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\*2110319038\*

State of Illinois )  
 ) SS.  
County of Cook )

Doc# 2110319038 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 04/13/2021 01:26 PM PG: 1 OF 2

**Affidavit of Death of  
Joint Tenant**

Prepared by and after recording  
return to:

Patrick J. O'Malley Jr. **GIT**  
Attorney at Law  
12314 S. 86<sup>th</sup> Ave.  
Palos Park, Illinois 60464

410594075 11/16 **DECEASED JOINT TENANT AFFIDAVIT**

I, Anne E. Kasovic, of legal age, being first duly sworn, depose and say:

That Peter Walsh, the decedent referenced in the attached copy of his Medical Certificate of Death, issued by the City of Chicago Department of Public Health on September 16, 2007 (State File No. 612370), is the same person as my father, Peter Walsh, named as one of the grantees in tenancy by the entirety in that certain Warranty Deed dated October 28, 2003, and recorded January 8, 2004, as Document Number 0400642147 with the Cook County Recorder of Deeds, covering the following described property situated in the County of Cook, State of Illinois:

**Lot 83 in Lowry's Second Addition to Norwood Park in Section 1, Township 40 North, Range 12 East of the Third Principal Meridian, in Cook County, Illinois.**

**Permanent Real Estate Index Number: 12-01-212-020-0000;**

**C/K/A: 7407 W. Clarence Ave., Chicago, Illinois 60631**

The Federal and State estate tax, if any, that was due from the decedent's estate has been paid in full.

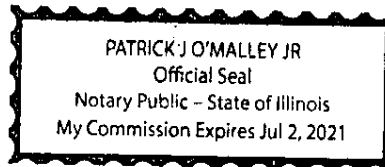
Date: January 13, 2021

*Anne E. Kasovic*

\_\_\_\_\_  
Anne E. Kasovic, Affiant

Subscribed and sworn to before me  
this 13<sup>th</sup> day of January, 2020.

\_\_\_\_\_  
Notary Public



**CONTINUE TO MAIL TAX STATEMENTS TO THE PROPERTY ADDRESS**

# UNOFFICIAL COPY

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH

## MEDICAL CERTIFICATE OF DEATH

DISTRICT NO. **16.10**  
REGISTERED NUMBER **612370**

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

SEP 18 2007

I, **TERRY MASON M.D.**, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN OBTINANCE OF SAID LAW AND ORDINANCES.

**1. DECEASED—NAME** FIRST MIDDLE LAST  
**PETER WALSH**

**2. SEX** **2. MALE**

**3. DATE OF DEATH** (MONTH, DAY, YEAR)  
**3. SEPTEMBER 15, 2007**

**4. COUNTY OF DEATH** **COOK**

**5. DATE OF BIRTH** (MONTH, DAY, YEAR)  
**5. APRIL 10, 1929**

**6. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER** **CHICAGO**

**7. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)**  
**RESURRECTION MEDICAL CENTER**

**8. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)**  
**8b. Julia Devaney**

**9. WAS DECEASED EVER ARMED FORCES? (YE)** **9. YES**

**10. KIND OF BUSINESS OR INDUSTRY** **Construction**

**11. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)**  
**11. College (1-4 or 5-1)**

**12. CITY, TOWN, TWP. OR ROAD DISTRICT NO.** **Chicago**

**13. INSIDE CITY (YES/NO)** **13c. YES**

**14. COUNTY** **13d. Cook**

**15. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)** **White**

**16. MOTHER—NAME** FIRST MIDDLE LAST **17. RELATIONSHIP**  
**Martin Walsh** **Son**

**18. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)**  
**17a. Rev. Gerald Walsh** **17b. 7958 W. Foster Ave Chicago, IL 60646**

**19. IMMEDIATE CAUSE (Final disease or condition resulting in death)**  
**(a) INTRACRANIAL HEMORRHAGE**

**20. CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.**  
**(a) DUE TO, OR AS A CONSEQUENCE OF**  
**(b) DUE TO, OR AS A CONSEQUENCE OF**  
**(c) DUE TO, OR AS A CONSEQUENCE OF**

**21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.**  
**HYPERTENSION**

**22. DATE OF OPERATION, IF ANY**  
**20a. SEPTEMBER 12, 2007**

**23. MAJOR FINDINGS OF OPERATION**  
**23a. 100% intraparenchymal hemorrhage. AVM.**

**24. (1) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/LER ALIVE ON** **20b. 100% intraparenchymal hemorrhage. AVM.**

**25. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.**  
**25a. SEPTEMBER 14, 2007**

**26. SIGNATURE** **26a. I:05 A.M.**

**27. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)**  
**27a. Mark Switzer**

**28. ILLINOIS LICENSE NUMBER** **28a. 036-102473**

**29. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)**  
**29a. Mark Switzer MD**

**30. BURIAL, CREMATION, REMOVAL (SPECIFY)** **30a. All Saints Cemetery**

**31. CEMETERY OR CREMATORY—NAME** **31a. Des Plaines**

**32. CITY OR TOWN** **32a. IL**

**33. STATE** **33a. IL**

**34. DATE (MONTH, DAY, YEAR)** **34a. 9/18/2007**

**35. STREET AND NUMBER OR R.F.D.** **35a. 625 Busse Hwy., Park Ridge, IL 60068**

**36. FUNERAL HOME** **36a. Cooney Funeral Home**

**37. FUNERAL DIRECTOR'S SIGNATURE** **37a. 1930**

**38. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER** **38a. 1930**

**39. LOCAL REGISTRAR'S SIGNATURE** **39a. SEP 18 2007**

**40. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)** **40a. SEP 18 2007**



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.