

# UNOFFICIAL COPY

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## DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 1525329111 Fee: \$40.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 09/10/2015 04:17 PM Pg: 1 of 2

State of Illinois )  
County of ) st.

AMY G. FERRARA  
being first duly sworn states that  
resides at 4438 N. MANGO AVE.  
in the City of CHICAGO

That AMY G. FERRARA was acquainted with ERWIN C. MIKESELL  
Deceased who, at the time of his death, was one of the owners, of the land in COOK

County, Illinois, described as:  
LOT 113 IN WILLIAM H. BRITIGAN'S 2ND ADDITION TO PORTAGE PARK, IN THE  
SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 17, TOWNSHIP 40 NORTH,  
RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS,  
PIN # 13-17-229-022-0000  
4438 N. MANGO AVENUE, CHICAGO, ILLINOIS 60630-3328

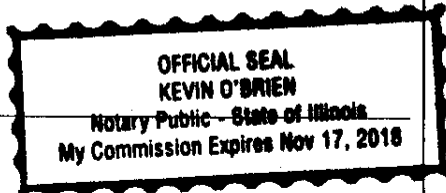
That the deceased died DECEMBER 19 2013, as evidenced  
by a certified copy of death certificate of the deceased attached hereto.

- 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 of the time of the death of the deceased, does not exceed the sum of \$500,000 dollars.

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

Subscribed and sworn to before me by the said  
Amy Grace Ferrara



this 10 day of September, A.D. 2015

[Signature]  
Notary Public

Amy S. Ferrara  
(affiant's signature)

Bm

**UNOFFICIAL COPY**

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

DATE ISSUED 12/19/2013

STATE FILE NUMBER 2013 0095554

DECEDENT'S LEGAL NAME ERWIN CLAIR MIKESSELL		SEX MALE	DATE OF DEATH DECEMBER 15, 2013	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 54 YEARS	DATE OF BIRTH MAY 30, 1959		
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME PRESENCE RESURRECTION MEDICAL CENTER			
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME AMY GRACE FERRARA	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 4438 N MANGO AVE	APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60630	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ERWIN CLAIR MIKESSELL	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION GRACE PAWLICKI
INFORMANT'S NAME AMY GRACE FERRARA		RELATIONSHIP WIFE	MAILING ADDRESS 4438 N MANGO AVE, CHICAGO, IL, 60630	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION NORTH SHORE CREMATION CARE, LLC	LOCATION - CITY OR TOWN AND STATE SKOKIE, IL	DATE OF DISPOSITION DECEMBER 20, 2013	
FUNERAL HOME HABEN FUNERAL HOME & CREMATORY, 8157 NILES CENTER RD., SKOKIE, IL, 60077				
FUNERAL DIRECTOR'S NAME JOHN W HABEN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011820	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR DECEMBER 19, 2013	
<b>CAUSE OF DEATH</b> PART I. MASSIVE RIGHT-SIDED PULMONARY EMBOLISM				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. Due to (or as a consequence of):				
b. LOCALLY INFILTRATING AND WIDELY METASTATIC ESOPHAGEAL CANCER				
c. Due to (or as a consequence of):				
Due to (or as a consequence of):				
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.			WAS AN AUTOPSY PERFORMED? YES	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES	
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 TRANSPORTATION INJURY, SPECIFY:
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 02:50 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED DECEMBER 18, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH BEN MARGOLIS MD, 4200 N HAZEL ST, SUITE 212, CHICAGO, ILLINOIS, 60613			PHYSICIAN'S LICENSE NUMBER 036093462	

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*  
David Orr  
Cook County Clerk



**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE EMBOSSED STATE AND COUNTY SEALS AT BOTTOM