## **UNOFFICIAL COPY**

DECEASED JOINT TENANCY					
AFFIDAVIT	Doc#: 1509816015 Fee: \$42.00				
STATE OF ILLINOIS ) ) SS	RHSP Fee:\$9.00 HPHF Fee: \$1.00  Karen A.Yarbrough  Cook County Recorder of Deeds				
COUNTY OF COOK )	Date: 04/08/2015 11:28 AM Pg: 1 of 3				
Order No.					
ANNE F. PARSONS , being duly sw	vorn on oath, states that he/she resides at				
708 COUNTRY LANE, UNIT 708, DES PLAINES, I					
That he/she was acquainted with,GEORGE F. PARSONS	deceased who, at the time of				
his/her death, was one of the owners of the land in Cook County, Illinois	, described as:				
See attached legal description					
0/					
That the deceased died as evidenced	d by a certified copy of death certificated				
of the deceased attached hereto.					
That the deceased died:					
Leaving no Last Will & Testament	<i>*</i>				
Leaving a Last Will & Testament, a copy of which is attact	ed hereto. The original of the unproven				
Will should be filed with the Clerk of the Probate Division	on of the Circuit Court of				
County, Illinois.	0.				
Leaving a Last Will & Testament which was filed in the Un	proven Will Box of the Probate Division				
of the Circuit Court of Cook County, Illinois about	C <sub>C</sub>				
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	he deceased, does not exceed the sum of				
\$100,000.00 Dollars.					
Subscribed and sworn to before me by the said $ANEF$ Muscle, A.D. XX 2015.	TAPSous this 3/5/Day of				
	Parsons				

CCRD REVIEWER

DONNA M RUSK NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES 15 15:45 

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

STATE	FILE N	JUMBER .	2012 0045535

TATE FILE NUMBER 201	2 0045535								DATE	ISSUED	06/27/2012
I					sex MALE		DATE OF DEATH JUNE 16, 2012				
COUNTY OF DEATH						DATE OF E					
CITY OR TOWN PARK RIDGE	00 1EAN3			MAY 04, 1926  HOSPITAL OR OTHER INSTITUTION NAME ST MATTHEW CENTER FOR HEALTH				 H			
PLACE OF DEATH NURSING HOME / LC	NG TERM CARE	FACILITY		0111111			OTT TIESTEE				
BIRTHPLACE CHICAGO, IL		TY NUMBER		T TIME OF DEATH ED		SURVIVING SPOU		PARTNER'S MA	IDEN NAME	EVER IN U. FORCES?	
RESIDENCE 708 COUNTRY LANG			A	APT. NO.		Y OR TOWN DES PLAINES			IN	YES	IMITS?
COOK COOK	ZIP CODE 60016	1	PARENT'S NA	AME PRIOR TO FIRST SONS	MARRIA	GE/CIVIL UNION	MOTHER/CO-P		PRIOR TO FIR	RST MARRIAGE	CIVIL UNION
INFORMANT'S NAME ANNE PARSONS	700	RELATIONSHIP MAILING ADDRESS WIFE 708 COUNTRY LANE, DI				DES PLA	ES PLAINES, IL, 60016				
METHOD OF DISPOSITION CREMATION	Y   // //	P' ACE OF DISPOSITION TWIN PINES CREMATOR				LOCATION - CITY OR TOWN AND STATE  EAST DUNDEE, IL			DATE OF DISPOSITION JUNE 20, 2012		
FUNERAL HOME GL HILLS, 745 GRAC	ELAND AVENUE,	DES 21 A	NES, IL,	60016							
FUNERAL DIRECTOR'S NAME RUSS CARSTEN HENRICHSEN FUNERAL DIRECTOR'S NAME 034016576						CTOR'S ILLINOIS LICENSE NUMBER 6					
LOCAL REGISTRAR'S NAME DAVID ORR	DATE FIELD					DATE FILED JUNE 2	WITH LOCAL REGISTRAR 0, 2012				
CAUSE OF DEATH PA	RT I. CONGESTIVE a.	HEART FA	AILURE	4		· ''' -			E E LINIZA	NOWN N	MACNITHE
(Final disease or condition			Du	e to (or a a consequer	nce of):				AND DEATH	TOWN IV	NONTHS
resulting in death)	þ.			9				PRO	>		
	c.		Đu	e lo (or as a consequer	ice i):	×,			ONSE		
	<del>-1</del>		Du	ie to (or as a consequer	nce of):			·	<u> </u>	<del> </del>	
PART II. Enter other significant	conditions contributin	g to death b	ut not resultir	ng in the underlying	cause (	given in F. PT I		WAS AN AUT	OPSY PERF	ORMED? N	0
						.0		WERE AUTO	PSY FINDING	GS USED TO EATH? N/A	
NOT APPLICABLE	3						7 0	MANNER OF			
DATE OF INJURY		TIME OF INJ	IURY	PLACE OF I	NJURY			0,5		INJURY AT	WORK?
LOCATION OF INJURY					·					<del> </del>	
DESCRIBE HOW INJURY OCCU	JRRED:							IF TR	AT 10 32MAI	TION INJURY	', SPECIFY:
ATTEND THE DECEASED? YES	DATE LAST SEEN A JUNE 13, 201			CAL EXAMINER OF CONTACTED?	R NO	DATE P	RONOUNCED			TIME OF DEA	
CERTIFIER PHYSICIAN							DATE CERTIFIED JUNE 19, 2012				
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH							PHYSICIAN'S LICENSE NUMBER				

AAB = AAB

PHYSICIAN'S LICENSE NUMBER

036064533

MARY LAWLOR, 1775 BALLARD ROAD, PARK RIDGE, ILLINOIS, 60068

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.

> David Orr Cook County Clerk

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## LEGAL DESCRIPTION

Permanent Index Number: Property ID: 09-09-201-056-1056

**Property Address:** 

708 Country Lane, Unit 708 Des Plaines, IL 60016

Legal Description:

Unit 708 in Country Homes of Beck Lake Woods Condominium as delineated on a survey of the following described real estate:

Part of the East 1/2 of the Northeast 1/4 of Section 9, Township 41 North, Range 12, East of the Third Principal Meridian, lying West of the Westerly line of Illinois Toll Road and part of Lot 1 in Leverentz Subdivision lying West of the Westerly line of Illinois Toll Road, which survey is attached as Exhibit "O" to the Declaration of Condominium recorded as Document Number 27402543 together. With its undivided percentage interest in the common elements in Cook County, Illinois