

# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

PROPERTY ADDRESS:  
8941 Austin Avenue  
Oak Lawn, Illinois 60453

PIN: 24-05-222-005-0000  
24-05-222-006-0000



Doc# 1726846077 Fee \$40.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 09/25/2017 08:57 AM PG: 1 OF 2

The undersigned affiant being first duly sworn and under penalty of perjury on oath states that she resides at the address below.

That she was acquainted with CARL E. TALLON deceased who, at the time of his death, was one of the owners of the land described as:

LOTS 177 AND 178 IN FRANK DE LUGACHS FLORENCE HIGHLANDS, BEING A SUBDIVISION OF THE NORTH HALF OF THE SOUTH HALF OF THE NORTH EAST QUARTER (EXCEPT THAT PART LYING EAST OF THE WEST LINE OF EAST 22 ACRES OF SAID SOUTH HALF OF THE NORTH EAST QUARTER) OF SECTION 5 TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

That the deceased died August 9, 2006, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That from the Estate of the deceased:

No State Inheritance and /or Federal Estate Taxes were due

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 death of the deceased, does not exceed the sum of (\$100,000.00) ONE HUNDRED THOUSAND dollars.

State of Illinois  
County Cook

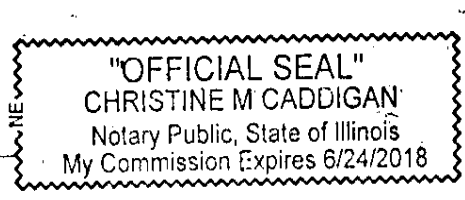
Dated: 9-5-17

\_\_\_\_\_  
**BEVERLY J. TALLON**  
8941 Austin Avenue  
Oak Lawn, Illinois 60453

Subscribed and sworn to before me by the said **BEVERLY J. TALLON**

this 5 day of September, 2017

\_\_\_\_\_  
Notary Public



Prepared by:  
The Law Offices of Eileen Kerlin Walsh, P.C., 11301 South Harlem Avenue, Worth, Illinois 60482

# UNOFFICIAL COPY

STATE OF ILLINOIS  
County of Cook

DAVID ORR, COUNTY CLERK

August 30, 2017

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office. IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

*David J. Orr*  
COUNTY CLERK

<b>DECEDENT'S BIRTH NO.</b>	REGISTRATION DISTRICT NO. <b>16.0</b>	<b>STATE OF ILLINOIS</b>				STATE FILE NUMBER								
	REGISTERED NUMBER	<b>MEDICAL CERTIFICATE OF DEATH</b>												
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	<b>1. DECEASED NAME</b> FIRST MIDDLE LAST <b>CARL EUGENE TALLON</b>				<b>2. SEX</b> MALE	<b>3. DATE OF DEATH</b> (MONTH, DAY, YEAR) AUGUST 9, 2006								
	<b>4. COUNTY OF DEATH</b> COOK	<b>5a. AGE - LAST BIRTHDAY</b> (YRS) 78	<b>5b. UNDER 1 YEAR</b> MOS. DAYS	<b>5c. UNDER 1 DAY</b> HOURS MIN.	<b>5d. DATE OF BIRTH</b> (MONTH, DAY, YEAR) MARCH 8, 1928									
	<b>6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER</b> OAK LAWN		<b>6b. HOSPITAL OR OTHER INSTITUTION - NAME</b> (IF NOT IN EITHER, GIVE STREET AND NUMBER) CONCORD NURSING HOME		<b>6c. IF HOSP. OR INST. INDICATE D.O.A., OP/EMER. RM., INPATIENT (SPECIFY)</b> INPATIENT									
	<b>7. BIRTHPLACE</b> (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO, IL		<b>8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)</b> MARRIED	<b>8b. NAME OF SURVIVING SPOUSE</b> (MAIDEN NAME, IF WIFE) BEVERLY J. WILLIAMS		<b>9. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (YES/NO) YES								
	<b>10. SOCIAL SECURITY NUMBER</b> 318-22-5160		<b>11a. USUAL OCCUPATION</b> PAINTER	<b>11b. KIND OF BUSINESS OR INDUSTRY</b> PAINTING CO.	<b>12. EDUCATION</b> (SPECIFY ONLY HIGHEST GRADE COMPLETED) 10 YRS.									
<b>13a. RESIDENCE</b> (STREET AND NUMBER) 8941 S. AUSTIN AVENUE			<b>13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.</b> OAK LAWN		<b>13c. INSIDE CITY</b> (YES/NO) YES									
<b>13e. STATE</b> ILLINOIS		<b>13f. ZIP CODE</b> 60453	<b>14a. RACE</b> (WHITE, BLACK OR AMERICAN INDIAN, etc.) (SPECIFY) WHITE	<b>14b. OF HISPANIC ORIGIN?</b> (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) NO										
<b>15. FATHER - NAME</b> FIRST MIDDLE LAST WILLIAM TALLON			<b>16. MOTHER - NAME</b> FIRST MIDDLE (MAIDEN) LAST MABEL HICKS											
<b>17a. INFORMANT'S NAME</b> (TYPE OR PRINT) BEVERLY J. TALLON			<b>17b. RELATIONSHIP</b> WIFE	<b>17c. MAILING ADDRESS</b> (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 8941 S. AUSTIN AV., OAK LAWN, IL 60453										
<b>18. PART I.</b> Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, stroke, or throat ailure. List only one cause on each line.						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: none;">- Immediate Cause (Final disease or condition resulting in death)</td> <td style="width: 60%; border: none;">(a) <b>Alzheimers type dementia</b></td> <td style="width: 20%; border: none;">years</td> </tr> <tr> <td style="border: none;">CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.</td> <td style="border: none;">(b) DUE TO OR AS A CONSEQUENCE OF</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(c) DUE TO OR AS A CONSEQUENCE OF</td> <td style="border: none;"></td> </tr> </table>						- Immediate Cause (Final disease or condition resulting in death)	(a) <b>Alzheimers type dementia</b>	years	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b) DUE TO OR AS A CONSEQUENCE OF			(c) DUE TO OR AS A CONSEQUENCE OF	
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	(c) DUE TO OR AS A CONSEQUENCE OF													
<b>PART II.</b> Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						WAS AUTOPSY PERFORMED PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)								
						NO								
<b>20a. DATE OF OPERATION, IF ANY</b>			<b>20b. MAJOR FINDINGS OF OPERATION</b>											
<b>21. (100) (DO NOT ATTEMPT) HE DECEASED (MONTH, DAY, YEAR) AND LAST SAW - IMMEDIATE LIVED ON</b> Aug 9, 2006						<b>21c. HOUR OF DEATH</b> 9:40 A.M.								
<b>21a. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.</b>						<b>21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED?</b> (YES/NO) NO								
<b>22a. SIGNATURE</b> <i>Jos. Kowalczyk</i>					<b>22b. DATE SIGNED</b> (MONTH, DAY, YEAR) 8-10-06									
<b>22c. NAME AND ADDRESS OF CERTIFIER</b> (TYPE OR PRINT) JOS. KOWALCZYK, MD 4340 W. 95TH ST., OAK LAWN, IL 60453					<b>22d. ILLINOIS LICENSE NUMBER</b> 03609420									
<b>23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER</b> (TYPE OR PRINT)														
<b>24a. BURIAL, CREMATION, REMOVAL (SPECIFY)</b> CREMATION		<b>24b. CEMETERY OR CREMATORY - NAME</b> TRISONS CREMATORY		<b>24c. LOCATION</b> CITY OR TOWN STATE LOMBARD, ILLINOIS										
<b>24d. DATE</b> (MONTH, DAY, YEAR) AUG. 11, 2006														
<b>DISPOSITION</b>														
<b>25a. FUNERAL HOME</b> NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP ZIMMERMAN & SAUNDREMAN F.H., 5200 W. 95TH ST., OAK LAWN, ILLINOIS 60453														
<b>25b. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Jos. Kowalczyk</i>					<b>25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER</b> 34-11212									
<b>26a. LOCAL REGISTRAR'S SIGNATURE</b> <i>David Orr</i>					<b>26b. DATE FILED BY LOCAL REGISTRAR</b> (MONTH, DAY, YEAR) AUG 10 2008									