

# UNOFFICIAL COPY

60420767-3071480

## Deceased Joint Tenancy Affidavit

Edward J. Horan and Mary Ann Horan, being duly sworn states that they reside at 898 E. Schirra Dr. in the City of Palatine State of IL.

That they were acquainted with Catherine E. Horan deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

*See EXHIBIT A attached hereto and made a part hereof*

That the deceased died May 20, 2003, 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 uproven 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 X 76,000 dollars.

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

DATED this X 23 day of X JULY, 2015.

X Edward J. Horan  
Edward J. Horan

X Mary Ann Horan  
Mary Ann Horan

STATE OF IL COUNTY OF cook ss.

I, the undersigned, a Notary Public, in and for the County and State aforesaid, DO HEREBY CERTIFY, that Edward J. Horan and Mary Ann Horan, personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person and individually and jointly acknowledged that they executed and delivered the said instrument as their free and voluntary act for the uses and purposes the

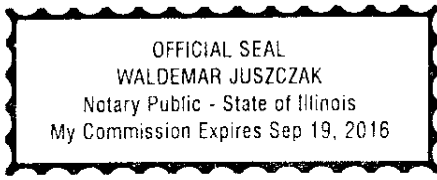


S N  
P 3  
S N  
M N  
SC 4  
E N  
INT 1

X Waldemar Juszcak  
Notary Public  
My Commission Expires X 9-19-16

Prepared by:  
Anselmo Lindberg Oliver  
1771 W. Diehl, Ste. 120  
Naperville, IL 60563

Doc#: 1522939066 Fee: \$64.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 08/17/2015 03:12 PM Pg: 1 of 3



When Recorded Return to:  
Indecomm Global Services  
As Recording Agent Only  
1260 Energy Lane  
St. Paul, MN 55108

KE030

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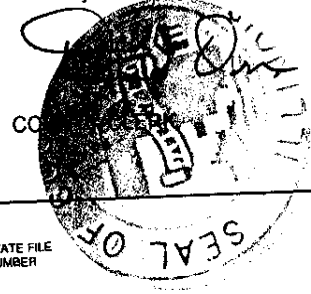
JUN 29 2015

STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.



STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**  
STATE FILE NUMBER

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <b>16.0</b>
REGISTERED NUMBER	
DECEASED NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)	
1. <b>CATHERINE E. HORAN</b> 2. <b>Female</b> 3. <b>May 20, 2003</b>	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	
4. <b>Cook</b>	
HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
5a. <b>84</b> 5b. <b>5d.</b> 5c. <b>5d. December 16, 1918</b>	
6a. <b>Elk Grove Village</b> 6b. <b>Alexian Brothers Hospice House</b> 6c. <b>Inpatient</b>	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) (MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
7. <b>Chicago, IL</b> 8a. <b>Divorced</b> 8b. <b>No</b>	
SOCIAL SECURITY NUMBER USDL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) (Elementary, Secondary (9-12) College (1-4 or 5+))	
9. <b>-2026</b> 11a. <b>Executive Secretary</b> 12. <b>12</b>	
RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY	
13a. <b>450 E. Baldwin</b> 13b. <b>Palatine</b> 13c. <b>Yes</b> 13d. <b>Cook</b>	
STATE ZIP CODE RACE (WHY IS BL. OR AMERICAN INDIAN SPECIFY) 14a. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
13e. <b>Illinois</b> 13f. <b>60067</b> 14b. <b>White</b>	
FATHER - NAME FIRST MIDDLE LAST MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST	
15. <b>Edward Fitzgibbon</b> 16. <b>Nora Clancy</b>	
INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	
17a. <b>Edward Horan</b> 17b. <b>Son</b> 17c. <b>898 Schirra Palatine, IL 60067</b>	
18. PART I. Enter the diseases, or complications that caused 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) <b>End Stage COPD</b>	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) (b) <b>Pulmonary Fibrosis</b>	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	
ALTOPSY (YES/NO) IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? (YES/NO)	
19a. <b>No</b> 19b. <b>No</b>	
DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION	
20a. <b>05/20/03</b> 20b. <b>Was Coroner or Medical Examiner Notified? (Yes/No)</b>	
21a. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	
21b. <b>No</b> 21c. <b>11:25pm M.</b>	
22a. SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER	
22a. <b>Ninad Dixit, MD</b> 22b. <b>036-103758</b>	
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
22c. <b>Ninad Dixit, MD 15 Salt Creek Lane Suite 111, Hanstale IL 60524</b>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY - NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)	
24a. <b>Burial</b> 24b. <b>St. Michael</b> 24c. <b>Palatine, IL</b> 24d. <b>May 23, 2003</b>	
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP	
25a. <b>Ahlgrim &amp; Sons Funeral Home 201 N. Northwest Hwy Palatine, IL 60067</b>	
FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
25b. <b>R. Ahlgrim</b> 25c. <b>9946</b>	
LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
25b. <b>David Orr</b> 26d. <b>MAY 29 2003</b>	

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## EXHIBIT A - LEGAL DESCRIPTION

Tax Id Number(s): 02-13-120-014-0000

Land Situated in the County of Cook in the State of IL

Lot 14 in Block 49 in Winston Park Northwest Unit No. 4 being a subdivision in Section 18, Township 42 North, Range 10 East of the Third Principal Meridian, in Cook County, Illinois.

The property address and tax parcel identification number listed are provided solely for informational purposes, without warranty as to accuracy or completeness and are not hereby insured.

Commonly known as: 898 E Schirra Dr , Palatine, IL 60074-7173



+U05467028+

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