

## **DECEASED JOINT TENANT AFFIDAVIT**

ŝT	ATE OF ILLINOIS	}	SS		(	01/13/2016	DATE:			
CC	OUNTY OF COOK	}	55			FA	TIC NO.:			
P	atrick J. Joyce		being first duly sw	orn, for the	e purpose of ind	lucina First America	an Title			
	surance Company to iss poses and says;	ua its' title insurar	nce policy covering	the land de	escribed in the a					
1.	That he/she resides at	: <u>17133 S. Cent</u>	ral Ave., Tinley Par	rk, IL 6047	7					
2.	That he/she was acqu		D. Joyce ed by the attached	cortified co	uny of the death	who died	d on			
3.			1							
4.										
	leaving no last		//	attached						
5.	leaving a last will and testament, a copy of which is attached  That the total value of said decedent's estate for State of Illinois Inheritance Tax/Estate Tax and Federal Estate Ta									
٠.	purposes does not exceed \$ 100,000									
				Spri						
	D+ 6 (	) ()								
	Affiant's Signature	F Joyci								
	Amant's Signature	V			2/2					
	Subscribed and sworn	to before me this	;15 <sup>24</sup>	_ day of	JANUAF;	2016	2			
	Joseph (	show					HARIOUWAN			
	Notab/ Public		May 1941 * .	· 10-		166Z .57 380				

"OFFICIAL SEAL"
JOSEPH ZAHOUR
Notary Public, State of Elinois
My Commission Expires 04/24/18

Doc#: 1602157089 Fee: \$64.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 01/21/2016 01:37 PM Pg: 1 of 3

1602157089 Page: 2 of 3

## **UNOFFICIAL COPY**

Lot 21 in block 5 in Arthur T. Mcintosh and Company's Tinley Woods, being a subdivision of that part of the east ½ of the southeast 1/4 of section 29, township 36 north, range 13 east of the toild principal meridian, which lies west of the center line of Central Avenue in Cook county, illinois.

and a. Patrick J. Joyce and Judith D. Joyce, resband and wife and Kimberly A. Joyce, a single woman as joint tenants.

Removing Judith D. Joyce from Title.

UNO REMEN FOWNSHIR REGISTRAR PY

## MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2009	0014216								DA <sup>*</sup>	TE ISSUED	04/22/2009
DECEDENT'S LEGAL NAME JUDITH D JOYCE						SEX FEMALE		DATE OF DEATH APRIL 15, 2009		·	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 67 YEARS				DATE OF BIRTH JANUARY 31, 1942					
CITY OR TOWN TINLEY PARK			HOSPITAL OR OTHER II			INSTITUTION NAME					
PLACE OF DEATH DECEDENT'S HOME							<del></del>				
BIRTHPLACE EVERGREEN PARK, IL	SOCIAL SECUR	TY NUMBER	MARITAL STA	ATUS AT TIME OF DE.	АТН		S SPOUSE'S NA		<del></del> _	EVER IN U.S.	
RESIDENCE 17138 S CENTRAL AVE					OR TOWN				INSIDE CITY LIMITS? YES		
COUNTY S	TATE ZIP COD IL 60477		HER'S NAME					NAME PRIO		ST MARRIAGE	
INFORMANT'S NAME PATRICK J JOYCE			RELATIONSHIP MAILING ADDRESS				SS	VENUE, TINLEY PARK, IL, 60477			
METHOD OF DISPOSITION BURIAL			ACRES AND ALICE			OCATION - CITY OR TOWN AND STATE ALSIP, IL			DATE OF DISPOSITION APRIL 18, 2009		
FUNERAL HOME ROBERT J. SHEEHY AI	SONS - ORL	AND, 9000	0 W 151ST S	STREET, ORLAN	D PA	ARK, IL, 6	0462				
FUNERAL DIRECTOR'S NAME ROBERT J SHEEHY	0								LLINOIS L	ICENSE NUMBER	!
LOCAL REGISTRAR'S NAME LEONARD J HINES								FILED WITH LOCAL REGISTRAR RIL 22, 2009			
CAUSE OF DEATH PART IMMEDIATE CAUSE	I. PANCRE/\fic	CANCER V	WITH METAST	ASIS						1 YE	EARS
(Final disease or condition resulting in death)	b.	O,	Due to (e	or as a consequence of):	-			-ter szíjás	TOWN.		
	С.		Due to (e	or as a consequence of):				\$ 100 miles			
				or as a consequence of):							
PART II. Enter other significant co			ut not resulti g in	he underlying cause	given i	in PART I.	٧	AS AN AUT	OPSY PE	RFORMED? NC	)
			DIABLE PLO, ASTITUTE					WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A			
NO	FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR					MANNER OF DEATH NATURAL					
DATE OF INJURY		TIME OF INJ	URY	PLACE O : IN. URY						INJURY AT \	NORK?
LOCATION OF INJURY					2,	K.					
DESCRIBE HOW INJURY OCCUR	RED:				5	L_		IFΠ	RANSPOR	RTATION INJURY,	SPECIFY:
ATTEND THE DECEASED? YES	DATE LAST SEEN A	LIVE	WAS MEDICAL CORONER COR			D ITE P	ONOUNCED			TIME OF DEAT 07:10 AM	
CERTIFIER PHYSICIAN							0.		E CERTIF		
NAME, ADDRESS AND ZIP CODE	OF PERSON COMPL	ETING CAUS	SE OF DEATH						PHYSICIA	N'S LICENSE NUI	MBER

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

036088719

VIJAYALAKSHMI THOTA, D.O., 15300 WEST AVENUE, ORLAND PARK, ILLINOIS, 60462