

UNOFFICIAL COPY



STATE OF ILLINOIS}
 } SS
COUNTY OF COOK}

Doc#: 1600519026 Fee: \$68.00
RHSP Fee:\$9.00 RPRF Fee: \$1.00
Karen A.Yarbrough
Cook County Recorder of Deeds
Date: 01/05/2016 09:52 AM Pg: 1 of 4

DECEASED JOINT TENANCY AFFIDAVIT

Gerald Mahoney, hereinafter referred to as the affiant, states under oath that the affiant reside at 2645 N. Ridgeway Avenue in the City of Chicago, Illinois; that the affiant was acquainted with Patricia Mahoney, the decedent; that at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded join tenancy warranty deed, said property, located in Cook County, Illinois, and legal described as follows:

LOT 18 IN SUBDIVISION OF LOT 3 IN KIMBALL'S SUBDIVISION OF THE EAST ½ OF THE SOUTHWEST ¼ SECTION 26, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THRID PRINCIPAL MERDIN (EXCEPT 25 ACRES IN THE NORTHEAST CORNER THEREOF), IN COOK COUNTY, ILLINOIS.

**2645 N RIDGEWAY AVENUE
PIN#13-26-312-007-0000**

That the decedent has no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on May 2, 2010 leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was 225,000.00, and that the value of the above property individually was \$112,500.00.

That the Illinois inheritance Tax and the Federal Estate tax does not apply.

CCRD REVIEWER _____

UNOFFICIAL COPY

Gerald Mahoney

Gerald Mahoney



[SEAL]

Subscribed and Sworn to before me this
4th Day of January, 2016

Rosanna Mandile
Notary Public

Property of Cook County Clerk's Office

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

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

STATE FILE NUMBER 2011-0070951

DATE ISSUED 09/26/2011

DECEDENT'S LEGAL NAME MICHAEL MAHONEY			SEX MALE	DATE OF DEATH SEPTEMBER 18, 2011	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 72 YEARS		DATE OF BIRTH JANUARY 04, 1939	
CITY OR TOWN CHICAGO			HOSPITAL OR OTHER INSTITUTION NAME 2645 N RIDGEWAY		
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 325-32-3266	STATUS AT TIME OF DEATH WIDOWED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? YES	
RESIDENCE 2645 N RIDGEWAY			APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60647	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WILLIAM V MAHONEY		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BERNICE E SULLIVAN
INFORMANT'S NAME GERALD MAHONEY		RELATIONSHIP SON		MAILING ADDRESS 2645 N RIDGEWAY CHICAGO, IL, 60647	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION MONTROSE CEMETERY CO.		LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION SEPTEMBER 23, 2011
FUNERAL HOME COONEY FUNERAL HOME IRVING PK, 3913 W LIVING PARK ROAD, CHICAGO, IL, 60618					
FUNERAL DIRECTOR'S NAME EUGENE MICHAEL COONEY				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015974	
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 26, 2011	
CAUSE OF DEATH PART I ACUTE MYOCARDIAL INFARCTION <small>IMMEDIATE CAUSE (Final disease or condition resulting in death)</small> a _____ Due to (or as a consequence of) b CORONARY ARTERY DISEASE _____ 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 DIABETES HYPERTENSION, ALCOHOL ABUSE, DEPRESSION				WAS AN AUTOPSY PERFORMED? NO WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A MANNER OF DEATH NATURAL	
FEMALE PREGNANCY STATUS NOT APPLICABLE					
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?	
LOCATION OF INJURY				IF TRANSPORTATION INJURY SPECIFY	
DESCRIBE HOW INJURY OCCURRED					
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES		DATE PRONOUNCED	TIME OF DEATH 01:00 PM
CERTIFIER PHYSICIAN				DATE CERTIFIED SEPTEMBER 26, 2011	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ACEZR LEYNES, 3224 W ARMITAGE, CHICAGO, ILLINOIS, 60647				PHYSICIAN'S LICENSE NUMBER 036-112533	

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



THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: FACILE SECURITY HOLOGRAPHIC FOILS AT BOTTOM

UNOFFICIAL COPY

CERTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 0033213

DATE ISSUED 05/07/2010

DECEASED'S LEGAL NAME PATRICIA MAHONEY		SEX FEMALE	DATE OF DEATH MAY 02, 2010	
COUNTY OF DEATH COOK	AGE AT DEATH TODAY 68 YEARS	DATE OF BIRTH AUGUST 20, 1941		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME ST MARY OF NAZARETH HOSP CENTER		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED] 855	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME MICHAEL MAHONEY	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 2645 N RIDGEWAY	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60647	MOTHER'S NAME PRIOR TO FIRST MARRIAGE GENEVIEVE NOT AVAILABLE	
INFORMANT'S NAME MICHAEL MAHONEY		RELATIONSHIP HUSBAND	MAILING ADDRESS 2645 N RIDGEWAY CHICAGO, IL 60647	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION MON TROSE CEMETERY CO.	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION MAY 07, 2010	
FUNERAL HOME COONEY FUNERAL HOME IRVING PK, 3918 W IRVING PARK ROAD, CHICAGO, IL 60618				
FUNERAL DIRECTOR'S NAME MICHAEL J COONEY		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 011207		
LOCAL REGISTRAR'S NAME DAVID ORR		FILED WITH LOCAL REGISTRAR MAY 6, 2010		
CAUSE OF DEATH PART I: CARDIAC OBSTRUCTIVE LUNG DISEASE YEARS				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. [REDACTED]		YEARS
		b. PNEUMONIA		DAYS
		c. [REDACTED]		
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I: HYPERTENSION, HYPERTENSIVE ATHEROSCLEROTIC HEART DISEASE, ANEMIA MITRAL VALVE DISEASE S/P MITRAL VALVE REPLACEMENT				
DID TOBACCO USE CONTRIBUTE TO DEATH?		FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR		WAS AN AUTOPSY PERFORMED? NO
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A
				WAS DEATH NATURAL
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSFERRED ON INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE APRIL 27, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 09:16 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED MAY 03, 2010	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH NOEL LASALA, 3274 W ARMSTRONG, CHICAGO, ILLINOIS 60647			PHYSICIAN'S LICENSE NUMBER 036083223	

This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.



David Orr
David Orr
Cook County Clerk

