



Doc# 1724234042 Fee \$44.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 08/30/2017 11:52 AM PG: 1 OF 4

STATE OF ILLINOIS

SS

COUNTY OF COOK

JOINT TENANCY AFFIDAVIT

Joseph S. Morgan, hereby referred to as the affiant, states under oath that the affiant resides at 257 Brentwood, in the Village of Palatine, Illinois; that the affiant was acquainted with Joseph L. Morgan and Irene K. Morgan, the decedents; that at the time of death, the decedents were two of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property, located in Cook County, Illinois, and legally described as follows:

LOT 11 IN BRENTWOOD ESTATES, BEING A SUBDIVISION OF THE NORTH 660 FEET (EXCEPT THE EAST 260 FEET THEREOF) OF THE NORTH 1/2 OF THE NORTHEAST 1/4 TOGETHER WITH THE WEST 400 FEET OF THAT PART LYING SOUTH OF THE NORTH 600 FEET THEREOF OF THE NORTH 1/2 OF THE NORTHEAST 1/4 OF SECTION 3, TOWNSHIP 42 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number(s): 02-03-205-010-0000

Address(es) of Real Estate: 257 Brentwood, Palatine, IL 60067

That the decedents had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That Joseph L. Morgan died on November 27, 2002, leaving a Last Will and Testament, which copy is attached hereto and Irene K. Morgan died on Feb. 19, 1999, leaving a Last Will and Testament.

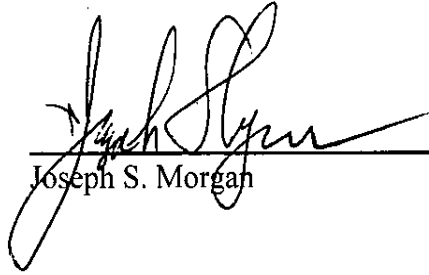
That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

That there are no:

1. Claims against the estate of Joseph L. Morgan or Irene K. Morgan, the decedents;
2. Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Rights of contribution.


JA

UNOFFICIAL COPY

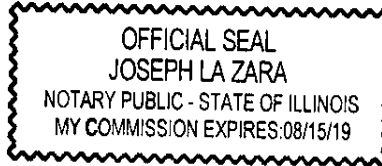


Joseph S. Morgan (Seal)

Subscribed and sworn to before me this 10 day
of AUGUST, 20 17.



Notary Public



Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to us for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

Prepared by:
Shannon M. Heilman
Joseph A. La Zara & Assoc.
7246 West Touhy
Chicago, IL 60631

Mail to:
Joseph A. La Zara
7246 West Touhy
Chicago, IL 60631

Property of Cook County Clerk's Office

UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE: NOVEMBER 27, 2002

SIGNED: Margrit Valente

at Cook County Department of Public Health

Official Title, Chief Deputy Registrar

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

Form with fields for DECEASED-NAME, COUNTY OF DEATH, REGISTERED NUMBER, DEATH DATE, SIGNATURE, and various medical and demographic data.

VR200 (Rev. 5-89)

Illinois Department of Public Health - Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE: FEBRUARY 24, 1999

SIGNED: Mary Ann Rizzo

at Cook County Department of Public Health Official Title, Chief Deputy Registrar

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. <u>16</u>	REGISTERED NUMBER	DECEASED NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
		Irene	K.	Morgan		Female	February 19, 1999
COUNTY OF DEATH	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	AGE - LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	IF HOSP OR INST. INDICATED, D.O.A. (SPECIFY: M.M., INPATIENT (SPECIFY))	
Cook	Earlington heights	86	5a.	5b.	December 14, 1912	6a. Inpatient	
						6b. Northwest Continuing Care Center	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	7. Chicago, IL	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	8a. Married	8b. Joseph L. Morgan	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	9. NO	
SOCIAL SECURITY NUMBER	10. [REDACTED]	USUAL OCCUPATION	11a. Bookkeeper	11b. Furniture	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SEE INSTRUCTIONS)	HIGHEST GRADE COMPLETED
						12. 12	13. YES
STATE	13a. Illinois	ZIP CODE	13b. 60067	14a. <input type="checkbox"/> NO	14b. <input type="checkbox"/> YES	SPECIFY:	
				14c. <input type="checkbox"/> NO	14d. <input type="checkbox"/> YES	SPECIFY:	
FATHER-NAME	15. Joseph	FIRST	MIDDLE	LAST	MOTHER-NAME	FIRST	MIDDLE
				Pryzsiuda			Katherine Klatecka
INFORMANT'S NAME (TYPE OR PRINT)	17a. Joseph L. Morgan	RELATIONSHIP	17b. husband	17c. 874 N. Hamilton Ct. Palatine, IL	MAIDEN'S ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	60067	
18. PART I. Immediate Cause (Final disease or condition resulting in death) Enter the disease, or complications that caused the death. Do not enter "Heart failure" or "Respiratory arrest." shock, or heart failure. List only one cause on each line.							
(a) <u>Septic Failure</u>							
(b) <u>Septicemia Over cerebral</u>							
(c) <u>Helicic Encephalopathy</u>							
PART II. Other significant conditions contributing to death but not resulting in the final stage given in PART I.							
DATE OF OPERATION, IF ANY	20a.	MAJOR FINDINGS OF OPERATION	20b.	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	21b.	AUTOPSY (YES/NO)	19a. NO
							19b. NO
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.							
22a. SIGNATURE	<u>Joseph Pryzsiuda, M.D.</u>						
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	Joseph Pryzsiuda, M.D.						
23. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)	914 N. Milwaukee Ave. Wheeling, IL 60090						
BURIAL CREMATION REMOVAL SPECIFY	24a. Burial	CEMETERY OR CREMATORY-NAME	24b. St. Michael	LOCATION	24c. Palatine, IL	CITY OR TOWN	STATE
							24d. Feb. 22, 1999
FUNERAL HOME	25a. Smith-Corcoran Funeral Home 185 E. Northwest Hwy. Palatine, IL 60067	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP		
FUNERAL DIRECTOR'S SIGNATURE	<u>Robert Smith</u>						
LOCAL REGISTRAR	26a. KAREN L. SCOTT, M.D. REGISTRAR	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	February 24, 1999				
25b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	034-12032						
NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.							
22d. ILLINOIS LICENSE NUMBER <u>036-090663</u>							

VR200 (Rev. 5/89)
Illinois Department of Public Health - Division of Vital Records
(BASED ON 1996 U.S. STANDARD CERTIFICATE)