UNOFFICIAL CO

Doc#. 2228028154 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

Date: 10/07/2022 03:30 PM Pg: 1 of 2

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF COOK

AFFIANT, MICHAEL O'HARA, being duly sworn on oath, states that he resides at 721 Kylemore Drive, Des Plaines, Illinois 60016.

He was acquainted with MARY O TARA, Deceased, his wife, who, at the time of death, was a joint tenant owner of the land in Cook County, illinois, legally described as:

SEE LEG/L ATTACHED

Permanent Real Estate Index Number:

Address of Real Estate:

13-36-309-023-0000 721 Kylomore Drive Des Fraines, IL 60016

Decedent died on December 4, 2017, as evidenced by the certified copy of the Death Certificate of said Decedent hereto attached as part hereof.

Decedent died leaving A/No Last Will and Testament.

The total value of the Estate of the Decedent, including both real and personal property owned by the Decedent at the time of death, either individually or in joint tenancy, does not exceed the cum of \$1,000,000.00.

Affiant makes this Affidavit for the purpose of inducing any title insurance company authorized to do business in the State of Illinois to issue its title insurance policy on said realty free of any object memorials relative to the Estate of said Decedent.

SUBSCRIBED AND SWORN TO before me

7 day of September, 2022.

Official Seal Thomas Planera II Notary Public State of Illinois My Commission Expires 03/09/2025

Prepared by and return to:

Thomas Planera II, 195 W. Joe Orr Rd., Ste. 200, Chicago Heights, IL 60411

EXHIBIT

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강성에 살았다. 성상의		196.0					309		
STATE FILE NUMBER	2017 0000105		1				100		836

						DATE ISSUED	8/22/202
DECEDENT'S LEGAL NAME MARY O'HARA					SEX FEMALE	DATE OF DEATH DECEMBER 04, 2017	
COOK		AST BIRTHDAY EARS		DATE OF BIF	RTH T 24, 1947		
CITY OR TOWN DES. PLAINES			PLAL OR OTHER	MOLTUTITAMI			
PLACE OF DEATH DECEDENT'S HOME							
BIRTHPLACE GHICAGO IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF L		RVIVING SPOUSE VIICHAEL O	CIVIL UNION PARTNER	RS MAIDEN NAME EVER IN U. FORCES?	
RESIDENCE 721 KYLEMORE DRIVE	I CARRAGO DE TARRA	APT NO.	CITYC	RTOWN	HANA	INSIDE CITY L	
COUNTY ST. T.		PARENT'S NAME PRIOR TO M HUGHES		IVIC UNION A	MARJORIE HO	NAME PRIGR TO FIRST MARRIAGE	CIVIL UNION
INFORMANT'S NAME MICHAEL O'HARA	REI	ATIONSHIP HUSBAND	M	ALING ADDRES	s	LAINES, IL, 60016	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPO		i i		OR TOWN AND STA	TE DATE OF DISPOSITION	
FUNERAL HOME GL HILLS, 745 GRACELA				LO FLAIIVEO	n Herrich	DECEMBER 12, 2	201 <i>/</i>
FUNERAL DIRECTOR'S NAME GRAHAM A HILLS		. 120, 12, 00010			FUNERAL DIRECTO	R'S ILLINOIS LICENSE NUMBE	<u> </u>
LOCAL REGISTRAR'S NAME DAVID ORR					DATE FILED WITH L DECEMBER		
CAUSE OF DEATH PART IMMEDIATE CAUSE # (Final disease or condition resulting in death) 6.	COMMUNITY ACQUIRED	Due to (or as a co	nseruence 1):			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ONSET AND THE STATE O	
c	SYRINGOMYELIA	Due to (or as a co				TIN	
PART II. Enter other significant cond	litions contributing to death b	it not resulting in the und		in PART L	WAS AN	AUTOPSY PERFORMED? N	0
SJÖGRENS DISEASE PROTI	EIN CALORIE MALNUTRIT	ON			WERE A	UTOPSY FINDINGS USED TO	
FEMALE PREGNANCY STATUS					- J. Wing	ETE CAUSE OF DEATH? N/A ROF DEATH	<u>하_</u> 환함 <u>-</u> 등록
NOT PREGNANT WITHIN Date of Injury	LAST YEAR.	Drao	E OF INJURY		NAT!		#13-67#4.3e
	TIME OF INC	UNI FLAC	E OF INJURY			INJURY.AT	WORK?
LOCATION OF INJURY							
DESCRIBE HOW INJURY OCCURRE	D .					IF TRANSPORTATION INJURY	SPECIFY
	ATE LAST SEEN ALIVE APRIL 13, 2017	WAS MEDICAL EXAMIN CORONER CONTACTE		DATE PRO	NOUNCED	TIME OF DE# 05:12 ₽0	
CERTIFIER PHYSIĆJAN						DATE CERTIFIED DECEMBER 05, 201	5.40 ta 3.7 5.45
NAME, ADDRESS AND ZIP CODE OF JOSEPH CHIMINO, 77 RA			6			PHYSICIAN'S LICENSE NU 036124 5900 Q D	MBER



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

