



Doc#: 1604057001 Fee: \$50.00
RHSP Fee:\$9.00 RPRF Fee: \$1.00
Karen A.Yarbrough
Cook County Recorder of Deeds
Date: 02/09/2016 10:07 AM Pg: 1 of 7

DECEASED JOINT TENANCY AFFIDAVIT

Gail A. Wright, being duly sworn states that she resides at 2152 W. 122nd Street, Blue Island, Illinois 60406.

That she was acquainted with Doris Evelyn Wright, Deceased, her mother, who at the time of her death was one of the owners of the land in Cook County, Illinois, described as:

LOT THIRTY (30), AND EAST HALF (E 1/2) OF LOT TWENTY NINE (29), IN BLOCK NINE (9), IN LINDEN HEIGHTS, A SUBDIVISION OF ALL THAT PART OF ORIGINAL BLOCK SIX (6), OF SOUTH WASHINGTON HEIGHTS, A SUBDIVISION OF THE NORTHWEST QUARTER (NW 1/4) OF SECTION THIRTY (30), TOWNSHIP THIRTY SEVEN (37) NORTH, RANGE FOURTEEN (14), EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING WEST OF VINCENNES AVENUE, COOK COUNTY, ILLINOIS.


PERMANENT INDEX NUMBER: 25-30-129-025-0000

ADDRESS OF REAL ESTATE: 2152 W. 122ND STREET, BLUE ISLAND, IL 60406

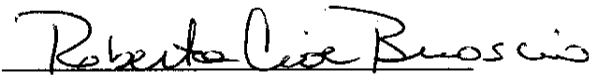
That the deceased died June 26, 2014, as evidenced by a certified copy of Death Certificate of the Deceased attached hereto.

That the Deceased died: Leaving a Last Will and Testament, a copy of which is attached. The original of the unproven will, is filed with the Clerk of the Probate Division of the Circuit Court of Cook County, Illinois.

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 at the time of the death of the deceased does not exceed the sum of \$100,000.00


Gail A. Wright, Affiant

Subscribed and sworn to be fore me
this 5 day of February, 2016.


Notary Public



Prepared by: Roberta Cioe Buoscio, 12 West 15th Street, Chicago Heights, IL 60411

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2014 0048901 MEDICAL EXAMINER'S CASE NUMBER 407 JUN 14 DATE ISSUED 6/30/2014

DECEDENT'S LEGAL NAME DORIS EVELYN WRIGHT		SEX FEMALE	DATE OF DEATH JUNE 26, 2014	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 85 YEARS	DATE OF BIRTH NOVEMBER 21, 1928		
CITY OR TOWN OAK LAWN		HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE CHRIST MEDICAL CENTER		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 2152 122ND STREET	APT. NO.	CITY OR TOWN BLUE ISLAND	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60406	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION PEARL MAY	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ETHEL BALDWIN
INFORMANT'S NAME GAIL WRIGHT	RELATIONSHIP DAUGHTER	MAILING ADDRESS 2152 122ND STREET, BLUE ISLAND, IL, 60406		
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION HERITAGE CREMATORY	LOCATION - CITY OR TOWN AND STATE LOCKPORT, IL	DATE OF DISPOSITION JULY 01, 2014	
FUNERAL HOME HICKEY MEMORIAL CHAPEL, 2429 BURR OAK, BLUE ISLAND, IL, 60406				
FUNERAL DIRECTOR'S NAME MICHAEL BRIAN HICKEY			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011598	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JUNE 30, 2014	
CAUSE OF DEATH				
PART I. CLOSED HEAD INJURIES				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		b. FALL		
		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. ANTICOAGULANT THERAPY				
FEMALE PREGNANCY STATUS NOT APPLICABLE			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
MANNER OF DEATH ACCIDENT				
DATE OF INJURY JUNE 25, 2014	TIME OF INJURY 06:25 PM	PLACE OF INJURY HOME	INJURY AT WORK? NO	
LOCATION OF INJURY 2152 122ND STREET, BLUE ISLAND, IL, 60406				
DESCRIBE HOW INJURY OCCURRED: FALL			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED JUNE 26, 2014	TIME OF DEATH 04:05 AM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED JUNE 27, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH STEPHEN J CINA MD, 2121 W HARRISON ST, CHICAGO, IL, 60612			PHYSICIAN'S LICENSE NUMBER	

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 - EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

UNOFFICIAL COPY**LAST WILL AND TESTAMENT****OF****DORIS E. WRIGHT**

I, **Doris E. Wright** of Blue Island, Illinois, being of sound and disposing mind and memory, and desiring to make such disposition of my worldly estate as I deem best, do hereby make, publish and declare this to be my Last Will and Testament, and revoke any and all Wills and Codicils heretofore executed by me.

FIRST ARTICLE

I direct my Executor to pay out of the residue of my probate estate the following obligations:

- I All expenses of my last illness and my funeral and burial expenses (including the cost of a cemetery lot) as soon as may be practicable after my death.
- II All costs of the administration of my estate.
- III All indebtedness owed by me at the time of my death except such indebtedness as then is secured by a mortgage of real estate.
- IV All valid inheritance, estate, transfer and succession taxes which are payable because of my death, including interest and penalties with respect thereto.

SECOND ARTICLE

I authorize my Executor to make deposits to secure the payment of any of the taxes mentioned in the preceding Article. All actions taken by my Executor in carrying out my directions as set forth in the preceding Article (including the determination of the taxes mentioned therein) shall be conclusive and binding upon all persons in interest and my Executor shall not seek reimbursement from any person or charge any person for any payment made pursuant to the preceding Article.

Doris E. Wright

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THIRD ARTICLE

As of the date of this instrument I have one living child, **Gail Wright**, born April 22, 1965. My beloved daughter, **Jacqueline Wright Leonard**, born October 20, 1953, has predeceased me.

FOURTH ARTICLE

I give, devise and bequeath the real property which I own in fee simple, which is legally described as:

Lot Thirty (30), and East half (E 1/2) of Lot Twenty-Nine (29), in Block Nine (9), in Linden Heights, a Subdivision of all that part of Original Block Six (6), of South Washington Heights, a Subdivision of the Northwest Quarter (NW 1/4) of Section Thirty (30), Township Thirty-Seven (37) North, Range Fourteen (14), East of the Third Principal Meridian, lying West of Vincennes Avenue,

and commonly known as 2152 W. 122nd Street, Blue Island, Illinois, to my daughter, **Gail Wright**, who presently resides at 2152 W. 122nd Street, Blue Island, Illinois.

FIFTH ARTICLE

I give and bequeath all my jewelry, silverware, books, pictures, house furnishings and furniture, clothing, automobiles, and articles of household or personal use or ornament, and all other tangible personal property which I may own at the time of my death, to my daughter, **Gail Wright**, if she shall survive me for thirty (30) days, or if she shall not survive me for thirty (30) days, I give and bequeath the same per stirpes to my then living descendants.

SIXTH ARTICLE

I give, devise and bequeath all the residue of my estate, real, personal and mixed, of every kind and character and wherever located, including all lapsed legacies and devises, but expressly excluding any property over which I may have power of appointment, per stirpes to my then living descendants.

Doris E. Wright

UNOFFICIAL COPY**SEVENTH ARTICLE**

I give to my Executor full power and authority, without order of any court, to retain, sell, mortgage, pledge, exchange or otherwise deal with or dispose of the property comprising my estate upon such terms as my Executor in its sole discretion shall deem best; to invest in any property, real or personal; to exercise any options to purchase stock I may possess at my death and to borrow for such purposes; to hold any property included in my estate in the name of a nominee with or without disclosing the fiduciary relationship, to collect, pay, contest, compromise or abandon claims and demands either in favor of or against my estate as my Executor deems best; to make distribution of my estate in kind or partly in money and partly in kind; to elect to deduct administration expenses for Federal estate tax or Federal income tax purposes as it deems best; and for any of the foregoing purposes I hereby expressly authorize my Executor to make, execute and deliver any and all deeds, contracts, mortgages, bills of sale or other instruments necessary or desirable therefor.

EIGHTH ARTICLE

I hereby nominate and appoint my daughter, **Gail Wright**, as Executor of this, my Last Will and Testament. If for any reason whatsoever my daughter is unable to serve as Executor, I hereby nominate and appoint my son-in-law, **Kenneth Leonard**, to so serve. No Surety or other security shall be required on the official bond of any Executor named in this Article.

NINTH ARTICLE

In the event that any beneficiary named herein, or any one of my next-of-kin, shall commence or maintain any proceedings to challenge or deny any of the provisions of this, my Last Will and Testament, the legacy herein made to him or her shall lapse and

Doris E. Wright

UNOFFICIAL COPY

fall into the residue and my Executor is directed and required to refrain from making any distribution of any sum or property whatever to the person, who shall seek to contest this instrument or any of its provisions.

IN WITNESS WHEREOF, I have set my hand and seal to this my Last Will and Testament all this 30th day of October, 1996.

Doris E. Wright (SEAL)
Doris E. Wright

The undersigned hereby certify that the foregoing instrument was on the date set forth immediately above, signed, sealed, published and declared by the Testator as and for her Last Will and Testament in our presence, who, at her request and in her presence and in the presence of each other, have hereunto subscribed our names below as witnesses thereto, believing the Testator at the time of so signing to be of sound and disposing mind and memory.

Tom Pickering

residing at 12323 S Maple
Blue Island, Ill. 60406

Linda J. Rauch

residing at 2650 Burnwood St
Blue Island, Ill. 60406

residing at _____

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STATE OF ILLINOIS)
) SS
 COUNTY OF COOK)

We, the attesting witnesses of the Will of **Doris E. Wright**, on oath state that each of us was present and saw the Testator sign the Will, of which this affidavit is part, in our presence; that the Will was attested by each of us in the presence of the Testator; and that each of us believed the Testator to be of sound mind and memory at the time of signing.

Linda Pickering

Linda J. Rauch

Subscribed and Sworn to before me this
30th day of October, 1996.

[Signature]

 Notary Public

{ NOTARY SEAL }