

# UNOFFICIAL COPY

STATE OF ILLINOIS )  
 )SS:  
COUNTY OF COOK )



Doc# 1916808372 Fee \$93.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 06/17/2019 03:30 PM PG: 1 OF 3

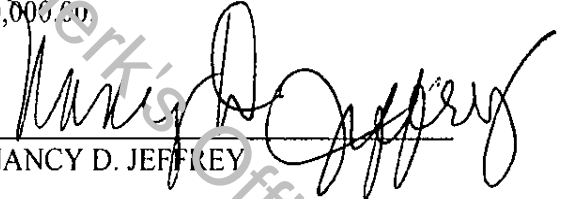
## MAIL TO:

**JOHN M. MORRONE**  
**12820 S. RIDGELAND AV., UNIT C**  
**PALOS HEIGHTS, IL. 60463**

## DECEASED JOINT TENANCY AFFIDAVIT

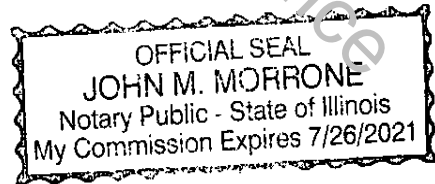
NANCY D. JEFFREY, being first duly sworn, deposes and says:

- 1) That she resides at 4045 West 90<sup>th</sup> Place, Hometown, Illinois 60456;
- 2) That she was acquainted with RONALD THOMAS JEFFREY, who died on June 25, 2008, as evidenced by the attached certified copy of the Death Certificate;
- 3) That decedent was one of the owners of the land described commonly known at 4045 West 90<sup>th</sup> Place, Hometown, Illinois 60456,
- 4) That said decedent left no Last Will and Testament;
- 5) That the total value of said decedent's estate for State of Illinois Inheritance Tax/Estate and Federal Estate Tax purposes does not exceed \$100,000.00.

  
NANCY D. JEFFREY

SUBSCRIBED AND SWORN TO BEFORE  
me this 17th day of June, 2019

  
NOTARY PUBLIC



**THIS INSTRUMENT PREPARED BY:**

**JOHN M. MORRONE, Attorney**  
**MORRONE & MORRONE, P.C.**  
**12820 S. Ridgeland Av., Unit C**  
**Palos Heights, Illinois 60463**

# UNOFFICIAL COPY

## LEGAL DESCRIPTION

LOT TWO HUNDRED NINETY-ONE (291) IN J. E. MERRION AND COMPANY'S HOME TOWN UNIT NO. 1, A SUBDIVISION OF THAT PART OF THE NORTH EAST QUARTER (1/4) LYING SOUTHEASTERLY OF AND ADJOINING THE 66 FOOT RIGHT OF WAY OF THE WABASH RAILROAD OF SECTION 3, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ADDRESS: 4045 WEST 90<sup>TH</sup> PLACE, HOMETOWN, IL 60456

P.I.N. - 24-03-210-028-0000

Property of Cook County Clerk's Office

UNOFFICIAL COPY

REGISTRATION DISTRICT NO. 160

LOCAL FILE NUMBER

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (include AKAs if any) (First, Middle, Last) Ronald Thomas Jeffrey  
2. SEX Male  
3. DATE OF DEATH (Month/Day/Year) (Spell Month) June 25, 2008

4. COUNTY OF DEATH Cook  
5a. AGE AT LAST BIRTHDAY (Years) 58  
5b. UNDER 1 YEAR Months  
5c. UNDER 1 DAY Hours Minutes  
6. DATE OF BIRTH (Month/Day/Year) April 25, 1950

7a. CITY OR TOWN Oak Lawn  
7b. HOSPITAL OR OTHER INSTITUTION NAME (if not in either, give street and number) Advocate Christ Medical Center

7c. PLACE OF DEATH (Check only one: see instructions)

IF DEATH OCCURRED IN A HOSPITAL:  Inpatient  Emergency Room/Outpatient  Dead on Arrival  
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:  Hospice facility  Nursing Home/Long-term care facility  Decedent's home  Other (Specify)

8. BIRTHPLACE (City and State or Foreign Country) Chicago, IL  
9. SOCIAL SECURITY NUMBER 335-44-6857  
10. MARITAL STATUS AT TIME OF DEATH  Married  Married but separated  Widowed  Divorced  Never Married  Unknown  
11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) Nancy Dobrowits  
12. EVER IN U.S. ARMED FORCES?  Yes  No

13a. RESIDENCE (Street and Number) 4045 W. 90th Place  
13b. APT. NO.  
13c. CITY OR TOWN Hometown  
13d. INSIDE CITY LIMITS?  Yes  No

13a. COUNTY Cook  
13f. STATE IL  
13g. ZIP CODE 60456  
14. FATHER'S NAME (First, Middle, Last) Edward Jeffrey  
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Eleanor Adair

16a. INFORMANT'S NAME Nancy Jeffrey  
16b. RELATIONSHIP Wife  
16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 4045 W. 90th Pl., Hometown, IL 60456

17. METHOD OF DISPOSITION:  Burial  Donation  Entombment  Other (Specify)  
18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) Trisons Crematory  
19. LOCATION - CITY, TOWN AND STATE Lombard, Illinois  
20. DATE OF DISPOSITION (Month/Day/Year) June 28, 2008

21a. FUNERAL HOME NAME STREET AND NUMBER CITY OR TOWN STATE ZIP  
Zimmerman & Sandeman Funeral Home, 5200 W. 95th St., Oak Lawn, Illinois 60453

21b. FUNERAL DIRECTOR'S SIGNATURE [Signature]  
21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 34-11212

22. LOCAL REGISTRAR'S SIGNATURE [Signature]  
23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) JUN 27 2008

CAUSE OF DEATH (See instructions and examples)  
24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE - enter only one cause on a line. Add additional lines if necessary.  
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CONGESTIVE HEART FAILURE  
Sequentially list conditions, if any, leading to the cause listed on line a. b. PULMONARY HYPERTENSION  
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c.  
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

25. WAS AN AUTOPSY PERFORMED?  Yes  No  
26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH?  Yes  No

27. DID TOBACCO USE CONTRIBUTE TO DEATH?  Yes  Probably  No  Unknown  
28. IF FEMALE:  Not pregnant within past 12 months  Pregnant at time of death  Not pregnant, but pregnant within 42 days of death  Pregnant within one year of death  Unknown if pregnant within the past 12 months  Not pregnant, but pregnant 43 days to 1-year before death  Unknown if pregnant within the past 12 months  
29. MANNER OF DEATH:  Natural  Suicide  Could not be determined  Accident  Homicide  Pending investigation

30. DATE OF INJURY (Month/Day/Year)  
31. TIME OF INJURY  A.M.  P.M.  
32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area)  
33. INJURY AT WORK?  Yes  No

34. LOCATION OF INJURY - Street and Number Apartment Number City or Town State ZIP Code

35. DESCRIBE HOW INJURY OCCURRED:  
36. IF TRAFFIC SPORATION INJURY, SPECIFY:  Driver/operator  Pedestrian  Passenger  Other (Specify)

37. (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 6-24-08  
38. WAS MEDICAL EXAMINER OR CORONER CONTACTED?  Yes  No  
39. DATE PRONOUNCED (Month/Day/Year) June 25, 2008  
40. TIME OF DEATH 8:02  A.M.  P.M.

41. CERTIFIER (Check only one):  
 Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated.  
 Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.  
 Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24g) 43. PHYSICIAN'S LICENSE NUMBER  
4390 W. 55th St, Oak Lawn, IL 60453 036-058308

44. TITLE OF CERTIFIER M.D.  
45. DATE CERTIFIED (Month/Day/Year) June 26, 2008  
46. SIGNATURE OF CERTIFIER [Signature]

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

JUN 27 2008

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

[Signature]  
COUNTY CLERK