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DECEASED JOINT
TENANCY AFFIDAVIT

Doc# 1900204010 Fee \$42.00

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

EDWARD M. HOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 01/02/2019 09:36 AM PG: 1 OF 3

State of Illinois ^{1/2})
County of Cook) ss.

PREPARED BY AND MAIL TO:

Margolis Weldon LLC
350 S. Northwest Highway, Ste 300
Park Ridge, Illinois 60068

LENORA C. HALLAHAN, being duly sworn, states that she is an owner of the property located at 11626 Avenue J, Chicago, Illinois 60617.

That she was acquainted with THOMAS E. HALLAHAN, deceased, who at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

LOT TEN (10) {EXCEPT THE NORTH 20.38 FEET THEREOF} ALL OF LOT ELEVEN (11) AND THE NORTH 0.38 FEET OF LOT TWELVE (12) IN BLOCK EIGHTEEN (18) IN WHITFORD'S SOUTH CHICAGO SUBDIVISION OF THE EAST FRACTIONAL HALF (1/2) OF THE NORTHWEST FRACTIONAL QUARTER (1/4) OF SECTION 20, TOWNSHIP 37 NORTH, RANGE 15 EAST OF THE THIRD PRINCIPAL MERIDIANS ACCORDING TO MAP THEREOF RECORDED MARCH 13, 1869 IN BOOK 168 OF MAPS, PAGE 123 IN COOK COUNTY, ILLINOIS.

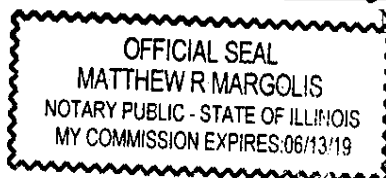
Permanent Tax ID No.: 26-20-115-029-0000
Address of Real Estate: 11626 AVENUE J, CHICAGO, IL 60617

That the deceased died September 17, 2018, as evidenced by a certified copy of death certificate of the deceased attached hereto. That the deceased died intestate.

That the total value of the estate of Thomas E. Hallahan, including both real and personal property owned by Thomas E. Hallahan, either individually or in joint tenancy at the time of his death, did not exceed the then applicable lifetime exemption amount.

Lenora C. Hallahan by Jodi Macauley POA
Lenora C. Hallahan
By: Jodi Macauley, Power of Attorney for Property

Subscribed and sworn to before me on
October 23, 2018. -



Notary Public

COOK COUNTY RECORDER OF DEEDS
1900204010
10/23/18

Attorney's Title Guaranty Fund, Inc.
1 S. Wacker Dr. Ste 2400
Chicago, IL 60606-4650
Recording Department

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

STATE FILE NUMBER 2018 0075391

DATE ISSUED 9/19/2018

DECEDENT'S LEGAL NAME THOMAS E HALLAHAN		SEX MALE	DATE OF DEATH SEPTEMBER 17, 2018	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 74 YEARS	DATE OF BIRTH JULY 26, 1944		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME TRINITY HOSPITAL ADVOCATE		
PLACE OF DEATH INPATIENT				
BIRTHPLACE FLINT, MI	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME LENORA SONNENBERG		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 11626 SOUTH AVENUE		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60617	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CORNELIUS HALLAHAN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BEATRICE JOHNSON
INFORMANT'S NAME JODI MACAULEY		RELATIONSHIP DAUGHTER	MAILING ADDRESS 4247 NORTH RIDGE AVENUE, ARLINGTON HEIGHTS, IL, 60004	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION ELMWOOD CHAPEL AND CREMATORY	LOCATION, CITY OR TOWN AND STATE CEDAR LAKE, IN	DATE OF DISPOSITION SEPTEMBER 25, 2018
FUNERAL HOME ELMWOOD CHAPEL 11200 S. EWING AVE. CHICAGO, IL, 60617				
FUNERAL DIRECTOR'S NAME JAMES F. BETKOWSKI			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012040	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 19, 2018	
CAUSE OF DEATH PART I: ACUTE MYOCARDIAL INFARCTION				
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>		a.	HOURS	
		b.	DAYS	
		c.	DAYS	
		<small>Due to (or as a consequence of)</small>		
		<small>Due to (or as a consequence of)</small>		
		<small>Due to (or as a consequence of)</small>		
PART II: Enter other significant conditions contributing to death 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 04:29 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED SEPTEMBER 18, 2018	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. SAID ABUHASNA, 2320 EAST 91ST STREET, CHICAGO, ILLINOIS 60617			PHYSICIAN'S LICENSE NUMBER 03608109 0516550	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOT REPRODUCIBLE IN ANY MANNER WITHOUT PERMISSION OF THE CLERK OF COOK COUNTY



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

STATE FILE NUMBER 2018 0094953

DATE ISSUED 11/27/2018

DECEDENT'S LEGAL NAME LENORA C HALLAHAN			SEX FEMALE	DATE OF DEATH NOVEMBER 23, 2018	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 73 YEARS		DATE OF BIRTH SEPTEMBER 05, 1945	
CITY OR TOWN WHEELING			HOSPITAL OR OTHER INSTITUTION NAME LEXINGTON OF WHEELING		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY					
BIRTHPLACE CHICAGO, IL		STATUS AT TIME OF DEATH WIDOWED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? NO	
RESIDENCE 11626 AVENUE J		APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60617	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION HAROLD SONNENBERG		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LORETTA PIEKARSKI
INFORMANT'S NAME JODI MACAULEY		RELATIONSHIP DAUGHTER		MAILING ADDRESS 4247 NORTH RIDGE AVENUE, ARLINGTON HEIGHTS, IL, 60004	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION ELMWOOD CHAPEL CREMATORY		LOCATION - CITY OR TOWN AND STATE CEDAR LAKE, IN	DATE OF DISPOSITION DECEMBER 01, 2018
FUNERAL HOME ELMWOOD CHAPEL, 11200 S. EWING AVE., CHICAGO, IL, 60617					
FUNERAL DIRECTOR'S NAME JAMES F BETKOWSKI			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012040		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 27, 2018		
CAUSE OF DEATH					
PART I: ADULT FAILURE TO THRIVE					
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>		a		MONTHS	
		b ALZHEIMERS DEMENTIA		YEARS	
		c			
<small>Due to (or as a consequence of)</small>					
<small>Due to (or as a consequence of)</small>					
<small>Due to (or as a consequence of)</small>					
<small>Due to (or as a consequence of)</small>					
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I: CHRONIC OBSTRUCTIVE PULMONARY DISEASE, LUNG CANCER				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 OCTOBER 15, 2018	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 10:15 AM	
CERTIFIER PHYSICIAN				DATE CERTIFIED NOVEMBER 27, 2018	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR MARIANNA TSARAN, 637 EAST GOLF ROAD SUITE 209, ARLINGTON HEIGHTS, ILLINOIS, 60005				PHYSICIAN'S LICENSE NUMBER 036111065	

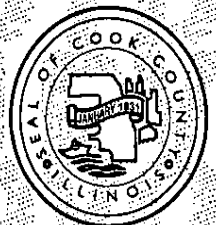
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

0586909



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David Orr
David Orr
Cook County Clerk



THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOT REEMBOSSED STATE AND COUNTY SEAL POSITION