



1725846119

Doc# 1725846119 Fee \$40.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 09/15/2017 11:43 AM PG: 1 OF 2

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

MARGUERITE MATTHEWS, being duly sworn, states that she resides at 15536 New England Avenue, Oak Forest, Illinois 60452; that she was acquainted with JOHN T. MATTHEWS, the deceased, who at the time of his death was one of the joint owners of the land in Cook County, Illinois, described as follows:

15536 New England Avenue
Oak Forest, Illinois 60452
28-18-312-016-0000

and legally described as follows:

LOT 48, IN BRAMBLEWOOD PHASE 1, BEING A SUBDIVISION OF PART OF THE WEST HALF OF SECTION 18, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

That the deceased died April 28, 2016, as evidenced by a copy of the death certificate of the deceased, attached hereto.

That the deceased died:

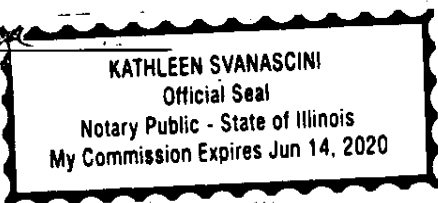
- X leaving no last will and testament;
leaving a last will and testament, a copy of which is attached hereto;
leaving a last will and testament, which was filed in the unproven will box of the probate division of the Circuit Court of Cook County, Illinois, on or about

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 deceased, does not exceed the sum of \$100,000.00.

Marguerite Matthews
MARGUERITE MATTHEWS

subscribed and sworn to before me
this 13 day of September, 2017.

Notary Public Signature
NOTARY PUBLIC



CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH


STATE FILE NUMBER 2016 0034657

DATE ISSUED 5/2/2016

DECEDENT'S LEGAL NAME JOHN THOMAS MATTHEWS		SEX MALE	DATE OF DEATH APRIL 28, 2016	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 66 YEARS	DATE OF BIRTH SEPTEMBER 27, 1949		
CITY OR TOWN PALOS HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME PALOS COMMUNITY HOSPITAL		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME MARGUERITE BRATSAKIS	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 15536 S NEW ENGLAND	APT. NO.	CITY OR TOWN OAK FOREST	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60452	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION PAUL H MATTHEWS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION EUPHAMIE WIKI
INFORMANT'S NAME MARGUERITE MATTHEWS		RELATIONSHIP WIFE	MAILING ADDRESS 15536 S NEW ENGLAND, OAK FOREST, IL 60452	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION GOOD SHEPHERD CEMETERY	LOCATION: CITY OR TOWN AND STATE ORLAND PARK, IL	DATE OF DISPOSITION MAY 02, 2016	
FUNERAL HOME HEARTLAND MEMORIAL CENTER, 7151 18 TH RD, STREET, TINLEY PARK, IL, 60477				
FUNERAL DIRECTOR'S NAME JAMES CHIRSCH			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011706	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR MAY 2, 2016	
CAUSE OF DEATH - PART I IMMEDIATE CAUSE a. MYOCARDIAL INFARCTION <small>(Final disease or condition resulting in death)</small>				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
b. ATHEROSCLEROSIS <small>Due to (or as a consequence of)</small>				
c. TYPE 2 - DIABETES MELLITUS <small>Due to (or as a consequence of)</small>				
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. HYPERTENSION, OBESITY				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 APRIL 26, 2016	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 11:01 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED MAY 02, 2016	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ROMUALD WARAKOMSKI, 71 W 156 TH ST, HARVEY, ILLINOIS, 60426			PHYSICIAN'S LICENSE NUMBER 036-076749	



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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSER'S STATE AND COUNTY MUST BE IDENTICAL