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DECEASED JOINT TENANCY AFFIDAVIT



Doc# 1806044053 Fee \$42.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 03/01/2018 02:51 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:

THE EAST 37 FEET OF LOT 71 IN ATKINSON'S SUBDIVISION OF LOTS 3, 4 AND 5 IN VOSS PARTITION OF 80 ACRES WEST OF AND ADJOINING EAST 40 ACRES OF SOUTH EAST QUARTER OF SECTION 20, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN AND OF LOTS 1, 2, 3, 9, 10 AND 11 IN OWNERS PARTITION OF LOTS 6, 7, 8, 9 AND 10 OF VOSS PARTITION AFORESAID IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number: 13-20-422-018-0000

Address of real estate: 3316-3322 North Menard Avenue, Chicago, Illinois 60634

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.

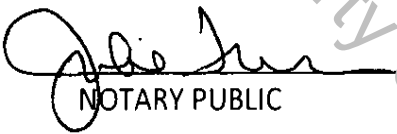
 Leaving a Last Will and Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.

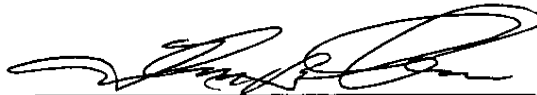
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That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$10.00 dollars.

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


Affiant



Property of Cook County Clerk's Office

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

February 20, 2018

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

REGISTRATION DISTRICT NO 16.10	STATE OF ILLINOIS		STATE FILE NUMBER
REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH		615219
DECEASED-NAME 1. CATHERINE F. CHRISAN	SEX 2. FEMALE	DATE OF DEATH- (MONTH, DAY, YEAR) 3. OCTOBER 31, 2006	
COUNTY OF DEATH 4. COOK	AGE-LAST BIRTHDAY (YRS.) 5a. 69	UNDER 1 YEAR: MONTHS 5b. 69	UNDER 1 DAY: HOURS 5c. 69
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. CHICAGO	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) 6b. OUR LADY OF THE RESURRECTION MEDICAL CENTER		IF HOSP. OR INST. INDICATE I.D.A. (OPERER, REG. NO. & TEXT) (SPECIFY) 6c. INPATIENT
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. CHICAGO, ILL	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED	NAME OF SURVIVING SPOUSE (MARRIAGE NAME, IF WIFE) 8b. THOMAS CHRISAN	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. NO
SOCIAL SECURITY NUMBER 10. 322-30-8919	USUAL OCCUPATION 11a. SALES CLERK	IND OF BUSINESS OR INDUSTRY 11b. RETAIL	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 2
RESIDENCE (STREET AND NUMBER) 13a. 3442 NORTH LAVERGNE	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. CHICAGO	INSIDE CITY (YES/NO) 13c. YES	COUNTY 13d. COOK
STATE 13e. ILLINOIS	ZIP CODE 13f. 60641	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 14a. WHITE	OR HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) 14. NO
FATHER-NAME 15. ANTHONY CAMMARATO	MOTHER-NAME 16. NABEL DIEBOLD	DECEASED'S NAME (TYPE OR PRINT) 17a. MIRIAM MOCTEZUMA	
RELATIONSHIP 17b. MEDICAL RECORDS		MARRIAGE NO. & ST. STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP 17c. 5645 W. ADDISON, CHICAGO, ILL. 60634	
18. PART I: Enter the diseases, 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.			
Immediate Cause (Final disease or condition resulting in death)	(a) CONGESTIVE HEART FAILURE DUE TO OR AS A CONSEQUENCE OF		
CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b) IMMUNOSUPPRESSION POST LUNG TRANSPLANT DUE TO OR AS A CONSEQUENCE OF		
	(c) CHRONIC OBSTRUCTIVE PULMONARY DISEASE		
PART II: Enter the conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO) 19a. NO	IF ALL OF THE FOLLOWING ARE AVAILABLE, PLEASE PRINT TO THE BEST OF YOUR KNOWLEDGE (IF DEATH IN HOSPITAL) 19b. NO
DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THE REPRODUCTIVE ORGANS EXAMINED IN THE LAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
11(D) (DO NOT ATTEND THE DECEASED AND LAST SAWN WHEN ALIVE ON) 21a. 10/30/06	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO	HOUR OF DEATH 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) 22b. 10-31-06	
SIGNATURE 22a. <i>Z. Stevanovic</i>		ILLINOIS LICENSE NUMBER 22c. 036-054838	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. ZOPIA STEVANOVIC, MD 3208 N. MAJOR, CHICAGO, ILL. 60634		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22d.	
NOTE: IF AN ALIAS OR OTHER NAME WAS USED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			

THE WORDS IN BOLD ARE AS WHEN PHOTOCOPIED

NOT FOR REPRODUCTION IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF THE STATE OF ILLINOIS



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

0223500

