

DECEASED JOINT TENANCY AFFIDAVIT

AFTER RECORDING, RETURN TO:

Stephen W. Taylor, Atty. DeBruyn, Taylor and DeBruyn Ltd. 15252 S. Harlem Avenue Orland Park, IL 60462

NAME/ADDRESS OF TAXPAYER:

Michael K. McKittrick 12630 S. Parkside Ave. Palos Heights, IL 60463

STATE OF ILLINOIS)) SS. COUNTY OF COOK)

Michael K. McKittrick, being duly sworn, states that he resides at 12630 S. Parkside Ave., Palos Heights, IL 60463.

That Michael K. McKittrick was acquainted with KIMBERLEE M. McKITTRICK, deceased, who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

(SEE REVERSE SIDE FOR LEGAL DESCRIPTION)

Permanent Index No.: 24-29-402-006-0000

Property Address: 12630 S. Parkside Ave., Palos Heights, IL 60463

That the deceased died August 3, 2008, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

Leaving no Last Will & Testament.

X 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, Illinois.

Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook, Illinois, 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 require the payment of Federal or State Inheritance taxes.

CCRD REVIEW [Signature]

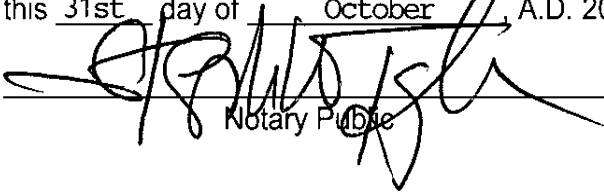
UNOFFICIAL COPY

Affiant makes this affidavit for the purpose of inducing the title company to issue its title insurance policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

MICHAEL K. McKITTRICK

this 31st day of October, A.D. 2016.



Notary Public



MICHAEL K. McKITTRICK

This Instrument Prepared By:

Stephen W. Taylor, A/y
DeBruyn, Taylor and DeBruyn Ltd.
15252 S. Harlem Avenue
Orland Park, IL 60462



LEGAL DESCRIPTION

Lot 11 in First Addition to Dowville, a subdivision in the East 1/2 of the South East 1/4 of Section 29, Township 37 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index No.: 24-29-402-006-0000

Property Address: 12630 S. Parkside Ave., Palos Heights, IL 60463

CERTIFICATION OF VITAL RECORD

UNOFFICIAL COPY
STATE OF ILLINOIS
CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 10.0		LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (include AKAs if any) (First, Middle, Last) KIMBERLEE MARIE MC KITTRICK			2. SEX FEMALE	3. DATE OF DEATH (Month/Day/Year) (Spell Month) AUGUST 3, 2008	
4. COUNTY OF DEATH COOK	5a. AGE AT LAST BIRTHDAY (Years) 48	5b. UNDER 1 YEAR Months: Days:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Month/Day/Year) DECEMBER 29, 1959	
7a. CITY OR TOWN PALOS HEIGHTS			7b. HOSPITAL OR OTHER INSTITUTION NAME (if not in either, give street and number) PALOS COMMUNITY HOSPITAL		
7c. PLACE OF DEATH (Check only one: see instructions)					
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input checked="" type="checkbox"/> Dead on Arrival			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify):		
8. BIRTHPLACE (City and State or Foreign Country) EVERGREEN PK., IL		9. SOCIAL SECURITY NUMBER [REDACTED]-0923	10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) MICHAEL K. MC KITTRICK
12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13a. RESIDENCE (Street and Number) 12630 S. PARKSIDE AVENUE	13b. APT. NO. -	13c. CITY OR TOWN PALOS HEIGHTS	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13e. COUNTY COOK	13f. STATE IL	13g. ZIP CODE 60469	14. FATHER'S NAME (First, Middle, Last) DONALD G. PAVONI		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) GLORIA L. FABER
16a. INFORMANT'S NAME MICHAEL K. MC KITTRICK		16b. RELATIONSHIP HUSBAND	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 12630 S. PARKSIDE AVE., PALOS HGTS., IL 60463		
17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify):		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) HOLY SEPULCHRE CEMETERY	19. LOCATION - CITY, TOWN AND STATE ALSIP, ILLINOIS	20. DATE OF DISPOSITION (Month/Day/Year) AUG. 8, 2008	
21. FUNERAL HOME NAME STREET AND NUMBER CITY OR TOWN STATE ZIP MAERMAN & SANDEMAN FUNERAL HOME, 5200 W. 95TH ST., OAK LAWN, ILLINOIS 60453					
21b. FUNERAL DIRECTOR'S SIGNATURE <i>Gregory Naber</i>			21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-11212		
22. LOCAL REGISTRAR'S SIGNATURE <i>Abbie Orr</i>			23. DATE FILED WITH LOCAL REGIS (Month/Day/Year) AUG 05 2008		
24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. Stage IV Breast Cancer					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 years
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					28. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months		29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation			30. DATE OF INJURY (Month/Day/Year)
31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area)		33. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code					
35. DESCRIBE HOW INJURY OCCURRED:					36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)
37. I (DI) (DI) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 07/24/2008		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	39. DATE PROM UNCED (Month/Day/Year) AUG. 5, 2008	40. TIME OF DEATH 7:09 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.					
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) SUBRAMANY RAO, MD 12150 S. HARLEM AVE., PALOS HEIGHTS, IL 60463					43. PHYSICIAN'S LICENSE NUMBER 036-092532
44. TITLE OF CERTIFIER PHYSICIAN		45. DATE CERTIFIED (Month/Day/Year) AUG. 5, 2008	46. SIGNATURE OF CERTIFIER <i>[Signature]</i>		

Illinois Department of Public Health - Division of Vital Records (Based on the 2003 U.S. Standard Certificate) VR200 (Rev. 1/08)

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk **AUG 05 2008**

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 a 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 Orr
COUNTY CLERK