

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

JAMES R. MCKAY, having been duly sworn, states he resides at 3300 Salk Road, Arlington Heights, Illinois 60004.

That he personally knew MICHELLE M. MCKAY, his Wife, the deceased, who at the time of death was one of the owners of the land in Arlington Heights, Cook County, Illinois, described as:



Doc# 1801249002 Fee \$40.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 01/12/2018 09:35 AM PG: 1 OF 2

FOR RECORDERS USE ONLY

LOT 31 IN BUFFALO HIGHLANDS SUBDIVISION, THE WEST 990 FEET OF THE SOUTH 2/3 OF THE SOUTH 1/2 OF THE NORTHEAST 1/4 OF THE NORTHWEST 1/4 AND THE WEST 990 FEET OF THE NORTH 2/3 OF THE NORTH 1/2 OF THE SOUTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 9, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTER OF TITLES OF COOK COUNTY, ILLINOIS, ON MARCH 9, 1956 AS DOCUMENT NUMBER 1655861.

Permanent Index Numbers: 03-09-111-002

Address of real estate: 3300 Salk Road, Arlington Heights, Illinois 60004

That the deceased died on May 1, 2011 as evidenced by a certified copy of a death certificate of the deceased attached hereto and the remaining joint tenant owner of the property is JAMES R. MCKAY who was alive at the time of his death.

That the deceased died leaving no Last Will and Testament.

That the total value of the estate of the deceased, including both real and personal property owned by the deceased individually at the time of the death of the deceased, does not exceed the sum of \$100,000.00.

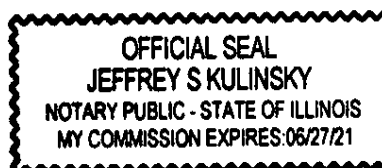
Affiant makes this affidavit for the purpose of keeping the chain of title clear on this property

JAMES R. MCKAY

SUBSCRIBED and SWORN to before me this 7 day of December, 2017.

Notary Public

PREPARED BY AND RETURN TO:
LOIS KULINSKY & ASSOCIATES, LTD.
395 East Dundee Road, Suite 200
Wheeling, Illinois 60090
(847) 459-4448



CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2011.0033024

DATE ISSUED 05/02/2011

DECEDENT'S LEGAL NAME MICHELLE M MCKAY			SEX FEMALE	DATE OF DEATH MAY 01, 2011
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 47 YEARS	DATE OF BIRTH JANUARY 04, 1964	
CITY OR TOWN ARLINGTON HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME 3300 N. SALK RD		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE LANSING, MI	SOCIAL SECURITY NUMBER	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME JAMES MCKAY	EVER IN U.S. ARMED FORCE? NO
RESIDENCE 3300 N. SALK RD	APT. NO.	CITY OR TOWN ARLINGTON HEIGHTS	INSIDE CITY LIMITS? NO	
COUNTY COOK	STATE IL	ZIP CODE 60004	FATHER'S NAME HOWARD VANDERWERF	MOTHER'S NAME PRIOR TO FIRST MARRIAGE SALLY HASS
INFORMANT'S NAME JAMES MCKAY		RELATIONSHIP SPOUSE	MAILING ADDRESS 3300 N. SALK RD, ARLINGTON HEIGHTS, IL, 60004	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION LAKEWOOD CREMATORIUM	LOCATION, CITY OR TOWN AND STATE GREEN OAKS, IL	DATE OF DISPOSITION MAY 03, 2011
FUNERAL HOME MEADOWS FUNERAL HOME, 3615 KIRCHOFF ROAD, ROLLING MEADOWS, IL, 60008				
FUNERAL DIRECTOR'S NAME ANTHONY MICHAEL CAMACHO			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015360	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR MAY 2, 2011	
CAUSE OF DEATH		PART I: METASTATIC BREAST CANCER		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE Final disease or condition Responsible in death:		Due to (or as a consequence of):		
		Due to (or as a consequence of):		
		Due to (or as a consequence of):		
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DID TOBACCO USE CONTRIBUTE TO DEATH?		FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR		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 18, 2011	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 07:39 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED MAY 02, 2011	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DAVID HAKIMIAN MD, 8915 W. GOLF RD, NILES, ILLINOIS, 60714				PHYSICIAN'S LICENSE NUMBER 036.077444

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