## **UNOFFICIAL C**

## **DECEASED JOINT TENANCY AFFIDAVIT**

This was prepared by: (& upon Recordation, mail to): Matlin Law Group, P.C. Attorneys & Counselors at Law 500 Skokie Blvd., Suite 100 Northbrook, IL 60062



Doc# 2033204052 Fee \$88,00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 11/27/2020 12:05 PM PG: 1 OF 3

I, Robert B. Miller, Executor of the Estate of Elizabeth L. Moran, being duly sworn state that I reside in Bainbridge Island, Kipsap County Washington.

That Elizabeth L. Moran was married to John Moran, at the time of his death. John Moran was one of the owners of property located in Cook County, Illinois commonly known as 7033 N. Kedzie Ave., Unit 816, Chicago, Illinois 60645 and legally described as:

### SEE ATTACHED LEGAL DESCRIPTION

Street Address: 7033 N. Kedzie Ave., Unit 816, Chicago, Illinois 60645

Real estate index number: 10-36-118-005-1122

That John Moran died on February 3, 2020, as evidenced by a certified copy of death certificate of the deceased attached hereto. That the value of all assets passing to Elizabeth L. Moran are free from any federal or state estate taxes.

Affiant makes this affidavit for the purpose of a Title Insurance Company to issue its Title Insurance Policy, describing the above-mentioned property.

State of Washington

County of K. FSLP

I am a notary public for the County and State above. I certify that Robert B. Miller, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me on the date below and acknowledged that she signed and delivered the instrument as her free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

1

Subscribed and Sworn to before me this 23 day of October

2033204052 Page: 2 of 3

# **UNOFFICIAL COPY**

### **LEGAL DESCRIPTION**

UNIT 8-16 IN WINSTON TOWERS NO. 4 CONDOMINIUM, AS DELINEATED ON THE SURVEY OF CERTAIN LOTS OF PARTS THEREOF IN COLLEGE GREEN SUBDIVISION, BEING A SUBDIVISION LOCATED IN SECTION 36, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM OWNERSHIP RECORDED MAY 19, 1969 AS DOCUMENT 20845366, IN COOK COUNTY, ILLINOIS, TOGETHER WITH AN UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS APPURTENANT TO SAID UNIT, AS SET FORTH IN SAID DECLARATION.

S. ndex 1.

Dropperty of Cook County Clerk's Office Street Address: 7033 N. Kedzie Ave., Unit 816, Chicago, Illinois 60645

Real estate index number: 10-36-118-005-1122

## COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 0	010181					DATE ISSUED	2/13/2020
DECEDENT'S LEGAL NAME JOHN P MORAN				SEX MA	<ul> <li>Address of the Control of the Control</li> </ul>	F DEATH RUARY 03, 2020	
COOK		AGE AT LAST BIRTHDAY 68 YEARS		DECEMBER	10, 1951		
CITY OR TOWN EVANSTON			HOSPITAL OR OTHER I				
PLACE OF DEATH			* 12 1566 1588 55 2		5		100 mm   100 mm
BIRTHPLACE FRAMINGHAM, MA	SOCIAL SECURIT	Y NUMBER STATUS AT TIME MARRIED	- 1950 APT 901 etc.	VIVING SPOUSECIVIL LIZABETH MIL	UNION PARTNER'S MAID! LER	EN NAME EVER IN U.S. FORCES? N	447.45
RESIDENCE 7033 N KEDZIE AVENUS		APT. N 816	O. CITY OR CHIC	TOWN AGO		INSIDE CITY LIM	ITS?
COUNTY STAT	ZIP CODE	FATHER/CO PARENT'S NAME PRI JOHN MORAN	OR TO FIRST MARRIAGE/CN	to Contract Service	R'CO PARENT'S NAME P RY CALLAHAN	RIOR TO FIRST MARRIAGE/CI	VIE UNION
INFORMANT'S NAME ELIZABETH MORAN		RELATIONSHIP WIFE		LING ADDRESS 33 N KEDZIE AVEN	UE UNIT 816, CHICAG	O, IL 60645	
METHOD OF DISPOSITION  CREMATION		OF DISPOSITION	11 (10 (10 (10 (10 (10 (10 (10 (10 (10 (	ATION CITY OR T	OWN AND STATE	DATE OF DISPOSITION FEBRUARY 07, 202	20
FUNERAL HOME SMITH-CORCORAN FUN	NERAL HOME -	CHIC^.より, 6150 N CICI	ERO AVE, CHICAG	O, IL, 60646			
FUNERAL DIRECTOR'S NAME. ROBERT JAY SMITH III				FUNE	RAL DIRECTOR'S ILL 4016580	NOIS LICENSE NUMBER	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH				15 Sec. 10 Press	FILED WITH LOCAL P BRUARY 7 202	100 100 100 100 100 100 100 100 100 100	
CAUSE OF DEATH PART	. ACUTÉ RESPI a.	RATORY FAILURE			HE A	Ė	
(Final disease or condition resulting in death)	b. LYMPHOCYTIC	1 No.	as a co. Jur of)		OXIMA L BETY	EI SAN	
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	c. *****		as a curaciparita un		2		
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PARCH Enter other significant cor	rations contributing	ro death du not resulting in th	e drioenying cause given	III FARI	WERE AUTOPS	PSY PERFORMED? NO SY FINDINGS USED TO	Services Services Services Services
FEMALE PREGNANCY STATUS					I (A INER OF D	항영화 기회자들의	
NOT APPLICABLE DATE OF INJURY			PLACE OF INJURY		NATURAL	INJURY AT W	ORK?
LOCATION OF INJURY							
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DESCRIBE HOW INJURY OCCURR	(ED)						SPEGICA:
ATTEND THE DECEASED?	DATE LAST SEEN AL	WAS MEDICAL E	XAMINER OR ACTED? NO	DATE PRONOL	INCED 3	TIME OF DEAT 07:15 PM	

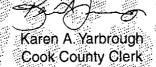


NAME ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

WIEBE, LAUREN, 2650 RIDGE AVE, EVANSTON, ILLINOIS, 60201

CERTIFIER PHYSICIAN:

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





DATE CERTIFIED FEBRUARY 06, 2020

PHYSICIAN'S LICENSE NUMBER