UNOFFICIAL COPY

2301922026
Doc# 2301922026 Fee \$88.00
RHSP FEE:\$9.00 RPRF FEE: \$1.00 Karen a. Yarbrough
COOK COUNTY CLERK
PATE: 01/19/2023 11:26 AM PG: 1 OF 3

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)) ss County of Will)

Gloria G. McDowell, being duly sworn states that she resides at 9817 S. Harding Avenue, Evergreen Park, Illinois 60805

That she is the surviving spouse of Stuart W. McDowell, deceased, who at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

LOT 35 (EXCEPT THE SOUTH 10 FEET) AND THE SOUTH 20 FEET OF LOT 36 IN FRANK DE LUGACH'S CRAWFORD AVENNUE HILLS SUBDIVISION OF THE WEST ½ OF THE SOUTH ½ OF THE SOUTHWEST ¼ OF THE NORTHWEST ¼ OF SECTION 11, TOWNSHIP 37 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number: 24-11-123-051-0000

Address of Real Estate: 9817 s. Harding Avenue, Evergreen Park, Illinois 60805

That the deceased died on November 8, 2022, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That th	ne deceased died:	74.
X	Leaving no Last Will & Testament	7.0
		The original of the proven will should
	be filed with the Clerk of the Proba	te Division of the Circuit Court of
	Will County, Illinois.	
	Leaving a Last Will & Testament v	which was filed in the unproven WillBox of
	the Probate Division of the	
	Illinois about , 20	•

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That the total value of the estate of the deceased, 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 \$100,000.00 dollars.

Gloria G. McDowell

Subscribed and sworn to before me this $17^{1/4}$ day of

January, 2023.

Notary Public

DALE A HAUSER III
Official Seal
Notary Public - State of Illinois
My Commission Expires Mar 5, 2025

This instrument was prepared by and mail to: M. W. Brady Law Firm, P.C. 20950 S. Frankfort Square Road, Suite B Frankfort, Illinois 60423

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CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

COOK COUNTY CLERK VITAL RECORDS

		V301 3.00	5.4	3644			
STATE FILE NUMBER	2022 0099920					DATE ISSUED	11/17/202
OTATION DET						+25 F T - 1 T T T - 1 T - 1	

WAST TO COMPER					· 146 - 170 - 1	
DECEDENT'S LEGAL NAME STUART WALTER MC DO	WELL			SEX MALE	DATE OF DEATH NOVEMBER ()8, 2022
COOK	50 100 did 100	AT LAST BIRTHDAY 5 YEARS		DATE OF BIRTH JULY 20, 1947		
CITY OR TOWN PROVISO TWP			OSPITAL OR OTHER IN HINES VETERAN	STITUTION NAME ADMINSTRATION F	ACILITY	
PLACE OF DEATH INPATIENT						
BIRTHPLACE ALMA, MI	SOCIAL SECURITY NUMI 517-52-6977	MARRIED	- 1427 - 1437 - 1541 - 1542 - 1	IVING SPOUSE/CIVIL UNION P		ORCES? YES
RESIDENCE 9817 S HARDING		APT: NO.		TOWN GREEN PARK		IDE CITY LIMITS? YES
COUNTY: STAT.		RICO-PARENTS NAME PRIOF LTER B MC DOWE		UNION MOTHER/CO PA	RENT'S NAME PRIOR TO FIRST UTLER	MARRIAGE/CIVIL UNION
INFORMANT'S NAME GLORIA G MC DOWELL		RELATIONSHIP WIFE		ING ADDRESS 17 S HARDING, EVERO	REEN PARK, IL, 60805	
METHOD OF DISPOSITION CREMATION	/ALAC : OF D	ISPOSITION EY SULLIVAN CREMA	200000000000000000000000000000000000000	TION CITY OR TOWN A		SPOSITION SER 15, 2022
FUNERAL HOME BEVERLY RIDGE FUNERA	AL HOME, 10415	KECZIE AVENUE,	CHICAGO, IL, 606	55		
FUNERAL DIRECTOR'S NAME JAMES R TROLIA				FUNERAL DII 0340118	RECTOR'S ILLINOIS LICENS	SE NUMBER
LOCAL REGISTRAR'S NAME					WITH LOCAL REGISTRAR BER 14, 2022	
CAUSE OF DEATH PART I. IMMEDIATE CAUSE 8	SEPTIC SHOCK				TE ATF	
(Final disease or condition	ASPIRATION PNEUM		a c insequence of):		OXIIMA ND DE	
		Due to for as	a consequence of)		APPR VIERVA	
c.	LIVER CIRRHOSIS					
PART II. Enter other significant condi	itions contributing to de		a consequence of):	PARTU	VAS AN AUTOPSY PERFOR	
				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	VERE AUTOPSY FINDINGS	SUSED TO
FEMALE PREGNANCY STATUS					NNER OF DEATH	MAR NAME AND ASSESSMENT OF THE PARTY OF THE
and the fact are as a second of the second o	TIME C	FINJURY PI	ACE OF INJURY		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	INJURY AT WORK?
LOCATION OF INJURY		<u>- # 2544</u> ###\###				
DESCRIBE HOW INJURY OCCURRED	<u> </u>				IF TRANSPURINTI	ON INJURY, SPECIFY.
PATTEND THE DECTACES.	ATE LAST SEEN ALIVE	WAS MEDICAL EX	MINER OR	DATE PRONOUNCED		IME OF DEATH
NO	UNKNOWN	CORONER CONTA		DATE PRONOUNCED		10.45 AM
CERTIFIER PHYSICIAN					NOVEMBER	R 09, 2022
NAME, ADDRESS AND ZIP CODE OF	PERSON COMPLETING	CAUSE OF DEATH			PHYSICIAN'S L	ICENSE NUMBER



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

