

# UNOFFICIAL COPY

DECEASED  
JOINT TENANCY  
AFFIDAVIT

Prepared By:  
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Park Ridge, IL 60068  
(847) 692-3031



\*1727917052\*

Doc# 1727917052 Fee \$44.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 10/06/2017 11:25 AM PG: 1 OF 4

STATE OF ILLINOIS)  
                                  )SS  
COUNTY OF COOK )

CASEY EDWARDS,

hereby referred to as the affiant, states under oath that the affiant resides at 9254 Aspen Drive, in the City of Des Plaines, Illinois; that the affiant was acquainted with **CECELIA EDWARDS**, decedent; that at the time of his death, the decedent was one 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:

THE NORTH HALF OF LOT 223 IN TWIN OAKS 2<sup>ND</sup> ADDITION BEING A SUBDIVISION IN THE SOUTHEAST QUARTER OF THE NORTHWEST QUARTER OF SECTION 15, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property Address: 9254 Aspen Drive, Des Plaines, IL 60016  
P.I.N.: 09-15-111-041-0000

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

That the decedent, CECELIA EDWARDS died on October 10, 2007, leaving no last will and testament. A certified copy of his death certificate is attached hereto and a copy of the last will and testament, if any.

That the total value of each of the decedent's estate at death, including the taxable interest in the above property was less than the applicable federal and state estate tax unified credit and that the value of the above property individually was less than the then applicable federal and state estate tax unified credit.

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

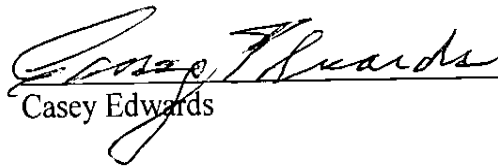
P-11/17

JA

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That affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever indemnify, protect, defend and hold title company harmless and to reimburse title company for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which said title company may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

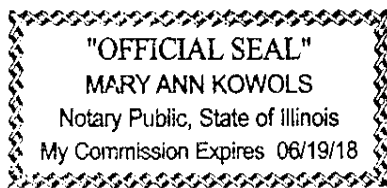
1. Claims against the estate of CECELIA EDWARDS, the decedent.
2. Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedents;
3. Legacies, if any, created by the will of said decedents;
4. Rights of contribution.


  
 Casey Edwards

State of Illinois, County of Cook ss.

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that CASEY EDWARDS, a widower, is personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledge that he signed, sealed and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal, this 7th day of September, 2017  
 Commission expires 6/19/2018



  
 Mary Ann Kowols

# STATE OF VERMONT UNOFFICIAL COPY CERTIFICATE OF DEATH RECORD

NAME KNOWN TO PHYSICIAN: Cecilia Edwards DATE OF DEATH: 10/10/2007

DN-PHS-DTH-02 DEPARTMENT OF HEALTH VERMONT CERTIFICATE OF DEATH STATE FILE NUMBER: 07004368

TYPE OR PRINT IN BLACK INK

1. DECEDENT'S NAME (First, Middle, Last) <u>Cecilia Ann Edwards</u>		2. SEX <u>Female</u>	3. DATE OF DEATH (Month, Day, Year) <u>10/10/07</u>
4. SOCIAL SECURITY NUMBER	5a. AGE (Year, or Month and Day) <u>84</u>	5b. UNDER 1 YEAR <u>None</u>	5c. UNDER 1 DAY <u>None</u>
6. PLACE OF DEATH (Street only, one block) <u>Carnegie, Pennsylvania</u>		7. RESIDENCE AT DEATH <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify) <u>residence of</u>	
8. FACILITY NAME (If applicable, give street and number) <u>5500 Walnut Street, Suburb</u>		10. CITY OR TOWN OF DEATH <u>Suburb</u>	
12. MARITAL STATUS <u>Married</u>		14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of the 30 day use period) <u>Homemaker</u>	
13. DECEASED'S EDUCATION (Specify highest grade completed) <u>12</u>		15. RACE - White, Black, American Indian, etc. (Specify) <u>White</u>	
19. RESIDENCE - STATE <u>Illinois</u>		20. CITY, TOWN OR LOCATION <u>Des Plaines, IL 60016</u>	
21. FATHER'S NAME (First, Middle, Last) <u>Rosario Mascellino</u>		22. MOTHER'S NAME (First, Middle, Last) <u>Rosa Unavailable</u>	
24. CORONER'S NAME (Type/print) <u>Mr. Casey Edwards</u>		25. MAILING ADDRESS (Street, City or Town, State, Zip Code) <u>954 Aspen Drive, Des Plaines, Illinois 60016-4202</u>	
25. PART 1. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <u>Blunt impact of a hard object</u>			Appropriate Interval Between Onset and Death <u>12 hours</u>
IMMEDIATE CAUSE (Final disease or condition resulting in death) <u>Blunt impact of a hard object</u>			
25. PART 2. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. <u>Chronic obstructive pulmonary disease</u>			
27a. MANNER OF DEATH <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Unknown		27b. DATE OF INJURY (Month, Day, Year) <u>10/10/2007</u>	
27c. INJURY AT WORK (Specify Yes or No) <u>No</u>		27d. PLACE OF INJURY (Home, Farm, Factory, Street, Other) <u>Home</u>	
27e. LOCATION (Specify Street, City or Town, State, Zip Code) <u>954 Aspen Drive, Des Plaines, IL 60016</u>		27f. HOW DID INJURY OCCUR? (Enter nature of injury in Part 1 or Part 2) <u>While walking down stairs</u>	
28a. DATE SIGNED (Month, Day, Year) <u>10/12/07</u>		28b. TIME SIGNED (Hour, Minute) <u>10:00</u>	
28c. SIGNATURE OF PHYSICIAN <u>Elizabeth H. Bunderlic, M.D.</u>		28d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIED (First or Last) <u>Elizabeth H. Bunderlic, M.D.</u>	
29a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		29b. PLACE OF TEMPORARY STORAGE (County, City or Town, State) <u>Resurrection Cemetery, Coraopolis, Pennsylvania</u>	
29c. SIGNATURE OF FUNERAL DIRECTOR OR AUTHORIZED PERSON <u>Anna C. Accain</u>		29d. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON <u>Durfee Funeral Home, 119 North Main Street, Fair Haven VT 05743</u>	
29e. SIGNATURE OF REGISTRAR <u>Gary C. Stanley, Deputy</u>		29f. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year) <u>October 12, 2007</u>	
29g. TRUE COPY <u>Gary C. Stanley</u>		29h. TOWN <u>Suburb</u>	
29i. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year) <u>October 16, 2007</u>		29j. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year) <u>October 16, 2007</u>	

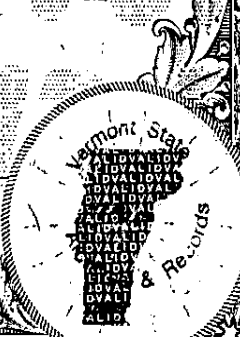
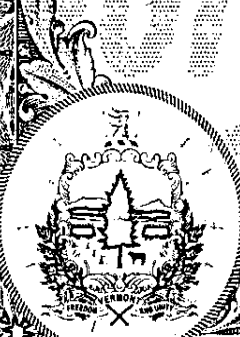
THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE INFORMATION ON THE ORIGINAL CERTIFICATE ON FILE IN THE VERMONT DEPARTMENT OF HEALTH OR CUSTODIAL AGENCY

Middlesex, VT  
September 19, 2017

DATE ISSUED: \_\_\_\_\_ ATTEST: Marshall  
TANYA MARSHALL  
VERMONT STATE ARCHIVIST

This copy not valid unless prepared on engraved border displaying state seal of Vermont.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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**COOK COUNTY  
RECORDER OF DEEDS**



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