

# UNOFFICIAL COPY

Doc#: 2407424369 Fee: \$107.00  
KAREN A. YARBROUGH  
COOK COUNTY CLERK'S OFFICE  
Date 3/14/2024 1:50 PM Pg: 1 of 2

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS            )  
  ) SS.  
COUNTY OF COOK            )

**Stephanie L. Glennon** being duly sworn states that she resides at 19 N. Gibbons Avenue, in the Village of Arlington Heights, State of Illinois.

That she was married to **William T. Glennon**, deceased, who, at the time of his death, was one of the owners in the land in Cook County, Illinois, described as:

**LOT 41 IN ARLINGTON COURT SUBDIVISION, BEING A RESUBDIVISION OF LOT 6, TOGETHER WITH PARTS OF LOTS 5 AND 7, IN A.T. MC INTOSH'S ARLINGTON HEIGHTS FARMS, BEING A SUBDIVISION OF THE SOUTH 1/2 OF THE SOUTHWEST 1/4 OF SECTION 28, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, ALSO OF THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 29, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, AS SHOWN ON PLAT OF SAID SUBDIVISION RECORDED JANUARY 11, 1961, AS DOCUMENT NUMBER 18059112 IN RECORDER'S OFFICE OF COOK COUNTY, ILLINOIS.**

Permanent Real Estate Index Number: **03-28-302-579-0000**

Address of Real Estate: **19 N. Gibbons Avenue, Arlington Heights, IL 60004**

That the deceased died September 15, 2023, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will and Testament.
- Leaving a Last Will and Testament. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of Cook 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, about December 12, 2023.

Subscribed and Sworn to before me on March 8, 2024.

*Rhonda S Jensen*  
Notary Public

*Stephanie L Glennon*  
**Stephanie L. Glennon, Affiant**  
OFFICIAL SEAL  
RHONDA S JENSEN  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 01/31/2027

This instrument was prepared by and when recorded mail to: Rhonda S. Jensen; Drost Kivlahan McMahon & O'Connor LLC, 11 S. Dunton Avenue, Arlington Heights, IL 60005

**CERTIFICATION OF DEATH RECORD**  
**UNOFFICIAL COPY**

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

STATE FILE NUMBER 2023 0076310

DATE ISSUED 9/21/2023

DECEDENT'S LEGAL NAME WILLIAM T GLENNON		SEX MALE	DATE OF DEATH SEPTEMBER 15, 2023		
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 61 YEARS	DATE OF BIRTH JANUARY 05, 1962			
CITY OR TOWN ARLINGTON HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME NORTHWEST COMMUNITY HOSPITAL			
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME STEPHANIE MARTIN	EVER IN U.S. ARMED FORCES? NO	
RESIDENCE 19 NORTH GIBBONS AVENUE	APT. NO.	CITY OR TOWN ARLINGTON HEIGHTS	INSIDE CITY LIMITS? YES		
COUNTY COOK	STATE IL	ZIP CODE 60004	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WILLIAM E GLENNON	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION GEORGIANA SCHUTZ	
INFORMANT'S NAME STEPHANIE GLENNON		RELATIONSHIP SPOUSE	MAILING ADDRESS 19 NORTH GIBBONS AVENUE, ARLINGTON HEIGHTS, IL, 60004		
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION WHEELING TOWNSHIP	LOCATION - CITY OR TOWN AND STATE ARLINGTON HEIGHTS, IL	DATE OF DISPOSITION SEPTEMBER 22, 2023		
FUNERAL HOME GLUECKERT FUNERAL HOME LTD, 1520 N. ARLINGTON HEIGHTS ROAD, ARLINGTON HEIGHTS, IL, 60004					
FUNERAL DIRECTOR'S NAME CHRISTOPHER MAYER			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015026		
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 20, 2023		
CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death)	PART I: SUDDEN AND UNEXPECTED CARDIAC DEATH SECONDARY TO PRESUMED FATAL a. CARDIAC ARRHYTHMIA <small>Due to (or as a consequence of):</small> b. MODERATELY SEVERE HYPERTENSIVE AND ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE <small>Due to (or as a consequence of):</small> c.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	MINUTES   YEARS
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I			WAS AN AUTOPSY PERFORMED? YES		
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES		
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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 10:49 AM	
CERTIFIER PHYSICIAN			DATE CERTIFIED SEPTEMBER 17, 2023		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR JENNIFER BERO-ALFERI, 123 BRIDGE STREET, MAYVILLE, WISCONSIN, 53050			PHYSICIAN'S LICENSE NUMBER 036126742		

2685888



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.

*[Signature]*  
 Karen A. Yarbrough  
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM