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STATE OF ILLINOIS)
)SS:
COUNTY OF COOK)



Doc# 1723408131 Fee \$42.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 08/22/2017 02:49 PM PG: 1 OF 3

MAIL TO:

JOHN M. MORRONE
12820 S. RIDGELAND AV., UNIT C
PALOS HEIGHTS, IL. 60463

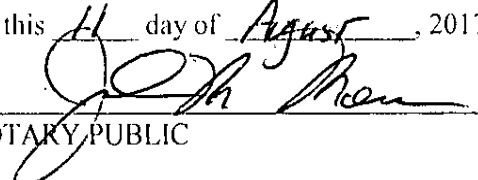
DECEASED JOINT TENANCY AFFIDAVIT

SHIRLEY MARIE AULD, being first duly sworn, deposes and says:

- 1) That she resides at 11231 Cameron Parkway, Orland Park, Illinois 60467;
- 2) That she was acquainted with LESLIE RIGHTER AULD, who died on November 1, 2016, as evidenced by the attached certified copy of the Death Certificate;
- 3) That decedent was one of the owners of the land described commonly known as 11231 Cameron Parkway, Orland Park, Illinois 60467;
- 4) That said decedent left no Last Will and Testament;
- 5) That the total value of said decedent's estate for State of Illinois Inheritance Tax/Estate and Federal Estate Tax purposes does not exceed \$100,000.00


SHIRLEY MARIE AULD

SUBSCRIBED AND SWORN TO BEFORE
me this 11 day of August, 2017


NOTARY PUBLIC



THIS INSTRUMENT PREPARED BY:

JOHN M. MORRONE, ATTORNEY
MORRONE & MORRONE, P.C.
12820 S. Ridgeland Ave., Unit C, Palos Heights, Illinois 60463

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

CASE FILE NO. 3923231

2016019891
STATE FILE NUMBER

TYPE, OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

Main form containing fields for: 1a. DECEASED NAME (Leslie Righter AULD JR), 2. DATE OF DEATH (November 01, 2016), 3a. COUNTY OF DEATH (Clark), 3b. CITY, TOWN, OR LOCATION OF DEATH (Las Vegas), 3c. HOSPITAL OR OTHER INSTITUTION (Nathan Adelson Hospice), 4. SEX (Male), 5. RACE (White), 6. Hispanic Origin? (No), 7a. AGE-Last birthday (90), 7b. UNDER 1 YEAR (MOS, DAYS, HOURS, MINS), 8. DATE OF BIRTH (August 08, 1926), 9a. STATE OF BIRTH (Illinois), 9b. CITIZEN OF WHAT COUNTRY (United States), 10. EDUCATION (12), 11. MARITAL STATUS (Married), 12. SURVIVING SPOUSE'S NAME (Shirley Ann Marie CHARTRAND), 13. SOCIAL SECURITY NUMBER (7580), 14a. USUAL OCCUPATION (Painter/decorator), 14b. KIND OF BUSINESS OR INDUSTRY (Self Employed), 15a. RESIDENCE - STATE (Illinois), 15b. COUNTY (Grundy), 15c. CITY, TOWN OR LOCATION (Minooka), 15d. STREET AND NUMBER (2804 Ninovan Lane), 15e. INSIDE CITY LIMITS (Yes), 16. FATHER/PARENT NAME (Leslie Righter AULD SR), 17. MOTHER/PARENT NAME (Angelina Claire SWANSON), 18a. INFORMANT NAME (Linda OLSON), 18b. MAILING ADDRESS (3115 Mann St Las Vegas, Nevada 89146), 19a. BURIAL, CREMATION, REMOVAL, OTHER (Cremation), 19b. CEMETERY OR CREMATORY (Mcdermott Crematory), 19c. LOCATION (Las Vegas Nevada 89102), 20a. FUNERAL DIRECTOR SIGNATURE (CHRISTOPHER MCDERMOTT), 20b. FUNERAL DIRECTOR LICENSE NUMBER (605), 20c. NAME AND ADDRESS OF FACILITY (McDermott Funeral Home, 2121 Western Ave A-3, Las Vegas NV 89102), 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (CATRISHA CABANILLA-DEL MUNDO D.O.), 21b. DATE SIGNED (November 03, 2016), 21c. HOUR OF DEATH (12:51), 22a. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated, 22b. DATE SIGNED, 22c. HOUR OF DEATH, 22d. PRONOUNCED DEAD (Mo/Da/Yr), 22e. PRONOUNCED DEAD AT (Hour), 23a. NAME AND ADDRESS OF CERTIFIER (Catrisha Cabanilla-Del Mundo D.O., 4141 Swenson Street Las Vegas, NV 89119), 23b. LICENSE NUMBER (DO1900), 24a. REGISTRAR SIGNATURE (NANCY BARRY), 24b. DATE RECEIVED BY REGISTRAR (November 04, 2016), 24c. DEATH DUE TO COMMUNICABLE DISEASE (YES/NO), 25. IMMEDIATE CAUSE (End Stage Cardiac Disease, Coronary Atherosclerosis), 26. AUTOPSY (Specified), 27. WAS CASE REFERRED TO CORONER (Yes/No), 28a. ACC., SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify), 28b. DATE OF INJURY (Mo/Da/Yr), 28c. HOUR OF INJURY, 28d. DESCRIBE HOW INJURY OCCURRED, 28e. INJURY AT WORK (Specify Yes or No), 28f. PLACE OF INJURY (At home, farm, street, factory, office building; etc. (Specify)), 28g. LOCATION (STREET OR R.F.D. No., CITY OR TOWN, STATE)

STATE REGISTRAR

CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA. This copy was issued by the Southern Nevada Health District from State certified documents authorized by state Board of Health pursuant to NRS 440.175.

VRS-Rev-20120523a



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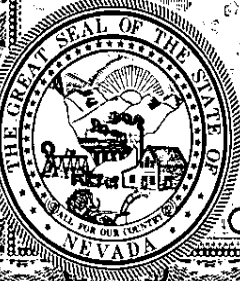
333108

Registrar of Vital Statistics

By: Ashley Calligas

DATE ISSUED: NOV 07 2016

This copy not valid unless prepared on watermarked security paper displaying date, seal and signature of Registrar. SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 84-0151573



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EXHIBIT "A"

PARCEL 1:

THAT PART OF LOT 10 IN CAMBRIDGE PLACE OF ORLAND PARK, BEING A SUBDIVISION OF PART OF THE NORTHEAST 1/4 OF SECTION 31, TOWNSHIP 36 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS: THE WESTERLY 36.00 (AS MEASURED PERPENDICULAR TO THE SOUTHWESTERLY LINE) OF THE SOUTHERLY 66.34 FEET (AS MEASURED PERPENDICULAR TO THE SOUTHERLY LINE) OF SAID LOT 10, ALL IN COOK COUNTY, ILLINOIS.

PARCEL 2:

EASEMENT APPURTENANT TO AND FOR THE BENEFIT OF PARCEL 1 AFORESAID AS SET FORTH IN THE DECLARATION OF PARTY WALL RIGHTS, COVENANTS, CONDITIONS AND RESTRICTIONS AND EASEMENTS FOR CAMBRIDGE PLACE OF ORLAND PARK RECORDED APRIL 11, 1990 AS DOCUMENT 90165352, AS AMENDED FROM TIME TO TIME, AS CREATED BY DEED FROM CHICAGO TITLE AND TRUST COMPANY, AS TRUSTEE UNDER TRUST AGREEMENT DATED JANUARY 17, 1989 AND KNOWN AS TRUST NUMBER 1092622 TO ELEANORE M. MACEIKA AND RECORDED JUNE 1, 1990 AS DOCUMENT 90255656 FOR INGRESS AND EGRESS.

COMMONLY KNOWN AS:
P.I.N.

11231 CAMERON PARKWAY, ORLAND PARK, IL 60467
27-31-204-023-0000

Cook County Clerk's Office