



1613310096

CHICAGO TITLE INSURANCE CO
DECEASED JOINT TENANCY AFFID

Doc#: 1613310096 Fee: \$42.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 05/12/2016 10:51 AM Pg: 1 of 3

State of Illinois)
County of) ss.
)

MARGARET MARY Doherty being duly sworn states that
she resides at 735 Sycamore Drive in the City of
Orland Park IL

That she was acquainted with John Doherty
deceased who, at the time of his death, was one of the owners of the land in Cook
County, Illinois, described as:

See Exhibit A attached hereto and made a part hereof

That the deceased died 2-23-16, as evidenced
by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- 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 _____ County, Illinois about _____

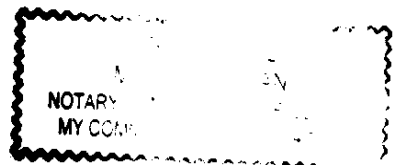
S N
P 3
S N
SC Y
INT D

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 one hundred thousand dollars.

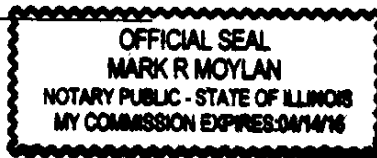
Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Margaret M. Doherty
this 13 day of APRIL, A.D. ~~to~~ 2016



Notary Public



Mark R Moylan
(affiant's signature)

LAW ENFORCEMENT DEPARTMENT LT

UNOFFICIAL COPY

CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2016 0015674

DATE ISSUED 2/26/2016

DECEDENT'S LEGAL NAME JOHN DOHERTY		SEX MALE	DATE OF DEATH FEBRUARY 23, 2016	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 89 YEARS	DATE OF BIRTH JUNE 17, 1926		
CITY OR TOWN ORLAND PARK		HOSPITAL OR OTHER INSTITUTION NAME 7735 SYCAMORE DR		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE IRELAND	SOCIAL SECURITY NUMBER [REDACTED] 9168	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME MARGARET M EGAN	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 7735 SYCAMORE DR		APT. NO.	CITY OR TOWN ORLAND PARK	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60462	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MICHAEL DOHERTY	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANN REAGAN
INFORMANT'S NAME MARGARET M DOHERTY		RELATIONSHIP WIFE	MAILING ADDRESS 7735 SYCAMORE DR, ORLAND PARK, IL, 60462	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION HOLY SEPULCHRE CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE ALSIP, IL	DATE OF DISPOSITION FEBRUARY 27, 2016	
FUNERAL HOME ZIMMERMAN & SANDEMAN ORLAND FH, 9900 W. 143RD ST., ORLAND PARK, IL, 60462				
FUNERAL DIRECTOR'S NAME SCOTT SANDEMAN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014403	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR FEBRUARY 26, 2016	
CAUSE OF DEATH PART I. RENAL FAILURE IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of): b. DEMENTIA _____ Due to (or as a consequence of): c. ELECTROLYTE DISTURBANCE _____ 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.			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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 06:15 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED FEBRUARY 25, 2016	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ABDUL-HAMID SHAHBAIN, 12508 SOUTH HARLEM, PALOS HEIGHTS, ILLINOIS, 60463			PHYSICIAN'S LICENSE NUMBER 036085113	

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

UNOFFICIAL COPY

LEGAL DESCRIPTION

LOT 63 IN SILVER LAKE GARDENS UNIT 2 A SUBDIVISION OF PART OF THE NORTH ONE-HALF OF SECTION 13, TOWNSHIP 36 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

TAX ID: 27-13-111-005-0000

Property address: 7735 Sycamore, Orland Park, Illinois 60462

Property of Cook County Clerk's Office