

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

Mail Recorded Affidavit to

JOHN TREPEL & ASSOCIATES, LLC
5844 W. Irving Park Road
Chicago, IL. 60634



Doc# 1929134048 Fee \$88.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 10/18/2019 09:57 AM PG: 1 OF 2

STATE OF ILLINOIS )
) ss
COUNTY OF COOK )

DOROTHY MAE NOLE, hereinafter referred to as the affiant, being duly sworn states that the affiant resides at 4844 West Addison Ave., in the City of Chicago, State of ILLINOIS, that the affiant, DOROTHY MAE NOLE was the daughter of WILLIAM R. NOLE, the deceased; at the time of his death, the decedent was one of the owners of the property by virtue of a properly recorded joint tenancy deed, said property located in Cook County, Illinois, and legally described as follows:

THE PROPERTY LOCATED IN THE NORTH HALF OF SECTION TWENTY ONE (21), TOWNSHIP FORTY (40) NORTH, RANGE THIRTEEN (13), EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS; ALSO KNOWN AS LOT THREE (3) IN CHESTER M. MCGRATH'S RESUBDIVISION OF LOT ONE HUNDRED ELEVEN (111) IN KOESTER AND ZANDER'S WEST IRVING PARK SUBDIVISION, IN COOK COUNTY, ILLINOIS.

Permanent Index Number: ~~09-10-301-07-2004~~ 13-21-231-020-000

Address(es) of Real Estate: 4844 West Addison Street
Chicago, IL. 60641

That the decedent died on August 15, 2015, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died: Leaving No Last Will and Testament.

That the total value of the estate of the decedent, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$150,000.00 dollars.

Dorothy M. Nole (Seal)
DOROTHY MAE NOLE - Affiant

STATE OF ILLINOIS )
)
COUNTY OF COOK )

This Affidavit was prepared by:

JOHN TREPEL & ASSOCIATES, LLC.
5844 W. Irving Park Road
Chicago, IL 60634

Subscribed and Sworn to before me this
17th day of September, 2019.

[Signature]
Notary Public



S 4
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S 1
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# CERTIFICATION OF DEATH RECORD

## UNOFFICIAL COPY

### COOK COUNTY CLERK VITAL RECORDS

### CHICAGO, ILLINOIS

### MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2015 0064581

DATE ISSUED 8/19/2015

DECEDENT'S LEGAL NAME WILLIAM R NOLE			SEX MALE	DATE OF DEATH AUGUST 15, 2015	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 87 YEARS	DATE OF BIRTH JANUARY 28, 1928		
CITY OR TOWN PARK RIDGE		HOSPITAL OR OTHER INSTITUTION NAME RAINBOW HOSPICE ARK			
PLACE OF DEATH HOSPICE FACILITY					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME LORETTA L TWAROWSKI	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 4844 W ADDISON ST		APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60641	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION DOMINICK W NOLE		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION DOROTHY H BROWN
INFORMANT'S NAME DOROTHY MAE NOLE		RELATIONSHIP DAUGHTER	MAILING ADDRESS 1238 CHURCHILL CT, BUFFALO GROVE, IL, 60089		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION ACACIA PARK CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION AUGUST 18, 2015	
FUNERAL HOME RAGO BROTHERS FUNERAL HOME, 7751 WEST IRVING PARK ROAD, CHICAGO, IL, 60634					
FUNERAL DIRECTOR'S NAME JOSEPH L RAGO			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015155		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR AUGUST 18, 2015		
CAUSE OF DEATH - PART I		CONGESTIVE HEART FAILURE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	YEARS
IMMEDIATE CAUSE (Final disease or condition resulting in death)		CORONARY ARTERY DISEASE			YEARS
PART II. Enter other <b>significant conditions contributing to death</b> but not resulting in the underlying cause given in PART I.					
CHRONIC KIDNEY DISEASE			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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 09:05 AM	
CERTIFIER PHYSICIAN				DATE CERTIFIED AUGUST 17, 2015	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH CHARLES STRULOVITCH, 1550 BISHOP CT, PARK RIDGE, ILLINOIS, 60068				PHYSICIAN'S LICENSE NUMBER 036065944	

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



THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS ARE FOR INFORMATION