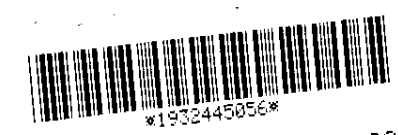


UNOFFICIAL COPY

AFFIDAVIT REGARDING DECEASED JOINT TENANCY

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)



Doc# 1932445056 Fee \$88.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 11/20/2019 11:15 AM PG: 1 OF 3

Mary E. Spear, being first duly sworn, for the purpose of clearing title covering the property described below, deposes and says:

1. That she is the widow of Richard D. Spear.
2. That this property was held as Joint Tenants by Mary E. Spear and Richard D. Spear.
3. That Richard D. Spear died on August 23, 2019 as evidenced by the attached copy of his death certificate.
4. That upon Richard D. Spear's death, Mary E. Spear became the sole owner of the property described below.
5. That the decedent was one of the owners of the property known as:

LOT 90 IN MALLARD LANDINGS UNIT III, BEING A SUBDIVISION OF PART OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 29, TOWNSHIP 36 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

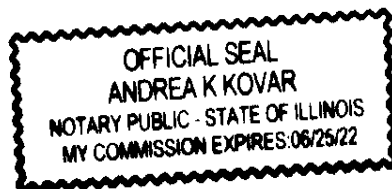
Permanent Real Estate Index Number: 27-29- 212-016-0000
Address of Real Estate: 16919 Highbush Road, Orland Park, IL 60467

6. That Mary E. Spear is the sole surviving property owner.
7. That the total value of said decedent's estate does not exceed the State of Illinois Inheritance Tax/Estate Tax and Federal Estate Tax limits.

Mary E. Spear
Mary E. Spear

SUBSCRIBED AND SWORN to
before me this 7th day of November 2019.

Andrea K. Kovar
Notary Public



S Y
P 2
S 1
M
SC
E
INT SB

UNOFFICIAL COPY

This instrument was prepared by Andrea K. Kovar, Generation Law, Ltd., 747 N. Church Rd., Suite B4, Elmhurst, IL 60126.

MAIL TO: Generation Law, Ltd. 747 N. Church Rd., Suite B4 Elmhurst, IL 60126	SEND SUBSEQUENT TAX BILLS TO: Mary E. Spear 16919 Highbush Road Orland Park, IL 60467
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Property of Cook County
COOK COUNTY
Recorder of Deeds
County Clerk's Office

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

WILL COUNTY LOCAL REGISTRAR JOLIET, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 0066698

DATE ISSUED 8/27/2019

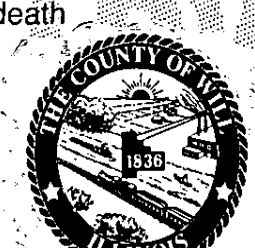
DECEDENT'S LEGAL NAME RICHARD DENNIS SPEAR		SEX MALE	DATE OF DEATH AUGUST 23, 2019	
COUNTY OF DEATH WILL	AGE AT LAST BIRTHDAY 65 YEARS	DATE OF BIRTH JANUARY 24, 1954		
CITY OR TOWN JOLIET		HOSPITAL OR OTHER INSTITUTION NAME JOLIET AREA COMMUNITY HOSPICE INC		
PLACE OF DEATH HOSPICE FACILITY				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME MARY BETH HARTFORD	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 16919 HIGHBUSH ROAD	APT. NO.	CITY OR TOWN ORLAND PARK	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60467	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ROBERT WILLIAM SPEAR	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MILDRED THERESA DELPRIORE
INFORMANT'S NAME MARY BETH SPEAR		RELATIONSHIP WIFE	MAILING ADDRESS 16919 HIGHBUSH ROAD, ORLAND PARK, IL, 60467	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION COLONIAL CHAPEL CREMATORY	LOCATION - CITY OR TOWN AND STATE ORLAND PARK, IL	DATE OF DISPOSITION AUGUST 25, 2019	
FUNERAL HOME COLONIAL CHAPEL, 15525 S 73RD AVE, ORLAND PARK, IL, 60462				
FUNERAL DIRECTOR'S NAME MARK A BIRMINGHAM			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015632	
LOCAL REGISTRAR'S NAME SUSAN OLENEK			DATE FILED WITH LOCAL REGISTRAR AUGUST 23, 2019	
CAUSE OF DEATH				
PART I. ALZHEIMERS DISEASE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4-5 YEARS		
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Due to (or as a consequence of)		
a.		Due to (or as a consequence of)		
b.		Due to (or as a consequence of)		
c.		Due to (or as a consequence of)		
PART II. Enter other <i>significant conditions contributing to death</i> 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 MAY 07, 2019	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 01:05 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED AUGUST 23, 2019	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ROBERT BOLL, DO, 23120 LAGRANGE ROAD, FRANKFORT, ILLINOIS, 60423			PHYSICIAN'S LICENSE NUMBER 036-077868	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

HOLD UP TO LIGHT TO VERIFY TRUE WATERMARK

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.

Susan Olenek
Susan Olenek
Executive Director and Local Registrar
Will County Health Department



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE