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Doc# 1818634028 Fee \$44.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 07/05/2018 10:21 AM PG: 1 OF 4

COOK COUNTY RECORDER

COVER PAGE FOR

DECEASED JOINT TENANCY AFFIDAVIT

ON PROPERTY LOCATED AT

15724 PEGGY LANE, UNIT 9

OAK FOREST, IL 60452

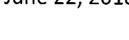
PIN:

28-17-416-009-1009

OAK FOREST, IL 60452

DATE:

June 22, 2018





1818634028 Page: 2 of 4

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DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)	
)	SS.
County of Cook)	

MICHELE L. MADIA F/K/A MICHELE L. BRADLEY, hereinafter called Affiant, being duly sworn, states that be resides at 15724 Peggy Ln, Unit 9, Oak Forest, IL 60452. That Affiant was acquainted with Anna Madia, 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:

See Attached Legal Description

That the Deceased died on January 27, 2010, as evidenced by a copy of Deceased's death certificate attached hereto.

That the Deceased, at the time of her death, held her share of the above-mentioned property as a joint tenant.

Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of

veracity.

Michele L. Madıa Bradley f/k/a

Michele L. Madia, Afrant

Subscribed and sworn to before me this 22 day of June , 2018.

JULIE REALMUTO Notary Public - State of Illinois WA Cowwission Exbites Non 58' 5050

1818634028 Page: 3 of 4

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EXHIBIT A

LEGAL DESCRIPTION

UNIT 1-9 IN SHIBUI SOUTH CONDOMINIUM, AS DELINEATED ON A SURVEY ATTACHED AS EXHIBIT "A" TO DECLARATION OF CONDOMINIUM OWNERSHIP AND OF EASEMENTS, RESTRIC TIONS, COVENANTS AND BY-LAWS MADE BY AMERICAN NATIONAL BANK & TRUST COMPANY OF CHICAGO, AS TRUSTEE UNDER TRUST AGREEMENT DATED JANUARY 1, 1984 AND KNOWN AS TRUST NUMBER 61991, RECORDED MARCH 5, 1993 AS DOCUMENT 93168945, IN THE WEST 3/4 OF THE WEST 1/2 OF THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 17, TOWN SHIP 36 NORTH, RANCE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, IL, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, AS AMENDED FROM TIME TO TIME.

FOR INFORMATIONAL PURPOSES ONLY:

Fo.
Olynomical Control Common Address: 15724 Peggy Lane, Oak Forest, IL 60452

PIN# 28-17-416-009-1009

TIPICATION OF BEATIL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH									
TATE FILE NUMBER 2010 000697	78					DATE	ISSUED 02/01/2010		
DECEDENT'S LEGAL NAME ANNA MADIA				S 30 S 30 S	EMALE	DATE OF DEATH			
COUNTY OF DEATH		LAST BIRTHDAY EARS	in. with M	DATE OF BIRT	н 21, 1915				
CITY OR TOWN PALOS HEIGHTS		HOSE	TAL OR OTHER	NSTITUTION NA	ME				
PLACE OF DEATH:									
BIRTHPLACE	See St. Att. Att.	MARITAL STATUS AT	-	SURVIVING SE	POUSE'S NAME		EVER IN U.S. ARMED		
UNKNOWN WV	14 1 144 6	WIDOWED	15 - 154 154 154 154 154 154 154 154 154 154				FORCES? NO		
RESIDENCE 15724 PEGGY LANE		APT. NO	10 and 10	FOREST			SIDE CITY LIMITS? YES		
COOK STATE		THERS NAME WILLIAM SWABUN		THE STATE OF THE S	MOTHER'S NAME ANNA UNA	PRIOR TO FIRST I	MARRIAGE		
INFORMANTS NAME MICHELE MADIA		LATIONSHIP GRANDDAUGHTEF		LING ADDRESS 1046 QUAIL		ENA, IL, 60448			
METHOD OF DISPOSITION CREMATION	PLACE DE DISP HCACTLAN	OSITION ID MEMORIAL CEN		ATION CITY O	R TOWN AND ST	entrant the state of the state of	RY 29, 2010		
FUNERAL HOME HEARTLAND MEMORIAL CE	NTER, 7151 183 RD	STREET, TINLEY	PARK, IL, 6047	77					
FUNERAL DIRECTOR'S NAME LELIA MARIE HIRSCH				FI	UNERAL DIRECTO	OR'S ILLINOIS LICE	NSE NUMBER		
LOCAL REGISTRAR'S NAME DAVID ORR				D.	ATE FILED WITH JANUARY 28	LOCAL REGISTRA 3, 2010	R.		
CAUSE OF DEATH PART I. S.	EPSIS WITH SHOCK					TE WEEN ATH	HOURS		
(Final disease or condition		Due to (or as a co	sequence of)			O DE			
resulting in death) b. C	DIFFICILE ENTEROC	OLITIS:				APPRO) INTERVAL I ONSET AM	DAYS		
•		Due to (or as a co	nsequence of)			A IN ON O			
		Due to (or as a co	nsequence of)		THE THE				
PART II, Enter other algorificant condition	20.40	but not resulting in the und	edying cause given	in PAR1	WAS A	N AUTOPSY PERF	ORMED? NO		
DEHYDRATION CORONARY AF	CIERT DISEASE				1 COMP	AUTOPSY FINDIN	EATH? N/A		
DID TOBACCO USE CONTRIBUTE TO D	O USE CONTRIBUTE TO DEATH? FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH					
DATE OF INJURY	TIME OF II	NJURY PLAC	E OF INJURY				INJURY AT WORK?		
LOCATION OF INJURY									
DESCRIBE HOW INJURY OCCURRED:	erin diningan Ber	The same same	en en en	Esternio Esternio	veri urius entius	IF TRANSPUT, CA	ION INJURY, SPECIFY:		
ATTEND THE DECEASED?	LAST SEEN ALIVE	WAS MEDICAL EXAMIL	NER OR	DATE PRO			TIME OF DEATH		
CERTIFIER PHYSICIAN		The state of the s				DATE CERTIFIE	0		
NAME, ADDRESS AND ZIP CODE OF PE ROBERT BOLL MD 15300 V	,		PARK, ILLINO	IS: 60462		PHYSICIAN'S	LICENSE NUMBER 868		



This is to certify that this is a true and correct copy from the official death-.
record filed with Illinois Department of Health.

