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KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 07/16/2018 12:26 PM PG: 1 OF 2

**DECEASED  
JOINT TENANCY  
AFFIDAVIT**

State of Illinois )  
                          ) SS  
County of DuPage )

**Therese M. Dion** hereinafter called Affiant(s) being duly sworn states that he/she resides at: **585 Rose Lane, Bartlett, IL 60103**. That Affiant(s) was acquainted with **Donald J. Dion**, 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:

PARCEL 1: LOT 92 IN BARTLETT ON THE GREENS FINAL SUBDIVISION AND P.U.D. PLAT OF PHASE 2, BEING A SUBDIVISION OF PART OF THE NORTHEAST 1/4 AND PART OF THE SOUTHEAST 1/4 OF SECTION 29, TOWNSHIP 41 NORTH, RANGE 9, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED JANUARY 26, 1990 AS DOCUMENT 90-043298, IN COOK COUNTY, ILLINOIS.

PAREL 2: NONEXCLUSIVE PERPETUAL EASEMENT APPURTENANT TO AND FOR THE BENEFIT OF PARCEL 1 AS CREATED BY AGREEMENT RECORDED AS DOCUMENT 87-640493, FOR INGRESS AND EGRESS, ALL IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number: 06-29-403-017-0000

That the Deceased died on **March 3<sup>rd</sup>, 2010**, as evidenced by a copy of Deceased's death certificate attached hereto.

That the Deceased, at the time of his/her death, held his/her share of the above-mentioned property as a joint tenant and that the Deceased died leaving no last will & testament.

That the total value of the estate of the Deceased, for estate tax purposes, 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 \$500.00.

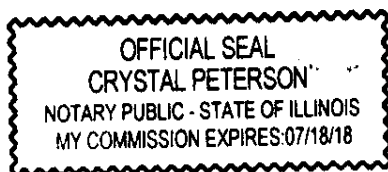
Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

Subscribed and sworn before me  
this **15th** day of **June, 2018**.

\_\_\_\_\_  
Crystal Peterson

\_\_\_\_\_  
Affiant's Signature  
**Therese M. Dion**

Commission Expires: 7/18/2018

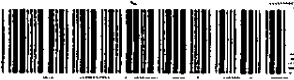


# STATE OF ARIZONA UNOFFICIAL COPY CERTIFICATE OF VITAL RECORD

ORIGINAL STATE COPY  
STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS  
CERTIFICATE OF DEATH  
State File Number 102-2010-007831

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>DONALD J. DION</b>		2. AKA'S (IF ANY)		3. DATE OF DEATH <b>03/03/2010</b>	
4. SEX <b>MALE</b>	5. SOCIAL SECURITY NUMBER <b>██████████ 1680</b>	6. DATE OF BIRTH <b>04/05/1930</b>	7. AGE <b>79 YEARS</b>		
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH <b>SUN CITY, MARICOPA, 85351</b>					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) <b>INPATIENT - BANNER BOSWELL MEMORIAL HOSPITAL</b>					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>CHICAGO, ILLINOIS</b>		11. MARITAL STATUS <b>MARRIED</b>		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) <b>THERESE, MEEGAN</b>	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) <b>10708 N SARATOGA CIRCLE, SUN CITY, MARICOPA, AZ, 85351</b>					
14. DECEDENT'S HISPANIC ORIGIN(S) <b>NO, NOT SPANISH/HISPANIC/LATINO</b>		15. DECEDENT'S RACE(S) <b>WHITE</b>		16. EVER IN ARMED FORCES <b>NO</b>	
17. OCCUPATION <b>PURCHASING AGENT</b>					
18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>HARRY A. DION</b>			19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) <b>IRENE FARRELL</b>		
20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>THERESE, DION</b>				21. RELATIONSHIP <b>SPOUSE</b>	
22. INFORMANT'S MAILING ADDRESS <b>10708 N SARATOGA CIRCLE, SUN CITY, AZ, 85351</b>					
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON <b>SAMARITAN FUNERAL HOME 1505 E. MCDOWELL RD, PHOENIX, AZ, 85006</b>			24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON <b>JOSEPH CUMMINGS</b>		25. LICENSE NUMBER <b>F1047</b>
26. METHOD(S) OF DISPOSITION <b>CREMATION</b>		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY <b>ALL STATE CREMATORY, MESA, AZ, US</b>		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
<b>MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I</b>					
29. A. IMMEDIATE CAUSE OF DEATH <b>CORONARY ARTERY DISEASE</b>				30. APPROXIMATE INTERVAL <b>4 WEEKS</b>	
31. B. DUE TO OR AS A CONSEQUENCE OF <b>DIABETES MELLITUS TYPE II</b>				32. APPROXIMATE INTERVAL <b>15 YEARS</b>	
33. C. DUE TO OR AS A CONSEQUENCE OF <b>CEREBRAL VASCULAR STROKE</b>				34. APPROXIMATE INTERVAL <b>6 WEEKS</b>	
35. D. DUE TO OR AS A CONSEQUENCE OF <b>ATRIAL CHRONIC FIBRILLATION</b>				36. APPROXIMATE INTERVAL <b>15 YEARS</b>	
<b>CAUSE OF DEATH PART II</b>					
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I			38. INJURY? <b>NO</b>	39. INJURY AT WORK? <b>NO</b>	40. MANNER OF DEATH <b>NATURAL DEATH</b>
			41. TIME OF DEATH <b>19:16</b>	42. WAS AN AUTOPSY PERFORMED? <b>NO</b>	43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
<b>CAUSE AND MANNER CERTIFICATION</b>					
TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ABOVE IS CORRECT AND THE DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER STATED.				44. NAME OF PERSON COMPLETING CAUSE OF DEATH <b>KISHOR, MEHTA</b>	
46. CERTIFIER'S ADDRESS <b>13090 N 94TH DR, PEORIA, AZ, 85381</b>				45. DATE CERTIFIED <b>03/05/2010</b>	

Date Registered: 03/11/2010 Date Issued: 07/06/2018 VS-49 Rev. 12/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA. Revised 07/2016

*Krystal Colburn*  
KRYSTAL COLBURN  
ASSISTANT STATE REGISTRAR



J1202380

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE