

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

Doc#: 2226934412 Fee: \$98.00
Karen A. Yarbrough
Cook County Clerk
Date: 09/26/2022 03:50 PM Pg: 1 of 3

DANIEL COLLINS, being duly sworn that he resides at 5313 N. Meade, in the City of Chicago, County of Cook, and State of Illinois.

That he was acquainted with STASIA COLLINS, deceased, who at the time of her death, was one of the owners of the land in the City of Chicago, County of Cook, State of Illinois, described as:

**** SEE ATTACHED FOR LEGAL DESCRIPTION ****

PIN: 13-08-121-016-0000
ADDRESS OF REAL ESTATE: 5313 N. MEADE, CHICAGO, IL 60630

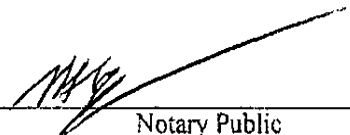
PREPARED BY AND MAIL TO: BRIAN S. DENENBERG
ANGELO LAW GROUP, LLC,
1835 ROHLWING RD, SUITE D
ROLLING MEADOWS, IL 60008

That the deceased died July 25, 1998, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will and Testament.
- Leaving a Last Will and Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois.

Subscribed and sworn to before me by the said
this 26th
day of SEPTEMBER, 2022.



Notary Public

X 

Affiant's Signature

OFFICIAL SEAL
BRIAN S DENENBERG
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 06/15/24

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LEGAL DESCRIPTION

LOT 25 IN BLOCK 7 IN KINSEY'S FOREST GARDEN A SUBDIVISION OF THAT PART OF THE EAST 1/2 OF THE NORTHWEST 1/4 LYING SOUTH OF THE CHICAGO AND NORTHWESTERN RAILROAD IN SECTION 8, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

UNOFFICIAL COPY

CITY OF CHICAGO

DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JUL 27 1998

NUMBER

611897

MEDICAL CERTIFICATE OF DEATH

ILLINOIS NO. 16.10
REGISTERED NUMBER

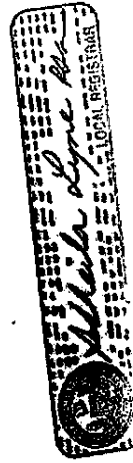
DECEASED-NAME STASIA M COLLINS	SEX 2 FEMALE	DATE OF DEATH 3 JULY 25, 1998
CITY OF DEATH COOK	DATE OF BIRTH 52 MARRIED	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. MAY 19, 1946
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER CHICAGO	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) RESURRECTION MEDICAL CENTER	IF HOSP OR INST, INDICATE D.O.A. (OPERATOR, RN, INFANT) (SPECIFY) 6c INPATIENT
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) IRELAND	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. NO
SOCIAL SECURITY NUMBER 11a.	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. DAN	HIGHEST GRADE COMPLETED 12. College (1-4 or 5+)
RESIDENCE (STREET AND NUMBER) 13a. 5313 N. MEADE AVENUE	CITY, TOWN, TWP, OR ROAD DISTRICT NO. 11b. CHICAGO	COUNTY 13d. COOK
STATE 13b. ILLINOIS	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) 14a. WHITE	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (6-12) College (1-4 or 5+)
FATHER-NAME 15. PATRICK SCANLAN	MOTHER-NAME 14b. NO	OF HISPANIC ORIGIN? (SPECIFY) OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC. 13c. YES
INFORMANT'S NAME (TYPE OR PRINT) 17a. DAN COLLINS	RELATIONSHIP 16. HUSBAND	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17b. 5313 N. MEADE, CHICAGO, ILL 60630
18. PART I. Immediate Cause (Final disease or condition resulting in death) (a) MASSIVE INTRACEREBRAL HEMORRHAGE (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 DAYS	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		
DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a.	WAS COJONER MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO	HOUR OF DEATH 21c. 7:41 A.M.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. DUMITRU, CIOATA, M.D. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22d. CHICAGO, ILL - 60631	DATE SIGNED (MONTH, DAY, YEAR) 22b. JULY 25, 1998	ILLINOIS LICENSE NUMBER 22d. 036-062874
BURIAL, CREMATION, REMOVAL, ETC. 24a. BURIAL	CEMETERY OR CREMATORY-NAME 24b. ALL SAINTS	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
FUNERAL HOME 25a. GIBBONS' FUNERAL HOME	STREET, NO NUMBER OR R.F.D. 5917 W. IRVING PARK ROAD	DATE (MONTH, DAY, YEAR) 24c. JULY 28, 1998
FUNERAL DIRECTOR'S SIGNATURE/ LOCAL REGISTRAR'S SIGNATURE 25b. Colleen P. Gibbons	CITY OR TOWN CHICAGO, ILLINOIS	STATE ILLINOIS
25c. COLLEEN P. GIBBONS	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-015124	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. JUL 27 1998
26a. Sheila Lynne RSM, Local Registrar	26b. LOCAL REGISTRAR	(BASED ON 1980'S STANDARD CERTIFICATE)

tabbles

EXHIBIT

A

I, SHEILA LYNNE, RSM, 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 PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.