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DECEASED JOINT TENANCY AFFIDAVIT



1734744060

Doc# 1734744060 Fee \$42.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 12/13/2017 12:45 PM PG: 1 OF 3

State of Illinois)

County of Cook)

Thomas B. Chrisan, being duly sworn states that he resides at 3248 N. Richmond Street, Chicago, Illinois 60618

That he was acquainted with Catherine Chrisan, deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

LOT 1 AND LOT 4 (EXCEPT THE SOUTH 35 FEET THEREOF) IN BLOCK 39 IN IRVING PARK, A SUBDIVISION IN SECTIONS 15 AND 22, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number: 13-22-210-001-0000 and 13-22-210-028-0000

Address of real estate: 3853-55 N. Tripp, Chicago, Illinois 60641

That the deceased died October 31, 2006 as evidenced by a certified copy of 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. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.


JA

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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 \$10.00 dollars.

Affiant makes this affidavit for that purpose of inducing the Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said Thomas B. Chrisan this 11 day of December, 2017.


NOTARY PUBLIC





CERTIFICATION OF DEATH RECORD

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2. REGISTRATION DISTRICT NO. 16.10		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH			
DECEASED-NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1. CATHERINE P. CHRISAN		2. FEMALE		3. OCTOBER 31, 2006	
CITY OF DEATH		AGE- LAST BIRTHDAY (YR) MO DAY		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. COOK		5a. 69		5d. JUNE 19, 1937	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATE O.C.A. OR OTHER, AM. INPATIENT (SPECIFY)	
6a. CHICAGO		6b. OUR LADY OF THE RESURRECTION MEDICAL CENTER		6c. INPATIENT	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
7. CHICAGO, ILL.		8a. MARRIED		8b. THOMAS CHRISAN	
SOCIAL SECURITY NO. & REF.		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY	
10. 11a. SALES CLERK		11b. RETAIL		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
13a. 3442 NORTH LAVERGNE		13b. CHICAGO		13c. YES	
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)	
13a. ILLINOIS		13f. 60641		14a. WHITE	
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST		(MAIDEN) LAST	
15. ANTHONY CAMMARATO		16. MABEL DIEBOLD			
DECEASED'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR P.O. CITY OR TOWN, STATE, ZIP)	
17a. MIRIAM MOCTEZUMA		17b. MEDICAL RECORDS		17c. 5645 W. ADDISON, CHICAGO, ILL 60634	
18. PART I. Enter the disease, or complication, 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.					
Immediate Cause (Final disease or condition resulting in death) (a) CONGESTIVE HEART FAILURE					
DUE TO, OR AS A CONSEQUENCE OF (b) IMMUNOSUPPRESSION POST LUNG TRANSPLANT					
DUE TO, OR AS A CONSEQUENCE OF (c) CHRONIC OBSTRUCTIVE PULMONARY DISEASE					
PART II. Other contributory conditions contributing to death but not resulting in the underlying cause given in PART I					
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)	
20a.		20b.		19a. NO 19b.	
1 (DD) (DDMM) ATTEND THE DECEASED (MONTH, DAY, YEAR)		WAS CO. ONE? OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
21a. 10/30/06		21b. NO		21c. 5:35 A.M.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		DATE SIGNED (MONTH, DAY, YEAR)		ILLINOIS LICENSE NUMBER	
22a. SIGNATURE		22b. 10-31-06		22c. 036-054838	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOT IF ANY JURY WAS INVOLVED IN THIS DEATH OR IF JURY OR MEDICAL EXAMINER MUST BE NOTIFIED	
22c. ZOFIA STEVANOVIC, MD 3208 N. MAJOR, CHICAGO, ILL 60634		22d.			
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE	
24a. CREMATION		24b. FOREST CREMATORY		24c. ROMEVILLE ILLINOIS	
FUNERAL HOME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE ZIP	
25a. VERGOS & ASSOCIATES FUNERAL SERVICES 736 N. OTTAWA PARK RIDGE IL 60068		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
25b.		25c. 034-016111		25d. 11-3-06	
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		26b.	
26a.		NOV 03 2006			

December 13, 2017

D00121097

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

David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM