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Doc# 1728345045 Fee \$40.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 10/10/2017 11:55 AM PG: 1 OF 2

2

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois

) SS.

County of Will)

BERNADINE SWANSON, hereinafter called Affiant, being duly sworn states that she resides at: 1241 Clematis Drive, Streamwood, Illinois 60107. That Affiant was acquainted with GORDON SWANSON, hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

THE EAST 1/2 OF LOT 3 IN BLOCK 6 IN STREAMWOOD GREEN UNIT 5, BEING A SUBDIVISION OF PART OF THE EAST 1/2 OF THE NORTHWEST 1/4 OF SECTION 24, TOWNSHIP 41 NORTH, RANGE 9, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

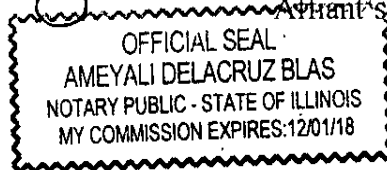
Permanent Tax Number: 06-24-115-012-0000

That the Deceased died on 8/31/2000, as evidenced by a copy of Deceased's death certificate attached hereto. That the Deceased, at the time of his/her death, held his/her share of the above-mentioned property as a joint tenant.

Subscribed and sworn before me
this 28 of October, 2016

Amejali Delacruz Blas
Notary Public

Bernadine Swanson
Affiant's Signature



This instrument prepared by:

Robert J. Zapolis, Zapolis & Associates, 9991 W. 191st Street, Mokena, IL 60448

UNOFFICIAL COPY

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

September 12, 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 Orr
County Clerk

DECEASED'S BIRTH NO. DECEASED B C D E PARENTS 1 2 3 CAUSE 4 5 H P CERTIFIER 22a 22c 23 DISPOSITION 24a 24c 25a 25b 25c 25d 25e	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"> REGISTERED DISTRICT NO. 16.0 REGISTERED NUMBER </td> <td style="width: 45%; text-align: center;"> STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH </td> <td style="width: 40%;"> STATE FILE NUMBER </td> </tr> <tr> <td colspan="3"> DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR) Gordon Swanson 2 Male 3 August 31, 2000 </td> </tr> <tr> <td colspan="3"> COUNTY OF DEATH AGE-LAST BIRTHDAY (MONTH DAY YEAR) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) 4 Cook 59 71 50 50 50 March 27, 1929 </td> </tr> <tr> <td colspan="3"> CITY, TOWN, VILLAGE, OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION (NAME IF NOT IN EITHER CASE STREET AND NUMBER) IF HOME, OR IN ST. INDICATE D.O.A. OF EXEMPT. PAT. 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