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SPECIAL NOTICE:

This form is not required by law, nor is it a requirement of the Cook County Recorder of Deeds Office. CCROD employees CANNOT assist with the completion of this LEGAL form, or provide advice regarding it.



1708149301

DECEASED JOINT TENANCY AFFIDAVIT

Doc# 1708149301 Fee \$40.00

INSTRUMENT PREPARED BY:

JRHSP FEE:\$9.00 RPRF FEE: \$1.00

JOHN C FRANSON (NAME)

KAREN A. YARBROUGH

1676 PONDVIEW DRIVE (ADDRESS)

COOK COUNTY RECORDER OF DEEDS

HOFFMAN ESTATES. IL (CITY/STATE)

DATE: 03/22/2017 02:08 PM PG: 1 OF 2

6 0 1 9 2 - (ZIP CODE)

I JOHN C FRANSON the surviving tenant of the joint tenancy created by the deed with document number: 1419247035 do hereby declare under oath that my joint tenant, THOMAS G FRANSON died on 3 | 10 | 2017 as evidenced by the attached certified copy of his or her death certificate (see attached). I also declare that the aforementioned named joint tenant was an owner of the property with the legal description of:

LOT 21 IN BLOCK 7 IN PROSPECT MANOR SUBDIVISION OF PART OF THE SOUTH ¼ OF THE WEST ½ OF THE WEST ½ OF SECTION 34, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY ILLINOIS

the Property Identification Number (PIN) of:

0 3 - 3 4 - 1 2 1 6 - 0 0 2 - 0 0 0 0

& the Commonly Known Address of:

419 N. PROSPECT MANOR
MOUNT PROSPECT, IL 60056

Furthermore, the deceased tenant died

<p>Leaving NO LAST WILL & TESTAMENT</p>	<p>Leaving a LAST WILL & TESTAMENT, which is attached, and the ORIGINAL of the UNPROVEN WILL BE filed with the Clerk of the Probate Division of the Circuit Court of _____ County, in _____</p>	<p>Leaving a LAST WILL & TESTAMENT, which is attached, and the ORIGINAL of the PROVEN HAS BEEN filed with the Clerk of the Probate Division of the Circuit Court of _____ County, in _____</p>
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Notary & Affiant Signature Section

Subscribed and sworn to me by:

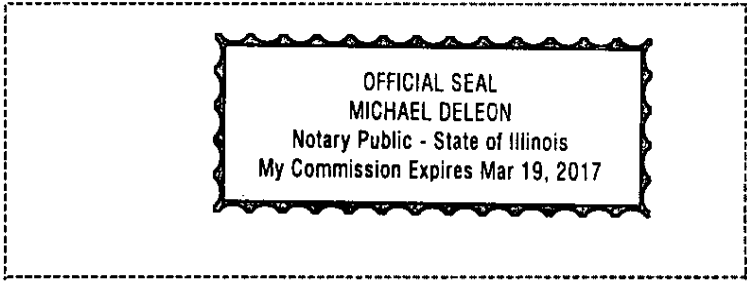
John Franson (Printed Name of Affiant)

this: 18th day of March, 2017

[Signature]
NOTARY PUBLIC SIGNATURE

[Signature]
AFFIANT/SURVIVING TENANT SIGNATURE

AFFIX NOTARY STAMP BELOW



UNOFFICIAL COPY

CERTIFICATE OF DEATH RECORD

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

STATE FILE NUMBER 2017 0021510


DATE ISSUED: 3/14/2017

DECEDENT'S LEGAL NAME THOMAS G FRANSON		SEX MALE	DATE OF DEATH MARCH 10, 2017	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 57 YEARS	DATE OF BIRTH JULY 05, 1959		
CITY OR TOWN MT PROSPECT		HOSPITAL OR OTHER INSTITUTION NAME 419 NORTH PROSPECT MANOR		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE ARLINGTON HEIGHTS, IL	SOCIAL SECURITY NUMBER 326-60-2176	STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 419 NORTH PROSPECT MANOR		APT. NO.	CITY OR TOWN MT PROSPECT	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60056	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MANFRED G FRANSON	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION IRENE H BRUSHERD
INFORMANT'S NAME JOHN FRANSON		RELATIONSHIP BROTHER	MAILING ADDRESS 1676 PONDVIEW DRIVE, HOFFMAN ESTATES, IL 60192	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION ACACIA PARK CEMETERY	LOCATION: CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION MARCH 15, 2017
FUNERAL HOME FRIEDRICHS FUNERAL HOME INC, 320 W CENTRAL ROAD, MT PROSPECT, IL 60056				
FUNERAL DIRECTOR'S NAME JOSEPH ROBERT GAMBONEY			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016695	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR MARCH 14, 2017	
CAUSE OF DEATH PART I: ATRIAL FIBRILLATION, MORBID OBESITY				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. _____ Due to (or as a consequence of)				
b. DIABETES MELLITUS, HYPERTENSION, SEVERE SLEEP APNEA				
c. _____ Due to (or as a consequence of)				
c. HYPERCHOLESTEROLEMIA, HYPERURICEMIA, NICOTINE DEPENDENCE				
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			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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 10:52 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED MARCH 14, 2017	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH GUERRERO-GUZMAN, 1120 NORTH ARLINGTON HEIGHTS ROAD, ARLINGTON HEIGHTS, ILLINOIS, 60004				PHYSICIAN'S LICENSE NUMBER 036114388

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH



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

