

# UNOFFICIAL COPY



Doc#: 1530750040 Fee: \$42.00  
RHSP Fee:\$9.00 RPRF Fee: \$1.00  
Karen A.Yarbrough  
Cook County Recorder of Deeds  
Date: 11/03/2015 02:04 PM Pg: 1 of 3

Property of Cook County Clerk's Office

## AFFIDAVIT OF SURVIVORSHIP

STATE OF ILLINOIS     )  
                                      )  
                                      )  
COUNTY OF COOK     )

SS

I, MURIEL ROONEY (hereinafter referred to as "Affiant"), being first duly sworn on oath, depose and state that:

1. That Affiant and her husband, ROBERT ROONEY, at the time of his death were the owners, as tenants by the entirety, of property in Cook County, Illinois, legally described as follows:

SEE LEGAL DESCRIPTION ATTACHED ON EXHIBIT A

Permanent Real Estate Index: 18-08-318-053-0000

Address of Premises: 5021 Caroline, Western Springs, IL 60558

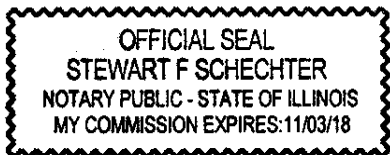
2. That ROBERT ROONEY died on September 17, 2015. A copy of ROBERT ROONEY's death certificate being attached hereto.

IN WITNESS WHEREOF, the Affiant has executed this Affidavit of Survivorship this 21st day of October, 2015.

MURIEL ROONEY

Subscribed and sworn to before me this 21st day of October, 2015

Notary Public



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## EXHIBIT A TO AFFIDAVIT OF SURVIVORSHIP

### LEGAL DESCRIPTION

LOT 1 IN BLOCK 10 IN SPRINGDALE UNIT NO. 3, BEING A SUBDIVISION IN THE WEST 1/2 OF SECTION 8, TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN AND OF LOT A IN SPRINGDALE UNIT NO. 2, BEING A SUBDIVISION IN THE WEST 1/2 OF SECTION 8 AFORESAID, IN COOK COUNTY, ILLINOIS

Permanent Real Estate Index: 18-08-318-053-0000

Address of Premises: 5021 Caroline, Western Springs, IL 60558

This instrument was prepared by:

Stewart F. Schechter, Esq.  
630 Dundee Road, Suite 120  
Northbrook, Illinois 60062

Property of Cook County Clerk's Office

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

STATE FILE NUMBER 2015 0073772

DATE ISSUED 9/23/2015

DECEDENT'S LEGAL NAME ROBERT J ROONEY		SEX MALE	DATE OF DEATH SEPTEMBER 17, 2015	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 84 YEARS	DATE OF BIRTH MARCH 21, 1931		
CITY OR TOWN WESTERN SPRINGS		HOSPITAL OR OTHER INSTITUTION NAME 5021 CAROLINE		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED] 5741	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME MURIEL M MACKEL	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 5021 CAROLINE		APT. NO.	CITY OR TOWN WESTERN SPRINGS	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60558	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOHN ROONEY	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION IRENE MARSHALL
INFORMANT'S NAME MURIEL M ROONEY		RELATIONSHIP WIFE	MAILING ADDRESS 5021 CAROLINE, WESTERN SPRINGS, IL, 60558	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION QUEEN OF HEAVEN CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL	DATE OF DISPOSITION SEPTEMBER 22, 2015
FUNERAL HOME GIBBONS FUNERAL HOME LTD, 134 SOUTH YORK ROAD, ELMHURST, IL, 60126				
FUNERAL DIRECTOR'S NAME THOMAS ANTHONY GIBBONS JR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015234	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 21, 2015	
<b>CAUSE OF DEATH</b> PART I. PANCREATIC CANCER				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	4 MONTHS
Due to (or as a consequence of):		b.		
Due to (or as a consequence of):		c.		
Due to (or as a consequence of):				
PART II. Enter other <b>significant conditions contributing to death</b> but not resulting in the underlying cause given in PART I.			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 TRANSPORTATION INJURY, SPECIFY:
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JULY 29, 2015	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 10:40 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED SEPTEMBER 21, 2015	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ELYSE SCHNEIDERMAN, MD, 908 NORTH ELM STREET, SUITE 210, HINSDALE, ILLINOIS, 60521				PHYSICIAN'S LICENSE NUMBER 036067739

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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**