

UNOFFICIAL COPY

Doc#: 2316006166 Fee: \$98.00
Karen A. Yarbrough
Cook County Clerk
Date: 06/09/2023 10:58 AM Pg: 1 of 2

Prepared by and Mail to:
Bradley H. Costello
Costello Legal Services, Ltd.
5910 Grand Ave.
Downers Grove, IL 60516

STATE OF ILLINOIS)
COUNTY OF DUPAGE) DECEASED JOINT TENANCY AFFIDAVIT
SS.

File Number: 23157020 1/3

Jeanette A. Fordon, being duly sworn, states that she resides at 1512 Herbert Ave., Berkeley, IL 60163.

That she was acquainted with Gerald S. Fordon, deceased who, at the time of death, was one of the owners of the land in Cook County, IL, described as:

Address of Real Estate: 1512 Herbert Ave., Berkeley, IL 60163
Permanent Index Number(s): 15-07-114-015-0000
Legal Description:

LOT 19 IN BLOCK 2 IN WENDLEY BERKELEY HIGHLANDS UNIT NO. 1, BEING A SUBDIVISION OF THE WEST 716.60 FEET OF THE EAST 946.6 FEET OF THE SOUTH 872.5 FEET AND ALSO OF THE WEST 248.4 FEET OF THE EAST 1195 FEET OF THE SOUTH 170 FEET OF THE NORTH WEST FRACTIONAL QUARTER OF SECTION 7, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

That the deceased died 3/4/2004, as evidenced by a certified copy of death certificate of the deceased attached hereto.

- That the deceased died: Leaving no Last Will & Testament.
- Leaving a Last Will & 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 Cook County, IL.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, IL, about _____.

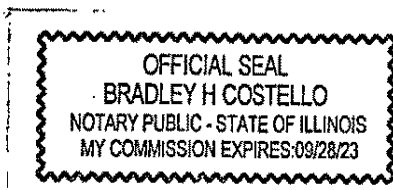
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$230,000.00 dollars.

Affiant makes this affidavit for the purpose of inducing Old Republic National Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said Jeanette A. Fordon this 2nd day of May, A.D. 2023.


Notary Public


(Affiant's Signature)



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"Exhibit"

REGISTRATION DISTRICT NO. 22.0 REGISTERED NUMBER	STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH	STATE FILE NUMBER
DECEASED NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR) 1. GERALD S. FORDON 2. Male 3. MARCH 4, 2004		
COUNTY OF DEATH AGE LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) 4. DuPage 5a. 62 5b. 5c. 5d. June 30, 1941		
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. OPENER, RM. INPATIENT (SPECIFY) 6a. Elmhurst 6b. Elmhurst Hospital 6c. Inpatient		
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 7. Chicago, Il. 8a. Married 8b. Jeanette A. Kaczmarek 9. No		
SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 10. [REDACTED] 11a. Instructor 11b. SBC-Tele. 12. 12 College (1-4 or 5+)		
RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP, OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY 13a. 1512 Herbert 13b. Berkeley 13c. Yes 13d. Cook		
STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 13e. Ill. 13f. 60163 14a. White 14b. X NO YES SPECIFY:		
FATHER NAME FIRST MIDDLE LAST MOTHER NAME FIRST MIDDLE (MAIDEN) LAST 15. Bernard Fordon 16. Marcella Depcik		
INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17a. Jeanette A. Fordon 17b. Wife 17c. 1512 Herbert-Berkeley, Il. 60163		
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
Immediate Cause (Final disease or condition resulting in death) (a) CHRONIC LYMPHOCYTIC LEUKEMIA		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) SPPSIS		
(c)		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		
DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 20a. 20b. 19a. No 19b. No		
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 21a. 3-4-04 20c. YES YES NO		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH 21b. NO 21c. 1:55 A.M.		
SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) DATE SIGNED (MONTH, DAY, YEAR) 22a. [Signature] 22b. 3-9-04		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER 22c. MARILYN EVRARD, MD 1200 S. YORK RD. ELMHURST, IL 60126 22d. 036 059104		
23.		
BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) 24a. Burial 24b. Resurrection 24c. Justice, Ill. 24d. 3-8-2004		
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. Hennessy-Bruno F.H. 17W201 Roosevelt Rd. Oak Brook Terrace, Ill.		
FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25b. [Signature] 25c. 034-08875		
LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26a. [Signature] 26b. MAR 08 2004		



111 North County Farm Road
Wheaton, Illinois 60187

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

[Handwritten initials]

Not valid without the embossed seal of