

Prepared by and Return to:
James M. Bolz
895 West Main Street
West Dundee, IL 60118

UNOFFICIAL COPY



Doc#: 1532044012 Fee: \$40.00
RHSP Fee: \$9.00 APRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 11/16/2015 11:30 AM Pg: 1 of 2

**STATE OF ILLINOIS
COUNTY OF KANE**

FOR RECORDER'S USE ONLY

DECEASED JOINT TENANCY AFFIDAVIT

JOAN E. PAPAN, being duly sworn, states that she resides at 930 Sweetflower Drive, in the Village of Hoffman Estates, Cook County, Illinois.

1. That she was acquainted with **DONALD PAPAN**, Deceased, who, at the time of his death, was one of the owners of the real property located in Hoffman Estates, Cook County, Illinois, described as follows:

Parcel 1: Area 3 Sub-Area A in Casey Farms Unit Two Subdivision, being a Subdivision of part of the East 1/2 of the Northwest 1/4 of Section 17, Township 41, North, Range 10, East of the Third Principal Meridian in Cook County, Illinois.

Commonly Known As: 930 Sweetflower Drive, Hoffman Estates IL 60169
Permanent Index Number: 07-17-111-007

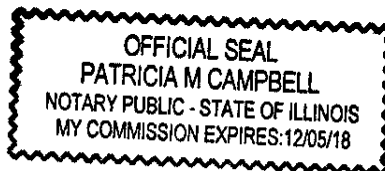
2. That the Deceased died December 21, 2014, as evidenced by a copy of the Death Certificate of the Deceased attached hereto.
3. That the Deceased died:
- a) Leaving no Last Will & Testament.
 - b) Leaving a Last Will & Testament, a copy of which is attached hereto. The original of the unproven Will should be filed with the Clerk of the Circuit Court of _____ County, Illinois.
 - c) Leaving a Last Will & Testament which was filed with the Clerk of the Circuit Court of Cook County, Illinois on May 5, 2015.

4. That Affiant makes this Affidavit for the purpose of clearing title to the above described real property.

Joan E. Papan
Affiant's Signature

Signed and Sworn to before me on this 21st day of October, 2015.

Patricia M. Campbell
Notary Public



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CERTIFICATION OF DEATH RECORD
UNOFFICIAL COPY

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

STATE FILE NUMBER 2014 0098137

DATE ISSUED 12/24/2014

DECEDENT'S LEGAL NAME DONALD PAPAN		SEX MALE	DATE OF DEATH DECEMBER 21, 2014	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 78 YEARS	DATE OF BIRTH AUGUST 10, 1936		
CITY OR TOWN HOFFMAN ESTATES		HOSPITAL OR OTHER INSTITUTION NAME 930 SWEETFLOWER DRIVE		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME JOAN E TOS	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 930 SWEETFLOWER DRIVE	APT. NO.	CITY OR TOWN HOFFMAN ESTATES	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60169	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ROBERT PAPAN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION YELENA SIEKLOCA
INFORMANT'S NAME JOAN E PAPAN		RELATIONSHIP WIFE	MAILING ADDRESS 930 SWEETFLOWER DRIVE, HOFFMAN ESTATES, IL, 60169	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION TWIN PINES CREMATORY	LOCATION - CITY OR TOWN AND STATE EAST DUNDEE, IL	DATE OF DISPOSITION DECEMBER 29, 2014	
FUNERAL HOME AHLGRIM & SONS FUNERAL AND CREMATION SERVICES LTD, 330 WEST GOLF ROAD, SCHAUMBURG, IL, 60195				
FUNERAL DIRECTOR'S NAME JOHN EDWIN AHLGRIM			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014447	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR DECEMBER 24, 2014	
CAUSE OF DEATH PART I METASTATIC PANCREATIC CANCER				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	1 YEARS	
		b.	Due to (or as a consequence of):	
		c.	Due to (or as a consequence of):	
PART II. Enter other significant conditions contributing to death 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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 06:45 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED DECEMBER 22, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH BRUCE B. BANK, MD, 121 S WILKE ROAD, STE 310, ARLINGTON HEIGHTS, ILLINOIS, 60005			PHYSICIAN'S LICENSE NUMBER 038-083790	

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

