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DECEASED JOINT TENANCY AFFIDAVIT



1806044054

Doc# 1806044054 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 Thomas P. Chrisan, deceased who, at the time of his 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 18, 2005 as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

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 Cook 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 \$300,000.00 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 11th day of December, 2017.


NOTARY PUBLIC





CERTIFICATION OF DEATH RECORD

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COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2016 0008121

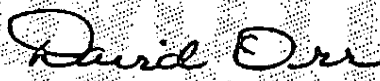
DATE ISSUED 12/13/2017

DECEDENT'S LEGAL NAME THOMAS P CHRISAN		SEX MALE	DATE OF DEATH JANUARY 27, 2016	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 77 YEARS	DATE OF BIRTH MARCH 09, 1938		
CITY OR TOWN PARK RIDGE		HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE LUTHERAN GENERAL HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 356-28-7010	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 3442 N LAVERGNE	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60641	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WALTER CHRISAN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WANDA DRABECK
INFORMANT'S NAME THOMAS B CHRISAN		RELATIONSHIP SON	MAILING ADDRESS 3248 N RICHMOND, CHICAGO, IL, 60618	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION FOREST CREMATORY	LOCATION - CITY OR TOWN AND STATE ROMEDEVILLE, IL	DATE OF DISPOSITION FEBRUARY 02, 2016	
FUNERAL HOME CREMATION SOCIETY OF ILLINOIS - EDISON PARK, 6471 NORTHWEST HIGHWAY, CHICAGO, IL 60631				
FUNERAL DIRECTOR'S NAME CAROLYN BETH HARTMANN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016694	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR FEBRUARY 2, 2016	
CAUSE OF DEATH PART I SEPSIS				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	Due to (or as a consequence of)	DAYS
		b.	ACUTE RESPIRATORY FAILURE	DAYS
		c.	PNEUMONIA	DAYS
		Due to (or as a consequence of)		DAYS
PART II. Enter other <i>significant conditions contributing to death</i> 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	
FEMALE PREGNANCY STATUS NOT APPLICABLE			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 JANUARY 27, 2016	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 01:39 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED FEBRUARY 01, 2016	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MORRIS MAUER, 1460 MARKET STREET SUITE 300, DES PLAINES, ILLINOIS, 60016			PHYSICIAN'S LICENSE NUMBER 036070419	

D00121093



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
 Cook County Clerk

