

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

MAIL TO:
Stacy T. Beutler
Beutler Law Center Ltd.
16335 Harlem Ave. 4th Floor
Tinley Park, Illinois 60477

NAME & ADDRESS OF TAXPAYER:

Ryann Qualls
417 Meadowlark Dr.
Bolingbrook, IL 60440



Doc# 1907917042 Fee \$44.25

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 03/20/2019 10:08 AM PG: 1 OF 3

(The above space for recorder's use only)

STATE OF ILLINOIS)
) ss.
COUNTY OF Cook)

Ryann Qualls being duly sworn states:

That she currently resides at 417 Meadowlark Dr., in the Village of Bolingbrook, Illinois;

That the affiant is the grand-niece of **Doreen Jefferson, Deceased;**

That at the time of her death, **Doreen Jefferson** was a joint tenant with August J. Jefferson, who survived her, of land in Cook County, Illinois described as

UNIT 6645-2B IN PARK VENTURE CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

LOTS 49 AND 50 TOGETHER WITH THE WEST 1/2 OF THE VACATED ALLEY LYING EAST OF AND ADJOINING SAID LOTS; AND A PARCEL OF LAND BEING LOTS 51, 52, AND 53 (EXCEPT THE SOUTH 8 FEET OF SAID LOT 53), TOGETHER WITH THE EAST 1/2 OF THE VACATED ALLEY LYING WEST OF AND ADJOINING SAID PARCEL, ALL IN NEILSON'S SUBDIVISION OF BLOCK 2 (EXCEPT THE SOUTH 200 FEET OF THE WEST 266 FEET) IN TINLEY PARK, A SUBDIVISION OF THE SOUTH EAST 1/4 OF SECTION 30, TOWNSHIP 36 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

WHICH SURVEY IS ATTACHED AS EXHIBIT 'A' TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 26,744,398, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

Permanent Index Number: 28-30-405-033-1006

Property Address: 6645 W. 172nd Street, #2B, Tinley Park, IL 60477

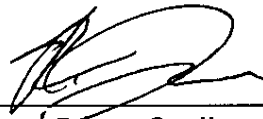
S YB
P 3
S 10
M Y
SC Y
E 10
INT Y
D March 2019

3/20/19

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That no Illinois Inheritance Tax and no Federal Estate Tax were due from the decedent's estate.

That decedent's death certificate is attached.



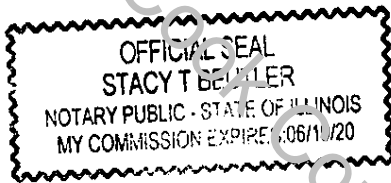
Ryann Qualls

Subscribed and sworn to be before me by affiant,
this 27~~0~~ day of February, 2019



Notary Public

MY COMMISSION EXPIRES: 6/19/2020



CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2010 0005181

DATE ISSUED 12/28/2011

DECEDENT'S LEGAL NAME DOREEN JEFFERSON		SEX FEMALE	DATE OF DEATH JANUARY 16, 2010	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 75 YEARS	DATE OF BIRTH [REDACTED]	
CITY OR TOWN BRIDGEVIEW		HOSPITAL OR OTHER INSTITUTION NAME MIDWAY NEUROLOGICAL AND REHAB		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CANADA	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME AUGUST JEFFERSON	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 6645 W 172ND ST		APT. NO.	CITY OR TOWN TINLEY PARK	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60477	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION UNKNOWN UNKNOWN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION UNKNOWN UNKNOWN
INFORMANT'S NAME AUGUST JEFFERSON		RELATIONSHIP HUSBAND	MAILING ADDRESS 6645 W. 172ND ST. TINLEY PARK, IL 60477	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION FUNERAL DIRECTORS CREMATION SERVICE	LOCATION - CITY OR TOWN AND STATE MILAN, IL	DATE OF DISPOSITION JANUARY 21, 2010
FUNERAL HOME WALLACE BROADVIEW FUNERAL HOME, 2025 ROOSEVELT ROAD, BROADVIEW, IL, 60155				
FUNERAL DIRECTOR'S NAME VERNON L WALLACE			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034009351	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JANUARY 25, 2010	
CAUSE OF DEATH PART I MYOCARDIAL INFARCTION				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Due to (or as a consequence of):		MINUTES
		Due to (or as a consequence of):		
		Due to (or as a consequence of):		
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? YES	DATE LAST SEEN ALIVE JANUARY 15, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 03:40 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 22, 2010	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JAMES JOSEPH, ILLINOIS				PHYSICIAN'S LICENSE NUMBER 036102939

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: FACILE SECURITY HOLOGRAPHIC FOLDS 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