

UNOFFICIAL COPY

DECEASED JOINT TENANCY

AFFIDAVIT

This document prepared by:

ROBERT P. GROSZEK , Atty
3601 N. Pulaski Rd.,
Chicago, Illinois 60641

STATE OF ILLINOIS)
) ss:
COUNTY OF COOK)



Doc# 1700413020 Fee \$42.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 01/04/2017 11:21 AM PG: 1 OF 3

James B. Allen _____ being duly sworn under oath
states that He _____ resides at 4831 N. St. Louis Ave. _____ in the City
of Chicago, State of Illinois 60625 _____.

That He _____ was acquainted with Norma Allen, his wife
deceased, who at the time of Her _____ death, was one of the owners of
the land in 4831 N. St. Louis Ave. Cook _____ County, Illinois
described as: _____.

SEE REVERSE SIDE FOR LEGAL DESCRIPTION:

P.I.N. 13-11-426-009-0000

That the deceased died October 16, 2015 _____ as evidenced by
a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- () Leaving no Last Will and 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 _____ County, Illinois.
- () Leaving a Last Will and Testament which was filed in the
Unproven Will Box of the Probate Division of the Circuit
Court of _____ County, 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
exceed the sum of one thousand _____ dollars.

Affiant makes this affidavit for the purpose of inducing the
_____ COOK _____ County Recorder of Deeds to remove the name of the deceased
as an owner of the hereinafter legally described real estate.

SUBSCRIBED and SWORN to
before me by the said
9th Dec 2016

this day of _____

A.D. _____

OFFICIAL SEAL
ROBERT GROSZEK
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 04/06/17

Notary Public

James B. Allen
Affiant's Signature

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Legal Description

LOT 31 IN BLOCK 72 IN NORTHWEST LAND ASSOCIATION'S SUBDIVISION OF THE WEST HALF (1/2) OF BLOCKS 22 AND 27 AND ALL OF BLOCKS 23, 24, AND 26 IN JACKSON'S SUBDIVISION OF THE SOUTHEAST QUARTER (1/4) OF SECTION 11, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THIRD PRINCIPAL MERIDIAN, WITH BLOCKS 1 AND 8 AND BLOCK 2, EXCEPT THE EAST 1 ACRE THEREOF IN CLARK'S SUBDIVISION OF THE NORTHWEST QUARTER (1/4) OF THE NORTHEAST QUARTER (1/4) OF SECTION 14, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, IL.

Commonly Known As: 4831 N. St. Louis, Chicago, IL 60625
PIN: 13-11-426-009-0000

Property of Cook County Clerk's Office

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CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS


CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2015 0082357		DATE ISSUED 10/23/2015	
DECEDENT'S LEGAL NAME NORMA ALLEN		SEX FEMALE	DATE OF DEATH OCTOBER 16, 2015
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 77 YEARS	DATE OF BIRTH MAY 08, 1938	
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME SWEDISH COVENANT HOSPITAL	
PLACE OF DEATH INPATIENT			
BIRTHPLACE JACKSON, MI	SOCIAL SECURITY NUMBER 325-32-2814	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME JAMES ALLEN
RESIDENCE 4831 NORTH SAINT LOUIS		APT. NO.	CITY OR TOWN CHICAGO
		INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60625	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION NOT AVAILABLE
		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ELEANOR HEPLER	
INFORMANT'S NAME JAMES ALLEN		RELATIONSHIP HUSBAND	MAILING ADDRESS 4831 NORTH SAINT LOUIS, CHICAGO, IL, 60625
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION MON ROSE CEMETERY CO.	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL
		DATE OF DISPOSITION OCTOBER 21, 2015	
FUNERAL HOME CHRISTIAN FUNERAL HOME, 3100 WEST IRVING PARK ROAD, CHICAGO, IL, 60618			
FUNERAL DIRECTOR'S NAME ANNIE JO PUDENZ		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016699	
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR OCTOBER 21, 2015	
CAUSE OF DEATH PART I		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		DAYS	
a. SEPTIC SHOCK			
Due to (or as a consequence of):		DAYS	
b. ACUTE SMALL BOWEL OBSTRUCTION			
Due to (or as a consequence of):		DAYS	
c. ISCHEMIC BOWEL DISEASE			
Due to (or as a consequence of):		DAYS	
PART II. Enter other significant conditions contributing to death 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? YES	DATE LAST SEEN ALIVE OCTOBER 15, 2015	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED
		TIME OF DEATH 06:21 PM	
CERTIFIER PHYSICIAN		DATE CERTIFIED OCTOBER 19, 2015	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SHAH BHARAT K., 2740 WEST FOSTER AVENUE, CHICAGO, ILLINOIS, 60625		PHYSICIAN'S LICENSE NUMBER 036.047260	



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
 Cook County Clerk

