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OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY



1621415119

Prepared by +
made to
Peter S. Cleary
6815 W 111th
Worth IL 60482

Doc#: 1621415119 Fee: \$42.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 08/01/2016 01:14 PM Pg: 1 of 3

Old Republic National Title
Insurance Company
20 S Clark Street Ste 2000
Chicago IL 60603

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF COOK)

File Number: 1670666 1/2

CHARLES E. GALEY

being duly sworn states that HE resides at 3720 W. 111TH ST in the City of CHICAGO

That HE was acquainted with DOLORES M. GALEY deceased who, at the time of death, was one of the owners of the land in Cook County, IL, described as:

SEE ATTACHED LEGAL

That the deceased died APRIL 15, 2016, 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, IL.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, IL, 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 40,000.00 dollars.

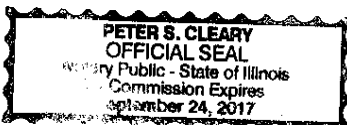
Affiant makes this affidavit for the purpose of inducing Old Republic National Title Insurance to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said AFFIANT

this 24th day of June, A.D. 2016.

Peter S. Cleary
Notary Public

Charles E. Galey
(Affiant's Signature)



CCRD REVIEW R

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

STATE FILE NUMBER 2016 0031195

DATE ISSUED 4/20/2016

DECEDENT'S LEGAL NAME DOLORES M GALEY			SEX FEMALE	DATE OF DEATH APRIL 15, 2016
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 86 YEARS		DATE OF BIRTH OCTOBER 13, 1929	
CITY OR TOWN BERWYN		HOSPITAL OR OTHER INSTITUTION NAME MAC NEAL MEMORIAL HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH DIVORCED FROM MARRIAGE	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 5429 SOUTH MASSASOIT AVENUE		APT. NO. 6	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60638	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CHARLES NORVILLE	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CATHERINE TUGMANN
INFORMANT'S NAME CHARLES GALEY		RELATIONSHIP SON	MAILING ADDRESS 3720 WEST 111TH STREET UNIT 403, CHICAGO, IL, 60655	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION HEIGHTS CREMATORY	LOCATION - CITY OR TOWN AND STATE CHICAGO HEIGHTS, IL	DATE OF DISPOSITION APRIL 20, 2016
FUNERAL HOME AFFORDABLE CREMATIONS LLC, 9624 SOUTH CICERO AVENUE, OAK LAWN, IL, 60453				
FUNERAL DIRECTOR'S NAME MATTHEW F BRYK			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016284	
LOCAL REGISTRAR'S NAME ELIZABETH A PECHOUS			DATE FILED WITH LOCAL REGISTRAR APRIL 19, 2016	
CAUSE OF DEATH PART I. CHRONIC LYMPHOCYTIC LEUKEMIA				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	_____	
		b.	Due to (or as a consequence of): _____	
		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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 06:00 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED APRIL 19, 2016	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JOHN BROFMAN MD, 3249 SOUTH OAK PARK AVENUE, BERWYN, ILLINOIS, 60402			PHYSICIAN'S LICENSE NUMBER 036072874	

APPROXIMATE
INTERVAL BETWEEN
ONSET AND DEATH

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

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LEGAL DESCRIPTION

UNIT 6 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN 5429 SOUTH MASSASOIT AVENUE CONDOMINIUM, AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER LR3214850, IN SECTION 8, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Address commonly known as:
5429 S. Massasoit Avenue, Unit 6
Chicago, IL 60638

PIN#: 19-08-427-011-1006

Property of Cook County Clerk's Office