

UNOFFICIAL COPY

DECEASED JOINT TENANT AFFIDAVIT

Mail To and Prepared By:
Kathleen L. McCabe
8827 W. Ogden Avenue
Brookfield, IL 60513-2148

STATE OF Illinois)
)
COUNTY OF Cook)

Patricia M. Cardoso, hereinafter referred to as affiant, states under oath that the affiant resides at 7637 45th St., Lyons, IL 60534; that the affiant was acquainted with Bernard J. Morel, decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy quit claim deed, and said property located in Cook County, Illinois is legally described as follows:

Legal Description: See attached Exhibit "A"
Property Address: 7637 45th St., Lyons, IL 60534
P.I.N. 18-01-317-025-0000

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in the property by transfer with the retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death.

That the decedent died on June 10, 1984 leaving no last will and testament, a certified copy of the death certificate having been reviewed.

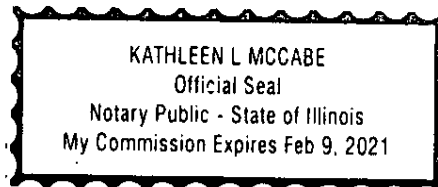
That the total value of decedent's estate, including the taxable interest in the above property was \$ -0-, and that the value of the above property individually was \$ -0-.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

(SEAL) Patricia M. Cardoso (SEAL) _____
Patricia M. Cardoso

Signed and Sworn to before me this 24th day of September, 2019.

Kathleen L. McCabe
Notary Public



Doc# 1926734132 Fee \$88.00
RHSP FEE:\$9.00 RPRF FEE: \$1.00
EDWARD H. MOODY
COOK COUNTY RECORDER OF DEEDS
DATE: 09/24/2019 02:20 PM PG: 1 OF 3

S X
P 13
S N
M _____
SC _____
E _____
INT MB

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EXHIBIT "A"

THE EAST 50 FEET OF THE WEST 150 FEET OF LOT 1 IN RIVERSIDE ACRES, A SUBDIVISION IN THE SOUTH HALF OF SECTION 1, TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Address of Property: 7637 45th Street, Lyons, IL 60534

P.I.N.: 18-01-317-025-0000

Property of Cook County Clerk's Office

UNOFFICIAL COPY

STATE FILE NUMBER

STATE OF ILLINOIS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.21**
 REGISTERED NUMBER **480**

DECEASED - NAME
Bernard J. Morel
 SEX **M**
 DATE OF DEATH **3. JUNE 10 1984**

AGE **61**
 UNDER 1 YEAR **5c.**
 UNDER 1 DAY **5b.**
 DATE OF BIRTH (MO., DAY, YEAR) **6. MAY 30 1923**
 COUNTY OF DEATH **COOK**

RACE **WHITE**
 4a. **AMERICAN**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Mac Neal**
 HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **7d. D.O.A.**

7b. **Berwyn**
 STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) **U.S.A.**
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **10. MARRIED**
 NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **BERNICE CHOLEWA**

8. **ILLINOIS**
 CITIZENSHIP (IF NOT IN U.S.A. NAME COUNTRY) **U.S.A.**

9. **U.S.A.**
 KIND OF BUSINESS OR INDUSTRY **ACCOUNTANT**
 WAS DECEASED EVER IN WAR OR DATES OF SERVICE (YES/NO) **YES**

13b. **ACCOUNTING**
 US. SOCIAL SECURITY NUMBER **[REDACTED]**
 13c. **YES**
 WAR OR DATES OF SERVICE **WW II**

14b. **7637 W 45 ST.**
 CITY, TOWN, TWP. OR ROAD DISTRICT NO. **LYONS**
 COUNTY **COOK**
 14d. **COOK**
 STATE **ILL**

15. **ANTHONY MOREL**
 FATHER - NAME **ANTHONY MOREL**
 MOTHER'S MAIDEN NAME **KATHRYN KRZAK**

17a. **BERNICE MOREL**
 RELATIONSHIP **WIFE**
 MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) **7637 W 45 ST. LYONS ILL**

18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
 IMMEDIATE CAUSE
 (a) **Hypertensive Cardiovascular**
 (b) **Disease**
 (c)

PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
 (a) **Hypertensive Cardiovascular**
 (b) **Disease**
 (c)

20a. **Maternal**
 PLACE OF BIRTH (FACTORY, OFFICE, BUILDING, ETC. (SPECIFY))
 20b. **June 10, 1984**
 DATE OF INJURY (MONTH, DAY, YEAR)
 20c. **M, 1206**
 HOUR

20d. **Richmond, MO.**
 LOCATION (CITY, VIL. OR TOWN; OR TWP. OR RD. DIST. NO., COUNTY, STATE)
 20e. **June 10, 1984**
 DATE SIGNED
 20f. **7:41A. M.**
 TIME

21. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INFORMATION THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT
 21a. **Richmond, MO.**
 LOCATION (CITY, VIL. OR TOWN; OR TWP. OR RD. DIST. NO., COUNTY, STATE)
 21b. **June 10, 1984**
 DATE SIGNED
 21c. **7:41A. M.**
 TIME

22. **Robert J. Heising, Sr.**
 MEDICAL EXAMINER'S SIGNATURE
 22a. **Richmond, MO.**
 CITY OR TOWN
 22b. **June 10, 1984**
 DATE SIGNED
 22c. **Illinois**
 STATE

23. **Resurrection**
 CEMETERY OR CREMATORY - NAME
 23a. **Resurrection**
 CITY OR TOWN
 23b. **Illinois**
 STATE

24. **Tower Home for Funerals**
 FUNERAL HOME
 24a. **Tower Home for Funerals**
 STREET AND NUMBER OR R.F.D.
 24b. **4007 JOLIET AVE.**
 CITY OR TOWN
 24c. **Illinois**
 STATE

25. **Allen H. Schiefelbein**
 FUNERAL DIRECTOR'S SIGNATURE
 25a. **Allen H. Schiefelbein**
 STREET AND NUMBER OR R.F.D.
 25b. **6328**
 CITY OR TOWN
 25c. **Illinois**
 STATE

26. **James H. Heising, Sr.**
 REGISTRAR'S SIGNATURE
 26a. **James H. Heising, Sr.**
 STREET AND NUMBER OR R.F.D.
 26b. **June 11, 1984**
 DATE SIGNED
 26c. **Illinois**
 STATE

27. **Illinois**
 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
 27a. **6328**
 27b. **June 11, 1984**
 DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

28. **Illinois**
 REGISTRAR'S SIGNATURE
 28a. **James H. Heising, Sr.**
 STREET AND NUMBER OR R.F.D.
 28b. **June 11, 1984**
 DATE SIGNED
 28c. **Illinois**
 STATE

29. **Illinois**
 REGISTRAR'S SIGNATURE
 29a. **James H. Heising, Sr.**
 STREET AND NUMBER OR R.F.D.
 29b. **June 11, 1984**
 DATE SIGNED
 29c. **Illinois**
 STATE

TEMPORARY CERTIFICATE
 DECEASED'S BIRTH NO.
 Types, or Print in PERMANENT INK
 See A Manual for Coroners and Funeral Directors Handbook for INSTRUCTIONS

DECEASED
 PARENTS
 CAUSE
 CERTIFIED
 DISPOSITION

Printed by the Authority of the State of Illinois
 355 3888-2509-4-81

AT: **Berwyn**
 OFFICIAL TITLE
 SIGNED: **A. Heising**
 DATE: **JUNE 11 1984**

VSAR 2031 DEPARTMENT OF PUBLIC HEALTH—Bureau of Statistics
 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 certification 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.

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1 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.