



\*1632201167\*

Doc# 1632201167 Fee \$42.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 11/17/2016 03:09 PM PG: 1 OF 3

AFFIDAVIT

OF

TITLE

160442800019

1/3

The Undersigned,

**Cynthia J. Taheny**, being duly sworn upon oath, states as follows:

1. That the undersigned and above named **Cynthia J. Taheny** is the widow of **Thomas E. Taheny** and was acquainted with him.
2. That **Thomas E. Taheny** died intestate on August 18, 2009 in Cook County, Illinois. A copy of the medical certificate of death is attached to this affidavit.
3. That record title to the following described parcel of real estate located at 6952 Lexington Lane, Niles, Cook County, Illinois was held in the name of **Thomas E. Taheny and Cynthia J. Taheny**, married to each other as Tenants By the Entirety and not in tenancy in common nor in Joint Tenancy pursuant to document recorded as document number 0030222517.

\*

The legal description and property tax identification number of this land is:

**Lot 1 and the Southwesterly 10 feet as measured along the Northwesterly line of Lot 2 in Ernest H. Klode's Resubdivision of Lots 1 to 8 in Block 3 in Ernest H. Klode's Bunker Hill Country Club Estates, in Section 31, Township 41 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.**

Permanent Index Number(s): **10-31-215-022-0000**

4. That the total value of the estate of Thomas E. Taheny, including both real and personal property owned by him either individually or in survivorship tenancy at the time of his death did not exceed a taxable amount. That all expenses including funeral expenses and expenses of last illness which may or could have become a claim on his estate have been fully paid.

That this affidavit is made for the purposed of inducing Attorneys Title Guarantee Company and Joseph J. McGinnis or any other title insurance company duly licensed in the State of Illinois or any of its policy issuing agents to issue its Title Insurance Policy describing the above mentioned property and insuring ownership in said property as vested by operation of law as aforesaid in Cynthia J. Taheny without raising any claims as to the estate of Thomas E. Taheny.

1 S. Wacker Dr., STE 2400  
Chicago, IL 60606-4650  
Cook County Recorder of Deeds

S Y  
P 2  
S N  
SC Y  
INT

# UNOFFICIAL COPY

6. That if called upon to testify in any court of law in Cook County, Illinois or any other jurisdiction, the testimony of the undersigned, under oath, would be the same as that set forth in this document.

Dated: \_\_November 1, 2016

*Cynthia J. Taheny*  
\_\_\_\_\_  
Cynthia J. Taheny

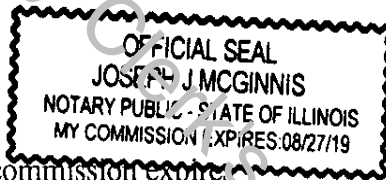
State of Illinois )  
) SS  
County of Cook )

I, the undersigned, being a Notary Public for the State and County aforesaid, and duly authorized by said State/County to administer oaths, state that:

**Cynthia J. Taheny**

who signed this document above personally appeared before me this 1st day of November, 2016 and, being duly sworn upon oath, stated and affirmed that the statements made in said foregoing affidavit instrument are true and correct.

*Joseph J. McGinnis*  
\_\_\_\_\_  
Notary Public



My commission expires \_\_\_\_\_

This document prepared by:

Joseph J. McGinnis  
Attorney at Law  
5849 West Lawrence  
Chicago, IL 60630

Mail to:  
Joseph J. McGinnis  
Attorney at Law  
5849 West Lawrence  
Chicago, IL 60630

**UNOFFICIAL COPY**  
**CERTIFICATE OF DEATH**  
**COOK COUNTY CLERK VITAL RECORDS**

COPY

**CHICAGO, ILLINOIS**  
**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2009 0060088

DATE ISSUED 08/21/2009

DECEDENT'S LEGAL NAME THOMAS E. TAHENY		SEX MALE	DATE OF DEATH AUGUST 18, 2009	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 58 YEARS	DATE OF BIRTH DECEMBER 11, 1950		
CITY OR TOWN PARK RIDGE		HOSPITAL OR OTHER INSTITUTION NAME LUTHERAN GENERAL HOSPITAL INC		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME CYNTHIA BRANECK	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 6952 N LEXINGTON LANE	APT. NO.	CITY OR TOWN NILES	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60714	FATHER'S NAME JOHN PATRICK TAHENY	MOTHER'S NAME PRIOR TO FIRST MARRIAGE ROSE L. CASSIDY
INFORMANT'S NAME CYNTHIA TAHENY		RELATIONSHIP WIFE	MAILING ADDRESS 6952 N LEXINGTON LANE, NILES, IL, 60714	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MOUNT CARMEL CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL	DATE OF DISPOSITION AUGUST 24, 2009	
FUNERAL HOME SKAJA TERRACE FUNERAL HOME, 7812 N. MILWAUKEE AVENUE, NILES, IL, 60714				
FUNERAL DIRECTOR'S NAME SAMANTHA MAY GEHRKING			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016368	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR AUGUST 20, 2009	
<b>CAUSE OF DEATH</b> PART I. MULTI-ORGAN FAILURE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		b. BACTERIAL PERITONITIS	36 HOURS	
		c. CIRRHOSIS DUE TO HEPATITIS C	36 HOURS	
			8 YEARS	
PART II. Enter other <b>significant conditions contributing to death</b> but not resulting in the underlying cause given in PART I.				
DID TOBACCO USE CONTRIBUTE TO DEATH? NO			WAS AN AUTOPSY PERFORMED? NO	
FEMALE PREGNANCY STATUS NOT APPLICABLE			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
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? YES	DATE LAST SEEN ALIVE AUGUST 18, 2009	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 06:28 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED AUGUST 19, 2009	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ELIZABETH M. KLEIN, 8780 W. GOLF RD., NILES, ILLINOIS, 60714			PHYSICIAN'S LICENSE NUMBER 036062002	

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



*David Orr*  
 David Orr  
 Cook County Clerk



**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**