

# UNOFFICIAL COPY



Doc# 1924655245 Fee \$88.00

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EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 09/03/2019 02:37 PM PG: 1 OF 3

## AFFIDAVIT RE DECEASED JOINT TENANTS

STATE OF ILLINOIS            )  
  ) SS  
COUNTY OF LAKE            )

Kathleen M. Sweeney being duly sworn states:

1. That she resides at 738 S. Taylor Avenue, Oak Park, Illinois 60304;
2. That Elsie A. Sweeney died on July 3, 1979, as evidenced by the attached certified copy of death certificate;
3. That Eileen M. Sweeney died on August 2, 1993, as evidenced by the attached certified copy of death certificate;
4. That both of the decedents were owners of land described:
  - in the subject order number;
  - in the following legal description:

Lot Four (4) and the North half (1/2) of Lot Five (5) in William P. Olson and Company's First (1<sup>st</sup>) Addition to Ridgeland in the Northwest Quarter (1/4) of Section Seventeen (17), Township Thirty nine (39), Range Thirteen (13), East of the Third Principal Meridian, in Cook County, Illinois.

**P.I.N. Number:** 16-17-121-015-0000

**For the premises commonly known as:** 738 S. Taylor Avenue, Oak Park, Illinois 60304

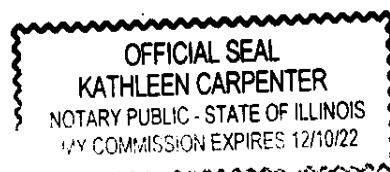
5. That both of the decedents died with each:
  - leaving no last will and testament;
  - x leaving a last will and testament;
6. That at the decedents' deaths, the total value of the decedents' respective estates were not subject to State of Illinois inheritance tax and Federal estate tax.

Kathleen M. Sweeney

Subscribed and Sworn to before me on

this 4<sup>th</sup> day of August, 2019.

Notary Public



Prepared by: Kelleher and Buckley, LLC, 102 S. Wynstone Park Drive, North Barrington, IL 60010  
Mail to: Caroline E. Hecht, Kelleher and Buckley, LLC, 102 S. Wynstone Park Drive, North Barrington, IL 60010

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STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.24 REGISTERED NUMBER 705

Form with fields for DECEASED NAME (ELSI SWEENEY), DATE OF DEATH (July 3, 1979), SEX (Female), BIRTH (June 17, 1899), OCCUPATION (Homemaker), and SIGNATURE (Peter M. Smith & Sons).

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 3 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

SIGNED [Signature] OFFICIAL TITLE - LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certificate of a death record by the Department of Public Health or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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STATE FILE NUMBER

STATE OF ILLINOIS

## MEDICAL CERTIFICATE OF DEATH

DECEASED-NAME 1. <b>EILEEN M. SWEENEY</b>	FIRST MIDDLE LAST <b>EILEEN M. SWEENEY</b>	SEX <b>2 FEMALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>3 AUGUST 2, 1993</b>
COUNTY OF DEATH <b>4 COOK</b>	AGE-LAST BIRTHDAY (YRS) <b>5a 70</b>	UNDERLYING DISEASE HOURS MIN <b>5b 5d</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>5d MAY 2, 1923</b>
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>6a OAK PARK</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>7a NEVER MARRIED</b>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>8b NONE</b>	IF HOSP. OR INST. INDICATE D.O.A. (OPENER, RM, INPATIENT (SPECIFY)) <b>9 INPATIENT</b>
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>7a OAK PARK, ILLINOIS</b>	USUAL ACCOUNTS PAYABLE CLERK <b>11 PAYABLE CLERK</b>	KIND OF BUSINESS OR INDUSTRY <b>11b INSURANCE</b>	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <b>9 NO</b>
SOCIAL SECURITY NUMBER <b>10 347-14-1563</b>	CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>13a SOUTH TAYLOR</b>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) <b>12 12</b>	College (1-4 or 5-1)
RESIDENCE (STREET AND NUMBER) <b>13a 738 SOUTH TAYLOR</b>	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>14a WHITE</b>	INSIDE CITY (YES/NO) <b>13c YES</b>	COUNTY <b>13d COOK</b>
FATHER-NAME FIRST MIDDLE LAST <b>15 PHILLIP SWEENEY</b>	MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST <b>16 ELSIE</b>	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <b>14b NO</b>	SPECIFY: YES <input type="checkbox"/> NO <input type="checkbox"/>
INFORMANT'S NAME (TYPE OR PRINT) <b>17a ROSE MARIE RUSSELL</b>	RELATIONSHIP <b>17b WIFE AT AUSTIN, OAK PARK, IL 60302</b>	SEX <b>SEXION</b>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. PART I. Immediate Cause (Final disease or condition resulting in death) <b>(a) CARCINOMA OF BREAST WITH METASTASES 1 YEAR</b>	Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		
CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <b>(b) DUE TO, OR AS A CONSEQUENCE OF</b>	(c) <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.</b>		
DATE OF OPERATION, IF ANY <b>20a</b>	MAJOR FINDINGS OF OPERATION <b>20b</b>	AUTOPSY (YES/NO) <b>19a NO</b>	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) <b>19b</b>
(IF DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>21a</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>6/2/93</b>	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>20c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	HOUR OF DEATH <b>21c 3:05 P.M.</b>
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. <b>22a SIGNATURE: Jonathan Littman MD</b>	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>715 LAKE ST. OAK PARK, IL 60301</b>	DATE SIGNED (MONTH, DAY, YEAR) <b>8/3/93</b>	ILLINOIS LICENSE NUMBER <b>22d 036-072836</b>
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <b>23</b>	CEMETERY OR CREMATORY-NAME <b>24a BURIAL</b>	CITY OR TOWN <b>24c HILLSIDE, ILLINOIS</b>	STATE <b>ILLINOIS</b>
FUNERAL HOME <b>25a WILLIAMS, KAMPP</b>	STREET AND NUMBER OR R.F.D. <b>430 E. ROOSEVELT ROAD</b>	CITY OR TOWN <b>WHEATON, ILLINOIS</b>	STATE <b>ILLINOIS</b>
FUNERAL DIRECTOR'S SIGNATURE <b>Edward C. Lane</b>	CITY OR TOWN <b>WHEATON, ILLINOIS</b>	STATE <b>ILLINOIS</b>	ZIP <b>60187</b>
LOCAL REGISTRAR'S SIGNATURE <b>[Signature]</b>	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>25c 0146619</b>	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>26b AUG 05 1993</b>	DATE OF DEATH (MONTH, DAY, YEAR)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named on item 3 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

**AUG 05 1993**

DATE, Oak Park, Il.

SIGNED **[Signature]**  
LOCAL REGISTRAR

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