UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

Prepared By and Return To:

Russel G. Robinson, Esq. Robinson Payne LLC 2800 W. Higgins Road, Suite 160 Hoffman Estates, IL 60169 847-882-8888

Taxpayer Name and Address:

Patricia A. O'Shea 504 Isle Royal Bay Roselle, IL 60172

Doc#. 2135604298 Fee:	\$98.00
Karen A. Yarbrough	
Cook County Clerk	

Date: 12/22/2021 10:45 AM Pg: 1 of 4

STATE OF ILLINOIS COUNTY OF COOK

) 83

Patricia A. O'Shea, being duly sworn states that she resides at 504 Isle Royal Bay, Roselle, Illinois, 60172.

That Robert G. O'Shea, deceased, who at the time of his death was one of the owners of the land in Cook County, Illinois, legally described as follows:

LEGAL DESCRIPTION IS ATTACHED HERETO AS EXHIBIT A.

Permanent Index Number: <u>07-35-311-089-0000</u>
Property Address: 504 Isle Royal Bay, Roselle, Illinois, 60172
That the deceased died on June 28, 2021, and a redacted copy of his Death Certificate is attached hereto as Exhibit B.
That the deceased died:
-Leaving no Last Will & Testament.
Leaving a Last Will and Testament a copy of which is attached hereto. The original of the Last Will and Testament should be filed with the Clerk of Probate Division of the Circuit Court of Kane County, Illinois, the County of residence of the deceased at the time of his death.
□ Leaving a Last Will and Testament dated March 2, 1976 which was filed with the Probate Division of the Circuit Court of Cook County on August 3, 2021.

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Date:	Patricia A. O'Shea
that Parents that this d	undersigned, a Notary Public in and for the County and State aforesaid, DO HEREBY CERTIFY atricia A. O'Shea, who [] produced as identification or [is personally known to be the same person whose name is subscribed to the foregoing instrument, appeared before many in person, and under oath, acknowledged that she signed, sealed and delivered the said nent as a free and voluntary act for the uses and purposes therein set forth.
Date:	Danson 19, , 2021
	OFFICIAL SEAL RUSSEL G ROBINSON NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES: 9/24/2025
	MY COMMISSION EXPIRES: 9/24/2025

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EXHIBIT A

LOT 2 IN BLOCK 24 IN THE TRAILS UNIT TWO, BEING A SUBDIVISION IN THE SOUTHWEST 1/4 OF SECTION 35, TOWNSHIP 41 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, AS PER PLAT OF SUBDIVISION RECORDED APRIL 18, 1972, AS DOCUMENT NO. 21870672.

ALSO A NON-EXCLUSIVE EASEMENT FOR INGRESS AND EGRESS, APPURTENANT TO THE LOT HEREINABOVE DESCRIBED, UPON AND ACROSS OUT LOTS A, B, AND C, IN THE TRAILS UNIT 1 AND OUT LOTS A AND B IN THE TRAILS UNIT 2, BEING SUBDIVISIONS IN THE SOUTHWEST OUARTER OF SECTION 35, TOWNSHIP 41 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, SAID EASEMENT BLIS. 274, IN COOK COUNTY CLORATES OFFICE HAVING BEEN ESTABLISHED BY GRANT RECORDED ON JULY 27, 1972 AS DOCUMENT NO. 21/19)274, IN COOK COUNTY, ILLINOIS.

CERTIFICATION OF DEATH RECERD

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH	
STATE FILE NUMBER 2021 005/415	DATE ISSUED 7/1/2023
I TRANTO TO CONTROLLER CONTROL BUTCHER SECTION OF CONTROL OF CONTR	EX SATE OF DEATH IALE JUNE 28, 2021
COUNTY OF BEATH AGE AT LAST BIRTHEAY DATE OF BIRT	Н
CHYGR TOWN HOSPITAL OR OTHER INSTITUTION NA SCHAUMBURG FRIENDSHIP VILLAGE-SCHA	
PLACE OF DEATH	
BIRTHELAGE SQCIAL SECURITY NUMBER STATUS AT TIME OF DEATH SURVIVIUS SPOUSSIC CHICAGO, IL MARRIED PATRICIA A C	IVILUNION PARTNERS NAIDEN NAME: ESER IN U.S. ARMED DUAID FORCES? NO
RESIDENCE APT NO CITY OR TOWN	INSIDE CITY LIMITS?
	YES THERICO PARENT'S NAME PRIOR TO PIRST MASSIAGE/CIVIL UNION
INFORMANT'S NAME MAILING ADDRESS	
METHOD OF DISPOSITION COCATION COCATION	AL BAY, ROSELLE, IL 60172 R TOWN AND STATE DATE OF DISPOSITION
CREMATION COUNTRYSIDE CREMATORY BARTLETT IL	JULY 09, 2021
COUNTRYSIDE FUNERAL HOME - ROSE, \$33 COUTH TOSELLE ROAD, ROSELLE, IL, 60172	UNERAL DIRECTOR'S ILLINO STACENSE NAMBER
TIM MOULEON	034015750 ATE REED WITH LOCAL RESISTRAR
KAREN A YARBROUGH	Jul ¥ 1, 2021
CAUSE OF DEATH FART I.	
(Final dipease or contribution plan to for see a consequence of the contribution of th	AND D AND D
Quis (c) (or as a signe equations of):	APPINTERV
Bue to (or as a conteguence of): PART : Enter other significant contributions contributing to death but not rebuiling in the underlying cause given in PART.	WAS AN AUTOPSY PERFORMEDY: NO
	VERE AUTOPS/ FINDINGS USED TO
FEMALE PRESINANCY STATUS	OMFLETE GAUSS OF DEATHY N/A
NOT APPEICABLE DATE OF INJURY PLACE OF INJURY	NATURAL INJURYAT WORKY
LOCATION OF INJURY	
DSSCRIBE HOW INJURY COCCURRED.	IF TRANSPORTAT ON NUMY SPECIFIE
ATTEND THE DECEASEDY DATELAST SEEN ALIVE WAS MEDICAL EXAMINER OR DATE PROJECT YES: JUNE 17, 2021 GORONER CONTACTED? NO	vgunced time of death 09:05 AM
CERTIFIER PHYSICIAN	DATE CERTIFIED JUNE 30, 2021
NAME ADDRESS AND ZIP DODE OF BERSON COMPLETING CAUSE OF DEATH MONICA MAHAJAN MD, 800 BLESTERFIELD ROAD, SUITE 800, ELK, GROVE VILLAGE, ILLING	PHYSICIAN'S LICENSE NUMBER
	1835744 ov (D: 45946

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.

Karen A. Yarbrough Cook County Clerk

