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Doc#: 1609819076 Fee: \$44.00
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Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 04/07/2016 11:16 AM Pg: 1 of 4

Property of Cook County Clerk's Office

COOK COUNTY RECORDER

COVER PAGE FOR

DECEASED JOINT TENANCY AFFIDAVIT

ON PROPERTY LOCATED AT

18153 LYNN DRIVE, #111
ORLAND PARK, IL 60467

PIN:

27-32-400-027-1097

DATE:

March 31, 2016

1609819076
PLEASE RETURN TO:
BARRISTER TITLE
15000 S. CICERO AVE.
OAK FOREST, IL 60452

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FIDELITY NATIONAL TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois

Commitment Number:

County of Cook

LORRAINE V. SYKORA being duly sworn states that he/she resides at

That he/she was acquainted with Fred J. Sykora, deceased who, at the time of his/her death, was one of the owners of the land in Cook County, Illinois described as follows:

(See Attached Legal Description Rider)

That the deceased died on February 14th, 2002 as evidenced by a certified copy of the death certificate of said deceased attached hereto.

That the deceased:

Leaving no Last Will & 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, Illinois.

Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois on or about

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 \$200,000

Lorraine V. Sykora, by
Lorraine V. Sykora, by Michael J. Sykora, as Agent
Michael J. Sykora as Agent

SUBSCRIBED and SWORN to before me on 3/31/2016

(SEAL)

Cheri A. Norway

Notary Public



STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

March 29, 2016

DAVID ORR, COUNTY CLERK

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office. IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David J. Orr
COUNTY CLERK

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DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH					
Type or refer to PERM, AEST, etc. See National Area, etc. Hospital, or use of Handbook for INSTRUCTORS.		DECEASED-NAME FIRST MIDDLE LAST FRED J. SYKORA		SEX MALE		DATE OF DEATH (MONTH, DAY, YEAR) 3. FEBRUARY 14, 2002	
COUNTY OF DEATH COOK		AGE-LAST BIRTHDAY (MOS) YRS. DA. MO. YR. 73		UNDER 1 YEAR UNDER 1 DAY DAYS HOURS MIN.		DATE OF BIRTH (MONTH, DAY, YEAR) 66. OCTOBER 14, 1928	
7. CITY, TWP, OR ROAD DISTRICT NUMBER COOK		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 65. PALOS COMMUNITY HOSPITAL		IF 1500', OR BMT, INDICATE B.O.A. OFFICE, THE DEPARTMENT (SPECIFY) 8c. INPATIENT			
A. DECEASED 8. PALOS HEIGHTS BIRTH PLACE & CITY AND STATE OR FOREIGN (MOS) 7. CHICAGO, ILLINOIS		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED		NAME OF SURVIVING SPOUSE (MARRIAGE, IF WIFE) 8b. LORRAINE SLATTERY		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. YES	
B. SOCIAL SECURITY NUMBER COOK		USUAL OCCUPATION 11a. SELF EMPLOYED		KIND OF BUSINESS OR INDUSTRY 11b. RETAIL		EDUCATION (SPECIFY ON YOUR BEST GRADE COMPLETED) 12. 12	
C. RESIDENCE (STREET AND NUMBER) 13a. 18153 LYNN DRIVE		CITY, TWP, OR ROAD DISTRICT NO. 13b. ORLAND PARK		RESIDENCE CITY (MOS) 13c. YES		COUNTY 13d. COOK	
D. STATE 13e. ILLINOIS		ZIP CODE 13f. 60467		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14. WHITE		OF HISPANIC ORIGIN? (SPECIFY MO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. NO	
E. FATHER-NAME FIRST MIDDLE LAST 15. FRED SYKORA		MOTHER-NAME FIRST MIDDLE LAST 16. KATHERINE ROS		INFORMANT NAME (TYPE OR PRINT) 17a. LORRAINE SYKORA		RELATIONSHIP 17b. SPOUSE	
				MAILING ADDRESS (STREET AND NO. OR P.O., CITY OR TOWN, STATE, ZIP) 17c. 18153 LYNN DRIVE, ORLAND PARK, IL 60467			
18. PART I		Enter the disease, or conditions that caused death, or heart failure. List only one cause on each line. Do not enter the mode of dying, such as cardiac or respiratory arrest.					
1. Immediate Cause (Final disease or condition resulting in death)		(a) Cerebral Ischemia				Specify if previous to death	
2. CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a)		(b) Adenocarcinoma of Lung					
3. STATING THE UNDERLYING CAUSE LAST.		(c)					
4. PART II. Other (Specify conditions) contributing to death but not resulting in the underlying disease given in PART I.							
5. DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO) 19a. NO		HOW AUTOPSY FINDINGS RELIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.	
6. ROAD (DO NOT ATTEND THE DECEASED) AND LAST SAW HIM/her ALIVE ON (MONTH, DAY, YEAR) 20a. 2/13/02		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO		MODE OF DEATH 21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	
7. SIGNATURE 22a. Richard Greiner, M.D.		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 19001 Old LaGrange Rd, Matteson, IL		DATE SIGNED (MONTH, DAY, YEAR) 22b. 2-16-02		ILLINOIS LICENSE NUMBER 22c. 036-071213	
8. NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER) (TYPE OR PRINT) 23. Richard Greiner, M.D.		BUREL CREMATION (REMOVABLE SPECIFY) 24a. BURIAL		CEMETERY OR CREMATORY-NAME 24b. HOLY SEPULCHRE CEMETERY		LOCATION CITY OR TOWN STATE WORTH, ILLINOIS	
9. FUNERAL HOME 25a. ROBERT J. SHEEHY & SONS		STREET AND NUMBER OR P.O. BOX 9000 WEST 151st STREET, ORLAND PARK, IL 60462		DATE (MONTH, DAY, YEAR) 24d. FEB. 18, 2002		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
10. LOCAL REGISTRAR'S SIGNATURE 26a. Karen L. Scott, M.D.		FURNERAL DIRECTOR'S SIGNATURE 25b. Robert J. Sheehy		FURNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034 011841		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. FEB 19 2002	
11. REGISTRAR 26a. Karen L. Scott, M.D.		FURNERAL DIRECTOR'S SIGNATURE 25b. Robert J. Sheehy		FURNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034 011841		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. FEB 19 2002	

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8/17*

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LEGAL DESCRIPTION RIDER

For the premises commonly known as:

18153 Lynn Drive, #111, Orland Park IL 60467

Permanent Index Number(s): 27-32-400-027-1097

Legal Description:

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF COOK, STATE OF ILLINOIS, AND IS DESCRIBED AS FOLLOWS:
UNIT 111 IN EAGLE RIDGE CONDOMINIUM UNIT II, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: THAT PART OF THE SOUTHEAST QUARTER OF SECTION 32, TOWNSHIP 36 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, WHICH SURVEY IS ATTACHED AS EXHIBIT 'A' TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 91315399 AND AS AMENDED FROM TIME TO TIME TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY ILLINOIS.

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