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Doc# 1705846073 Fee \$40.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 02/27/2017 11:51 AM PG: 1 OF 2

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)

) SS

County of Will)

DONNA M. MATTES, hereinafter called Affiant, being duly sworn states that she resides at: 8732 S. Melvina Avenue, Oak Lawn, Illinois 60453. That Affiant was acquainted with, hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

LOT 26 IN MARTIN AND ROBERTS 87TH STREET ACRES 5TH ADDITION, A RESUBDIVISION OF PART OF THE EAST ½ OF THE NORTHWEST ¼ OF THE NORTHWEST ¼ OF SECTION 5, TOWNSHIP 37 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

That the Deceased died on April 10, 2016, as evidenced by a copy of Deceased's death certificate attached hereto. That the Deceased, at the time of his death, held his share of the above-mentioned property as a joint tenant.

PIN # 24-05-108-017-0000

Subscribed and sworn before me
this 10 Dec, 2016

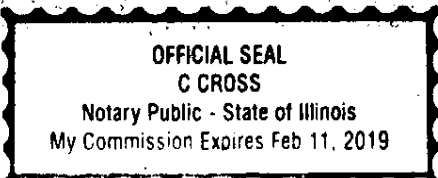


Notary Public



Affiant's Signature

This instrument prepared by:
Robert J. Zapolis, Zapolis & Associates, 9991 W. 191st Street, Mokena, IL 60448



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CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2016 0029504

DATE ISSUED 4/13/2016

DECEDENT'S LEGAL NAME BERNARD JOSEPH MATTES SR		SEX MALE	DATE OF DEATH APRIL 10, 2016	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 72 YEARS	DATE OF BIRTH FEBRUARY 07, 1944		
CITY OR TOWN OAK LAWN		HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE CHRIST MEDICAL CENTER		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]-7046	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME DONNA MARIE MCKEOWN	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 8732 S MELVINA AVE	APT. NO.	CITY OR TOWN OAK LAWN	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60453	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ARTHUR R MATTES	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION NORINE WALSH
INFORMANT'S NAME DONNA MARIE MATTES		RELATIONSHIP SPOUSE	MAILING ADDRESS 8732 S MELVINA AVE, OAK LAWN, IL 60453	
METHOD OF DISPOSITION ENTOMBMENT	PLACE OF DISPOSITION HOLY SEPULCHRE CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE ALSIP, IL	DATE OF DISPOSITION APRIL 15, 2016	
FUNERAL HOME HANN FUNERAL HOME, 8230 S HARLEM, BRIDGEVIEW, IL, 60455				
FUNERAL DIRECTOR'S NAME JOHN F HANN		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010674		
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR APRIL 13, 2016		
CAUSE OF DEATH - PART I MYOCARDIAL INFARCTION				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
Due to (or as a consequence of):				
Due to (or as a consequence of):				
Due to (or as a consequence of):				
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
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:	
ATTEND THE DECEASED? YES			DATE LAST SEEN ALIVE APRIL 10, 2016	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO
CERTIFIER PHYSICIAN			DATE PRONOUNCED	TIME OF DEATH 09:30 PM
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SAMIR A PATEL, 9921 SW HWY, OAK LAWN, ILLINOIS, 60453			DATE CERTIFIED APRIL 11, 2016	PHYSICIAN'S LICENSE NUMBER 036077539

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



THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOT EMBOSSED STATE AND COUNTY SEALS ARE NOT VALID