

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

Prepared By/Return To:
Michael T. Roth
Lavelle Law, Ltd.
501 W. Colfax Street
Palatine, IL 60067



Doc#: 1605744014 Fee: \$40.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 02/26/2016 11:47 AM Pg: 1 of 2

State of Illinois)
) SS
County of Cook)

Bruce Byron Anderson (hereinafter referred to as "Affiant") being duly sworn, states that he resides at: 1134 West Granville Avenue, Unit 616, Chicago, Illinois 60660. That Affiant was married to Pauline Veronica Anderson, hereinafter referred to as "Decedent", and at the time of Decedent's death was one of the owners of the land in Cook County, Illinois described as:

UNIT 616 AND P-475, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN THE GRANVILLE CONDOMINIUMS, AS DELINEATED AND DEFINED IN THE DELARATION RECORDED AS DOCUMENT NUMBER 0831945102 AND AS AMENDED FROM TIME TO TIME IN THE EAST FRACTIONAL HALF OF SECTION 5, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number: 14-05-204-028-1036 and 14-05-204-028-1441

Commonly known as: 1134 W. Granville Avenue, Unit 616 and P-475, Chicago, Illinois 60660

That the Decedent died on August 3, 2015, as evidenced by a redacted copy of death certificate of the Decedent attached hereto.

That the Decedent, at the time of her death, held her share of the aforementioned property as tenants by the entirety, and that the Decedent died:

Leaving no Last Will and Testament.

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 Probate Division of the Circuit Court of Cook County, IL.

Leaving a Last Will & Testament, which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____, County, Illinois about _____, 20____.

Affiant makes this Affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

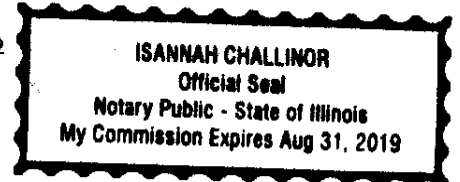
R

Subscribed and sworn to before me this
January 14, 2015.

Bruce B. Anderson
Affiant's Signature

Isannah Challinor
Notary Public

S:\7751-8000\7757\ANDERSON.DECJTAF1.doc



UNOFFICIAL COPY

CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2015 0062199

DATE ISSUED 8/11/2015

DECEDENT'S LEGAL NAME PAULINE VERONICA ANDERSON		SEX FEMALE	DATE OF DEATH AUGUST 03, 2015	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 55 YEARS	DATE OF BIRTH [REDACTED]		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 1134 WEST GRANVILLE AVENUE		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME BRUCE BYRON ANDERSON	EVER IN U.S. ARMED FORCES? NO
RESIDENCE [REDACTED]		APT. NO. [REDACTED]	CITY OR TOWN [REDACTED]	INSIDE CITY LIMITS? YES
COUNTY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	FATHER/MOTHER'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION SINGLETON RUSSELL TERRELL	MOTHER'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MILDRED THERESE TAYLOR
INFORMANT'S NAME DERICK BYRON ANDERSON		RELATIONSHIP SON	MAILING ADDRESS [REDACTED]	
PLACE OF DISPOSITION BURIAL	ROSEHILL CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION AUGUST 08, 2015	
FUNERAL HOME - 5308 N WESTERN AVE, CHICAGO, IL, 60625				
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015588			DATE FILED WITH LOCAL REGISTRAR AUGUST 10, 2015	
CAUSE OF DEATH: CEREBROVASCULAR ACCIDENT				
Due to (or as a consequence of):				
SEPSIS				
Due to (or as a consequence of):				
CEREBROVASCULAR PERIPHERAL ARTERIAL VASCULAR INSUFFICIENCY				
Due to (or as a consequence of):				
[REDACTED]				
WAS AN AUTOPSY PERFORMED? NO				
WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A				
MANNER OF DEATH: NATURAL				
REMARKS: NO PRESENT WITHIN LAST YEAR				
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
DESCRIPTION OF INJURY ACCURRED			IF TRANSPORTED FROM INJURY, SPECIFY:	
ATTENDANCE RECEIVED? YES	DATE LAST SEEN ALIVE JUNE 23, 2015	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 05:50 PM
DATE CERTIFIED AUGUST 05, 2015				PHYSICIAN'S LICENSE NUMBER 036057133
PERSON COMPLETING CAUSE OF DEATH: [REDACTED]				

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