

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS.
COUNT OF COOK)

EILEEN T. LOYD, being duly sworn states that she resides at 8747 West Bryn Mawr Avenue, Unit 502, Chicago, Illinois 60631.

That EILEEN T. LOYD was acquainted with DARREL G. LOYD, deceased, who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

THE EXCLUSIVE RIGHT AND USE OF LIMITED COMMON ELEMENTS KNOWN AS STORAGE NUMBER 84 AS DELINEATED ON THE SURVEY ATTACHED TO DECLARATION OF CONDOMINIUM RECORDED MAY 20, 2003 AS DOCUMENT NUMBER 0314039000, AS AMENDED FROM TIME TO TIME.

Permanent Real Estate Index Number: 12-11-104-001 12-11-104-016)
12-11-104-002 12-11-104-017) Affects Underlying Land
12-11-104-003 12-11-104-018)
12-11-104-004 12-11-104-019)

Address of Real Estate: 8747 West Bryn Mawr Avenue, Unit 502, Chicago, Illinois 60631

That the deceased died May 1, 2015, as evidenced by a copy of the death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament, a copy of which is attached, and the original of the unproven will be filed with the Clerk of the Probate Division of the Circuit Court of Cook County, in Illinois.
- Leaving a Last Will & Testament, which is attached, and the original of the proven has been filed with the Clerk of the Probate Division of the Circuit Court of Cook County, in Illinois, on or about _____ (Will Number _____).

Eileen T. Loyd
EILEEN T. LOYD, Affiant

Subscribed and sworn to before me this 20th day of September, 2018.

Colette Badame
NOTARY PUBLIC



RETURN TO: EILEEN T. LOYD, 8747 West Bryn Mawr Avenue, Unit 502, Chicago, Illinois 60631

Doc# 1905718118 Fee \$40.00
RHSP FEE:\$9.00 RPRF FEE: \$1.00
EDWARD H. MOODY
COOK COUNTY RECORDER OF DEEDS
DATE: 02/26/2019 02:49 PM PG: 1 OF 2
Above Space for Recorder's Use Only

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UNOFFICIAL COPY

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

STATE FILE NUMBER 2015 0035917

DATE ISSUED 1/23/2019

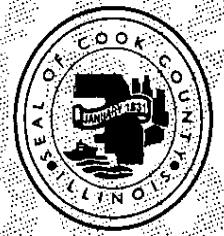
DECEDENT'S LEGAL NAME DARREL G LOYD		SEX MALE	DATE OF DEATH MAY 01, 2015	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 70 YEARS	DATE OF BIRTH APRIL 21, 1945		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 8747 W BRYN MAWR #502		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CLINTON, MO	CITY NUMBER 3207	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EILEEN T DOHONEY	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 8747 W BRYN MAWR	APT. NO. 502	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60631	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ORVILLE J LOYD	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MILDRED P JENKINS
INFORMANT'S NAME EILEEN T LOYD		RELATIONSHIP WIFE	MAILING ADDRESS 8747 W BRYN MAWR, CHICAGO, IL, 60631	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MARYHILL CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE NILES, IL	DATE OF DISPOSITION MAY 05, 2015	
FUNERAL HOME CUMBERLAND CHAPELS, 8300 W LAWRENCE AVE, NORRIDGE, IL, 60706				
FUNERAL DIRECTOR'S NAME DARRIN R GRIFFIN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016094	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR MAY 5, 2015	
CAUSE OF DEATH PART I: CORONARY ARTERY DISEASE				
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>		a	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		b		
		c		
			YEARS	
			YEARS	
<small>Due to (or as a consequence of)</small>				
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 APRIL 27, 2015	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 07:50 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED MAY 04, 2015	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JEFFREY BUCKMAN, 1600 DEMPSTER, PARK RIDGE, ILLINOIS, 60068			PHYSICIAN'S LICENSE NUMBER 36.047645	

0837970



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.

Karen A. Yarbrough
 Cook County Clerk



THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM