

UNOFFICIAL COPY



State of Illinois)
County of Cook) ss.

Doc# 2232557019 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 11/21/2022 01:38 PM PG: 1 OF 2

DECEASED JOINT TENANCY AFFIDAVIT

I, **THOMAS O'REILLY, JR.**, hereinafter called "Affiant", being duly sworn states that he was acquainted with **THOMAS E. O'REILLY, SR.**, hereinafter referred to as Deceased, and at the time of Decedent's death, one of owners of the land in Cook County, Illinois, commonly known as **3941 West 81st Place, Chicago, Illinois 60652**, and legally described as:

LOT 16 AND EAST 12.50 FEET OF LOT 17 IN BLOCK 7 IN WALLACE G. CLARK'S 3RD ADDITION TO CLARKDALE, BEING A SUBDIVISION OF THE SOUTHWEST ¼ OF THE NORTHWEST 1/4 OF SECTION 35, TOWNSHIP 38 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N.: 19-35-117-049-0000
Address: 3941 West 81st Place, Chicago, Illinois 60652

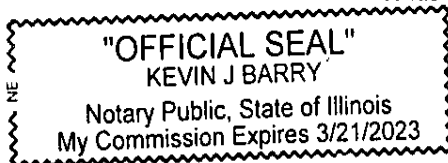
That the Deceased died on **December 4, 2012**, as evidenced by a copy of Deceased's death certificate attached hereto. That the Deceased, at the time of his death, held his share of the above-mentioned property as a joint tenant and that the Deceased died leaving no last will & testament. That the total value of the estate of the Deceased, for estate tax purposes, including both real and personal property owned by the Deceased, either individually or in joint tenancy at the time of the death of the Deceased, does not exceed the sum of \$0.00. Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

Subscribed and sworn before me
this 17th day of November, 2022

Notary Public

Thomas O'Reilly, Jr.

Prepared by: MAIL TO:
Kevin J. Barry
3551 W. 111th Street
Chicago, Illinois 60655
773.779.6100
kevin@barrylawinc.com



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

STATE FILE NUMBER 2012 0091161

DATE ISSUED: 12/7/2012

DECEDENT'S LEGAL NAME THOMAS E O'REILLY		SEX MALE	DATE OF DEATH DECEMBER 04, 2012	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 83 YEARS	DATE OF BIRTH JULY 16, 1929		
CITY OR TOWN OAK LAWN		HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE CHRIST MEDICAL CENTER		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME PATRICIA SCHWARTZ	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 3941 W 81ST PLACE	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60652	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION PHILLIP O'REILLY	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARY MURPHY
INFORMANT'S NAME PATRICIA O'REILLY		RELATIONSHIP WIFE	MAILING ADDRESS 3941 W 81ST PLACE, CHICAGO, IL, 60652	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MOUNT SEPIULCHRE CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE ALSIP, IL	DATE OF DISPOSITION DECEMBER 07, 2012	
FUNERAL HOME BLAKE LAMB FUNERAL HOME, 4727 WEST 103RD STREET, OAK LAWN, IL, 60453				
FUNERAL DIRECTOR'S NAME VINCENT G GIFF			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012014	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR DECEMBER 7, 2012	
CAUSE OF DEATH PART I. ACUTE RESPIRATORY FAILURE IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of): b. ADULT RESPIRATORY DISTRESS SYNDROME _____ Due to (or as a consequence of): c. PNEUMONIA _____ Due to (or as a consequence of):				
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. CORONARY ARTERY DISEASE			WAS AN AUTOPSY PERFORMED? NO WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE DECEMBER 04, 2012	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 04:13 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED: DECEMBER 05, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH J.K. PATEL, MD, 6738 CERMAK ROAD, BERWYN, ILLINOIS, 60402			PHYSICIAN'S LICENSE NUMBER 036-051749	

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

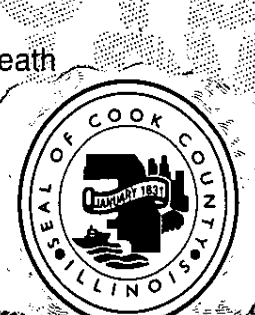
12 DAYS

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: FACILE SECURITY HOLOGRAPHIC FOLDS AT BOTTOM

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.

David Orr
 David Orr
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE