL 60546 STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP

23b. FUNERAL DIRECTOR'S SIGNATURE Kenneth D. Kuratko FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-011325

24. LOCAL REGISTRAR'S SIGNATURE Robert C. Beckhaus Reg. Deferina Deputy DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) MAY 05 1998

25. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - Division of Vital Records