# UNOFFICIAL

▼16336**9**6988\*

Doc# 1633606088 Fee \$42.00

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

KAREN A.YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 12/01/2016 11:29 AM PG: 1 OF 3

## Deceased Joint Tenancy Affidavit

STATE OF ILLINOIS	)
	) SS.
COUNTY OF COOK	)

<u>Donna M. Banks</u> being duly sworn states that she resides at 7111 West Wabansia Avenue in the City of Chicago, Illinois 60707.

That she was acquainted with <u>Koneld J. P. Banks</u> deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

#### SEE ATTACHED EXHIBIT "A" AT ACHED HERETO AND MADE A PART HEREOF

That the deceased died on <u>January 1, 2015</u> 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 and 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, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois about

That the total value of said decedent's estate for State of Illinois Inheritance 72x/Estate Tax and Federal Estate Tax purposes does not exceed \$400,000 dollars.

Donna M Banks

Subscribed and Sworn to before me this Way of November, 2016.

Notary Public

OFFICIAL SEAL
KIMBERLY M LEWIS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:06/06/17

CCRD REVIEWER

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# **UNOFFICIAL COPY**

### EXHIBIT A

#### **LEGAL DESCRIPTION:**

THE EAST 132 FEET OF LOT 82 AND THE NORTH 20 FEET OF THE EAST 132 FEET OF LOT 83 IN MADSEN'S NORTH OF OAK PARK SUBDIVISION, BEING A SUBDIVISION OF THE SOUTHWEST QUARTER OF SECTION 31, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN ACCORDING TO THE PLAT THEREOF RECORDED JUNE 22, 1921, AS DOCUMENT NO. 7181567 IN COOK COUNTY, ILLINOIS.

Address of Property:

7111 West Wabansia Avenue, Chicago, Illinois 60707 13-31-32.

Of County Clark's Office.

P.I.N.:

13-31-322-061-0000

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## CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2015 0000006			DATE (SSUED 1/5/201	
DECEDENTS LEGAL NAME RONALD J.P.BANKS		sex MALE	DATE OF DEATH.  JANUARY 01, 2015	
COUNTY OF DEATH COUNTY OF DEATH	AGE AT LAST BIRTHDAY 76 YEARS	DATE OF BIRTH !!	CARACTES LESSANTA	
CITY OR TOWN MELROSE PARK	Hos G	PITAL OR OTHER INSTITUTION NAME . OTTLIEB MEMORIAL HOSPITAL		
PLACE OF DEATH INPATIENT				
CHICAGO IL	NUMBER STATUS AT TIME OF I	DEATH SURVIVING SPOUSE/CIVIL UNION PA DONNA M SMAT	RTMER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? NO	
RESIDENCE 7111 W WABANSIA	APT: NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COOK 12 12 12 0707	FATHERICO PARENTS NAME PRICETO	PERSTMARRIAGEACIVIL UNION MOTHERICO PAR HOPE LAS	ENT'S NAME PRICE TO FIRST MARRIAGE/CIVIL TIMON	
INFORMANTS NAME DONNA M. BANKS	RELATIONSHIP WIFE	MAILING ADDRESS 7111 W WABANSIA, CH	IIGAGO, IL; 60707	
BURIAL	OF DISPOSITION: VT CARMEL CATHOLIC CEM	LOCATION CITY OR TOWN AND ETERY HILLSIDE, IL	STATE DATE OF DISPOSITION  JANUARY 05, 2015	
FONERAL HOME.  SALERNO'S GALEWOOD CHAPELS, 1857 N H/P', 3M AVENUE, CHICAGO, IL, 60707				
FUNERAL DIRECTOR'S NAME JOSEPH G. SALERNO		FUNERAL DIRE 03401020	CTOR'S ILLINGIS LICENSE NUMBER 2	
LOCAL REGISTRAR'S NAME MARYANN PAOLANTONIO		DATE FILED W JANUARY	ITH LOCAL REGISTRAR   /2, 2015	
CAUSE OF DEATH PART L. ISCHEMIC CAR IMMEDIATE CAUSE a. Front du Fase or condition	DIGMYOPATHY		10 YEARS	
resulting in death) b.	Dije to for as a c.	sequence of):	APPHOXIMATE INTERVAL BETWEEN ONSET AND DEATH ON A A A A A A A A A A A A A A A A A A	
	Oue to (or as a cor	isèquence of):	APPP VIERV ONSET	
	No.			
PART II: Enter other significant conditions contributing t END STAGE KIDNEY DISEASE	Die to (or as a con or death but not resulting in the und	arbiting government to the Day	S AN AUTOPSY PERFORMED? NO	
		WE	RE AUTOPSY FINDINGS USED TO MPLETE CAUSE OF DEATHY: N/A	
		N Q	NER OF DEATH	
	ME OF INJURY PLACE	OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED	-	· /	IF TRANSPOLTA ION INJURY, SPECIFY	
ATTEND THE DECEASED? DATE LAST SEEN ALIV YES JANUARY 01, 2	E WAS MEDICAL EXAMIN		TIME OF DEATH	
CERTIFIER PHYSICIAN			DATE CERTIFIED. JANUARY 02, 2015	
NAME ADDRESS AND ZIP CODE OF PERSON COMPLETI RICHARD MATTIS, 675 W NORTH AVENU	NG CAUSE OF DEATH	IOIS FOIEN	PHYSICIAN'S LICENSE NUMBER	



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.



