

UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT

Prepared By & Return To:
Lynn M. Hickey
Hutchison, Anders & Hickey
7851 West 185th Street, Suite 105
Tinley Park, IL 60477

Doc#: 2408620052 Fee: \$107.00
KAREN A. YARBROUGH
COOK COUNTY CLERK'S OFFICE
Date 3/26/2024 9:27 AM Pg: 1 of 2

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

James Elzy hereby referred to as the affiant, states under oath that the affiant resides at 3707 Streamwood Drive, Hazel Crest, IL 60429; that the affiant was married to Lorraine D. Elzy, Decedent, at the time of the decedent's death, the decedent was one of the owners of a parcel of property by virtue of a properly recorded tenancy by the entirety deed, said property located in Cook County, Illinois, and legally described as follows:

LOT 130 IN DYNASTY LAKE ESTATES UNIT III, BEING A SUBDIVISION OF PART OF THE NORTHWEST QUARTER OF SECTION 2, TOWNSHIP 35 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Permanent Real Estate Index Number(s): 31-02-107-0 0-0000
Address of Real Estate: 3707 Streamwood Drive, Hazel Crest, IL 60429

The decedent died on July 21, 2014, leaving a last Will and Testament;

The decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

The total value of decedent's estate, including the taxable interest in the above property, is unknown.

The State Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

James Elzy
JAMES ELZY

Subscribed and sworn to before me on this
25 day of MARCH, 2024
(Month) (Year)

Megan Malak
(Notary Public)

My commission expires:



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

STATE FILE NUMBER 2014 0056183

DATE ISSUED 7/25/2014

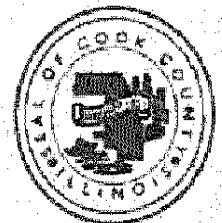
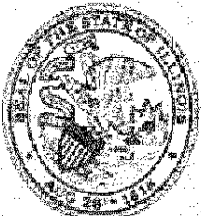
DECEDENT'S LEGAL NAME LORRAINE DENISE ELZY		SEX FEMALE	DATE OF DEATH JULY 21, 2014	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 57 YEARS	DATE OF BIRTH OCTOBER 21, 1956		
CITY OR TOWN HAZEL CREST		HOSPITAL OR OTHER INSTITUTION NAME SOUTH SUBURBAN HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED] 7154	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MARRIAGE NAME JAMES ELZY	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 3707 STREAMWOOD DRIVE		APT. NO.	CITY OR TOWN HAZEL CREST	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60429	FATHER'S PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BOOKER GALLOWAY	MOTHER'S PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ELLA WEE BRIDGES
INFORMANT'S NAME JAMES ELZY		RELATIONSHIP SPOUSE	MAILING ADDRESS 3707 STREAMWOOD DRIVE, HAZEL CREST, IL, 60429	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION CEDAR PARK CEMETERY & FUNERAL HOME	LOCATION - CITY OR TOWN AND STATE CALUMET PARK, IL	DATE OF DISPOSITION JULY 26, 2014
FUNERAL HOME GATLING'S CHAPEL INC, 10133 S HALSTED ST, CHICAGO, IL, 60628				
FUNERAL DIRECTOR'S NAME FELICIA L HUNTER			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015100	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JULY 25, 2014	
CAUSE OF DEATH - PART I		CARDIO PULMONARY ARREST		
IMMEDIATE CAUSE (Final disease or condition resulting in death)		1 DAYS		
a		Due to (or as a consequence of)		
b		Due to (or as a consequence of)		
c		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.				
FEMALE PREGNANCY STATUS NOT APPLICABLE			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
			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? NO	DATE PRONOUNCED	TIME OF DEATH 06:51 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JULY 25, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. KARANA STASIS, 6700 167TH STREET, TINLEY PARK, ILLINOIS, 60477				PHYSICIAN'S LICENSE NUMBER 038122134

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

EXHIBIT A



THE WORD 'VOID' APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEAL S.M. BOTTOM