

# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

PROPERTY ADDRESS:  
9324 Bundoran Drive  
Orland Park, Illinois 60462

PIN 23-34-310-025-0000



Doc# 1824008006 Fee \$42.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 08/28/2018 08:52 AM PG: 1 OF 3

The undersigned affiant being first duly sworn and under penalty of perjury on oath states that he resides at the address below.

That he was acquainted with ESSIE M. MORRIS deceased who, at the time of her death, was one of the owners of the land described as:

LOT 173 OF SOUTHMOOR UNIT 2, BEING A RESUBDIVISION OF PART OF LOT 4 IN SOUTHMOOR SUBDIVISION IN THE SOUTHWEST 1/4 SECTION 34, TOWNSHIP 37 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT OF SAID SOUTHMOOR UNIT 2 RECORDED MAY 11, 2004 AS DOCUMENT 0413203069, IN COOK COUNTY, ILLINOIS.

That the deceased died October 29, 2014, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

Leaving a Last Will & Testament

That from the Estate of the deceased:

No State Inheritance and /or Federal Estate Taxes were due.

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

(\$100,000.00) ONE HUNDRED THOUSAND dollars.

State of Illinois

County Cook

Dated: 8-1-18

ALBERT MORRIS

ALBERT L. MORRIS

9324 Bundoran Drive

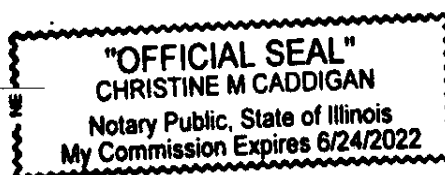
Orland Park, Illinois 60462

Subscribed and sworn to before me by the said ALBERT L. MORRIS

this 1<sup>st</sup> day of August, 2018

Christine M Caddy

(Notary Public)



Prepared by:

The Law Offices of Eileen Kerlin Walsh, 11301 South Harlem Avenue, Worth, Illinois 60482

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

STATE FILE NUMBER 2014 0084137

DATE ISSUED 9/11/2015

DECEDENT'S LEGAL NAME ESSIE MAE MORRIS		SEX FEMALE	DATE OF DEATH OCTOBER 29, 2014	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 76 YEARS	DATE OF BIRTH JULY 12, 1938		
CITY OR TOWN ORLAND PARK		HOSPITAL OR OTHER INSTITUTION NAME 9324 W BUNDORAN DRIVE		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE PINE BLUFF, AR	SOCIAL SECURITY NUMBER [REDACTED] 0725	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME ALBERT MORRIS	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 9324 W BUNDORAN DR	APT. NO.	CITY OR TOWN ORLAND PARK	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60462	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JAMES JONES SR	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION TENNIE SEE SINGLETON
INFORMANT'S NAME DEBORAH JONES		RELATIONSHIP DAUGHTER	MAILING ADDRESS 9324 W BUNDORAN DR, ORLAND PARK, IL 60462	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION OAK HILL CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION NOVEMBER 05, 2014	
FUNERAL HOME BLAKE LAMB FUNERAL HOME, 4727 WEST 10 <sup>TH</sup> STREET, OAK LAWN, IL, 60453				
FUNERAL DIRECTOR'S NAME VINCENT G GIFF		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012014		
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR NOVEMBER 7, 2014		
<b>CAUSE OF DEATH</b> PART I. RENAL FAILURE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Due to (or as a consequence of):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
a.		b. COLON CANCER		
c.		Due to (or as a consequence of):		
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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 12:25 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 06, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR ZAFER JAWICH, 1890 SILVER CROSS BLVD, NEW LENOX, ILLINOIS, 60451			PHYSICIAN'S LICENSE NUMBER 036-092398	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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**

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- Applying fresh liquid bleach to activate color stain chemical protection reaction.
- Face of document has a green border with ornate lines including reverse microtext.
- This backer copy is constructed with a microtext border. Inspection under magnifier shows "STATEOFILLINOIS" in microtext.
- Document is protected with embossed Cook County seals.
- Photocopying this document produces the word "VOID" across the face.