

1 of 3
1616854

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AFTER RECORDING, MAIL TO:

SATURN TITLE, LLC
1030 W. HIGGINS RD.
SUITE 365
PARK RIDGE, IL 60068



Doc#: 1617550016 Fee: \$42.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 06/23/2016 07:42 AM Pg: 1 of 3

Deceased Joint Tenancy Affidavit

Legal:

LOT 31 IN BLOCK 1 IN MCINTOSH BROTHERS IRVING PARK BOULEVARD ADDITION TO CHICAGO. A SUBDIVISION OF THE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 17, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY ILLINOIS

Address: 4316 N Menard Ave. Chicago, IL 60634

PIN #: 13-17-403-034-0000

PIN #:

PIN #:

Township: Jefferson

Property of Cook County Clerk's Office

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DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF COOK)

SS.

File Number: 1616854

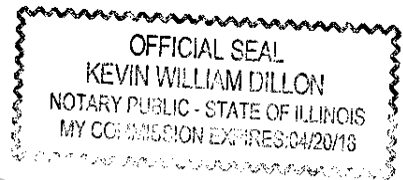
LAURA BUNDY - O'LEARY being duly sworn states that he/she resides at
4316 N. MENARD in the City of CHICAGO, State of ILL.

That he/she was acquainted with TIMOTHY J. O'LEARY (deceased)
who, at the time of his/her death, was one of the owners of the land in COOK County, Illinois, commonly known as:
4316 N. MENARD CHICAGO IL 60634 and legally described in the attached legal description.

That the deceased died on 10/27/15, as evidenced by a certified copy of a death certificate of the deceased attached hereto.

CHECK ONE:

- That the deceased died: Leaving no Last Will & Testament; or
- 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 _____ County, Illinois; or
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ 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, in joint tenancy or tenancy by the entirety at the time of the death of the deceased, does not exceed the sum of \$ 100,000.

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

Subscribed and sworn to before me this 13th day of June, 20 16

Laura Bundy
(Affiant's Signature)

[Signature]
Notary Public

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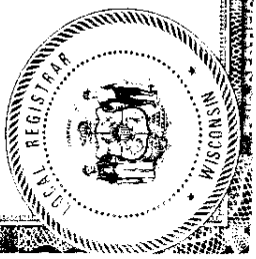
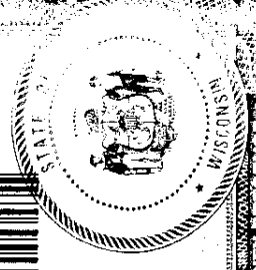
STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
ORIGINAL CERTIFICATE OF DEATH
FACT OF DEATH

STATE FILE DATE: NOVEMBER 04, 2015
STATE FILE NUMBER: 2015042147

1. DECEDENT'S NAME First: TIMOTHY Middle: J Last: OLEARY		2. SOCIAL SECURITY NUMBER [REDACTED]		3. DATE PRONOUNCED DEAD OCTOBER 27, 2015	
4. TIME PRONOUNCED DEAD (24hr) 22:18		5. AGE 54 YEARS		6. DATE OF BIRTH AUGUST 11, 1961	
7. SEX MALE		8. CITY, VILLAGE OR TOWNSHIP OF DEATH BELOIT (CITY)		9. COUNTY OF DEATH ROCK	
10. PLACE OF DEATH HOSPITAL-PRONOUNCED DEAD IN ER FROM OTHER PLACE		11. FACILITY NAME AND ADDRESS OF DEATH BELOIT MEMORIAL HOSPITAL, 1969 W HART RD CHICAGO (CITY)			
12. RESIDENCE ADDRESS 4316 NORTH MENARD		13. RESIDENCE CITY, VILLAGE, OR TOWNSHIP CHICAGO (CITY)		14. RESIDENCE COUNTY, RESIDENCE STATE COOK ILLINOIS	
15. MARITAL STATUS MARRIED		16. SURVIVING SPOUSE'S BIRTH NAME LAURA BUNDY		17. WT DOMESTIC PARTNERSHIP NO	
18. FATHER'S BIRTH NAME EDWARD P OLEARY II		19. STATE OF BIRTH ILLINOIS		20. DECEDENT'S BIRTH LAST NAME OLEARY	
21. INFORMANT'S NAME LAURA OLEARY		22. MOTHER'S BIRTH NAME JOANNE MCARDLE		23. INFORMANT'S MAILING ADDRESS 4316 NORTH MENARD, CHICAGO, IL 60634	
24. NAME AND ADDRESS OF FUNERAL FACILITY INTEGRITY FUNERAL SERVICES, 29134 EVERGREEN DR, WATERFORD, WI 53185		25. TYPE OF MEDICAL CERTIFIER CORONER/MEDICAL EXAMINER		26. FUNERAL DIRECTOR'S NAME TERRY, TOM	
27. MANNER OF DEATH ACCIDENT		28. TYPE OF MEDICAL CERTIFIER CORONER/MEDICAL EXAMINER		29. DATE SIGNED NOVEMBER 04, 2015	
30. DATE OF DEATH OCTOBER 27, 2015		31. TIME OF DEATH (24hr) 22:18		32. DATE SIGNED NOVEMBER 03, 2015	

EXTENDED FACT OF DEATH

35. USUAL OCCUPATION FIREFIGHTER		36. KIND OF BUSINESS/INDUSTRY PUBLIC SAFETY		37. EVER IN US ARMED FORCES NO		38. DECEDENT TRIBAL MEMBER TRIBE NAME(S) NO	
39. METHOD OF DISPOSITION CREMATION		40. PLACE AND LOCATION OF DISPOSITION ACACIA PARK CEMETERY, CHICAGO, ILLINOIS		41. PART I. The conditions listed are the diseases, injuries, or complications that caused death. Conditions leading to the immediate cause are listed sequentially and the underlying cause is listed last. Immediate Cause: (a) BLUNT TRAUMA OF THE HEAD		Interval Between Onset and Death UNKNOWN	
42. AUTOPSY PERFORMED YES		43. DATE OF INJURY OCTOBER 27, 2015		44. TIME OF INJURY (24hr) UNKNOWN		45. INJURY AT WORK NO	
46. PLACE OF INJURY INTERSTATE HWY		47. LOCATION OF INJURY INTERSTATE 43, 200 METERS WEST OF STATE HWY 140, CLINTON (TOWN), WISCONSIN		48. COUNTY OF INJURY ROCK			
49. IF INJURY STATED ANYWHERE IN CAUSE OF DEATH (Part I or Part II), DESCRIBE HOW IT OCCURRED DRIVER OF SUV THAT COLLIDED WITH A SEMI-TRUCK							



NO AMENDMENTS PRESENT

I certify that this document contains a true and correct reproduction of facts on file with the Wisconsin Vital Records Office.

Randal Lages

15125232

Date Issued: NOVEMBER 06, 2015