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This document was prepared by:

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**AFTER RECORDING,
MAIL TO:**

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**DECEASED JOINT TENANCY
AFFIDAVIT**

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

CAROL J. WARD, being duly sworn states:

That she resides at 1928 Grant Street, Evanston, Illinois, 60201.

That she is the surviving joint tenant with RICHARD D. WARD, 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.

Address of Property: 1928 Grant Street, Evanston, Illinois 60201
Permanent Index Number: 10-12-314-001-0000

That the deceased died October 19, 2016 as evidenced by a certified copy of the death certificate of the deceased attached hereto.

Carol J. Ward

Subscribed and sworn to before me, this 26 day of October, 2016.



[Signature]
Notary Public



Doc# 1631319050 Fee \$42.00
RHSP FEE:\$9.00 RPRF FEE: \$1.00
KAREN A. YARBROUGH
COOK COUNTY RECORDER OF DEEDS
DATE: 11/08/2016 11:09 AM PG: 1 OF 3

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EXHIBIT A

ALL OF LOT 12 IN BLOCK 1 IN ROBERT COMMON'S
SUBDIVISION OF THE NORTH 21 ACRES MORE OR
LESS OF THE SOUTHEAST QUARTER OF THE
SOUTHWEST QUARTER OF SECTION 12, TOWNSHIP
41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL
MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 10-12-314-001

Property of Cook County Clerk's Office

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

STATE FILE NUMBER 2016 0082518

DATE ISSUED 11/2/2016

DECEDENT'S LEGAL NAME RICHARD DOUGLAS WARD		SEX MALE	DATE OF DEATH OCTOBER 19, 2016	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 85 YEARS	DATE OF BIRTH DECEMBER 20, 1930		
CITY OR TOWN EVANSTON		HOSPITAL OR OTHER INSTITUTION NAME EVANSTON HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE EVANSTON, IL	SOCIAL SECURITY NUMBER [REDACTED]-0424	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME CAROL WARD	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 1928 GRANT ST	APT. NO.	CITY OR TOWN EVANSTON	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60201	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION THOMAS HENDERSON WARD	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION THRESA BRIDGET LEONHARDT
INFORMANT'S NAME KEVIN WARD		RELATIONSHIP SON	MAILING ADDRESS 1928 GRANT ST, EVANSTON, IL 60201	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION FOREST CREMATORY	LOCATION - CITY OR TOWN AND STATE ROMEOVILLE, IL	DATE OF DISPOSITION OCTOBER 24, 2016
FUNERAL HOME CREMATION SOCIETY OF ILLINOIS - MOUNT PROSPECT, 1030 EAST NORTHWEST HIGHWAY, MT PROSPECT, IL, 60056				
FUNERAL DIRECTOR'S NAME MEGAN ELIZABETH SCHLEGEL			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016962	
LOCAL REGISTRAR'S NAME EVONDA THOMAS SMITH			DATE FILED WITH LOCAL REGISTRAR OCTOBER 25, 2016	
CAUSE OF DEATH - PART I		PNEUMONIA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Due to (or as a consequence of):		
		b. INTERSTITIAL FIBROSIS (PULMONARY)		
		c. Due to (or as a consequence of):		
PART II: Enter other significant conditions contributing to death, but not resulting in the underlying cause. LYMPHOMA		IN PART I		WAS AN AUTOPSY PERFORMED? NO
FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH NATURAL		WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				IF TRANSPORTATION INJURY, SPECIFY
DESCRIBE HOW INJURY OCCURRED				
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE OCTOBER 19, 2016	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 04:05 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED OCTOBER 21, 2016	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR DANIEL RAY, 2650 RIDGE AVENUE, EVANSTON, ILLINOIS, 60201				PHYSICIAN'S LICENSE NUMBER 036070526

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