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SPECIAL NOTICE:

This form is **NOT** required by law, nor the Cook County Recorder of Deeds (CCRD). CCRD employees **CANNOT** assist with the preparation of this, or **ANY LEGAL FORM.**



Doc#: 1609849208 Fee: \$40.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 04/07/2016 01:20 PM Pg: 1 of 2

PREPARED BY:

HAROLD SCALOS
LIBERNATI DR
SO. BARRINGTON ILL 60010

DECEASED JOINT TENANCY AFFIDAVIT

I, HAROLD L. SCALOS the surviving tenant of the joint tenancy created by the deed with the document number: 201504208 do hereby declare under oath that the joint tenant DOROTHY MARGARET SCALOS died on SEPT 15 2015 as evidenced by the attached certified copy of her/his death certificate (see attached).

I also declare that the aforementioned joint tenant was an owner of property with the following details:

LEGAL DESCRIPTION

LOT # 342 IN LOT 2, PARK MANOR UNIT # 10, BEING A SUBDIVISION OF PART OF LOT 2 OF THE LIBERNATI TRACT PART OF SECTION 6 AND SECTION 7 TOWNSHIP 41 NORTH RANGE 2 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN THE CITY OF BARRINGTON, COOK COUNTY, ILLINOIS.

PROPERTY IDENTIFICATION NUMBER (PIN):

0 0 - 07 - 1 2 1 - 0 0 0 - 0 0 0 0

COMMONLY KNOWN ADDRESS:

1034 Arden Court
ELGIN IL 60120

Finally, I declare that the status of the deceased joint tenant at the time of her/his death was the following:



Leaving NO LAST WILL & TESTAMENT



Leaving an UNFILED WILL & TESTAMENT (ATTACH)



Leaving a FILED WILL & TESTAMENT (ATTACH)

NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

HAROLD SCALOS

Affiant Signature:

[Signature]

On the Following Date:

3/30/2016



1609849208 Page: 2 of 2
CERTIFICATION OF DEATH RECORD
UNOFFICIAL COPY

DUPAGE COUNTY HEALTH DEPARTMENT
WHEATON, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2015 0077684

DATE ISSUED 10/5/2015

DECEDENT'S LEGAL NAME DOROTHY MAE MEEKS SCALES				SEX FEMALE	DATE OF DEATH SEPTEMBER 15, 2015
COUNTY OF DEATH DU PAGE	AGE AT LAST BIRTHDAY 82 YEARS		DATE OF BIRTH JANUARY 19, 1933		
CITY OR TOWN WINFIELD		HOSPITAL OR OTHER INSTITUTION NAME CENTRAL DU PAGE HOSPITAL			
PLACE OF DEATH INPATIENT					
BIRTHPLACE TCHULA, MS	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH DIVORCED FROM CIVIL UNION		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME 	
RESIDENCE 1084 POLLY COURT			APT. NO. 	CITY OR TOWN ELGIN	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60120	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JAMES DEBRO		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION HALYCONIA LONG
INFORMANT'S NAME DEMETRIA GREEN		RELATIONSHIP DAUGHTER		MAILING ADDRESS 1084 POLLY COURT, ELGIN, IL, 60120	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION GLEN OAK CEMETERY		LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL	DATE OF DISPOSITION SEPTEMBER 15, 2015
FUNERAL HOME DRAEGER-LEGENDORF FUNERAL HOME AND CREMATORY, 4600 COUNTY LINE RD, RACINE, WI, 53403					
FUNERAL DIRECTOR'S NAME LESLIE D SCALES				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016646	
LOCAL REGISTRAR'S NAME KAREN J AYALA				DATE FILED WITH LOCAL REGISTRAR OCTOBER 5, 2015	
CAUSE OF DEATH PART I. STROKE					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		b. ATRIAL FIBRILLATION _____			
		c. _____ Due to (or as a consequence of):			
Due to (or as a consequence of):					
PART II. Enter other <i>significant conditions contributing to death</i> 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? YES	DATE LAST SEEN ALIVE SEPTEMBER 15, 2015	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES		DATE PRONOUNCED	TIME OF DEATH 04:50 PM
CERTIFIER PHYSICIAN				DATE CERTIFIED OCTOBER 01, 2015	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JEFFERY HUML, 25 NORTH WINFIELD RD, WINFIELD, ILLINOIS, 60190				PHYSICIAN'S LICENSE NUMBER 336032472	



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.

Karen Ayala
 Karen J. Ayala
 Local Registrar

Not valid without the embossed seal of the DuPage County Health Department.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE