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Doc#: 2416602156 Fee: \$107.00
CEDRIC GILES
COOK COUNTY CLERK'S OFFICE
Date 6/14/2024 10:37 AM Pg: 1 of 3

AFFIDAVIT RE DECEASED JOINT TENANT

STATE OF ILLINOIS }
COUNTY OF COOK } SS

WHEREAS Affiant, being duly sworn and for the purpose of transferring the interest in the hereinafter described land, states:

1. That Affiant resides at 3905 North Seeley Avenue, Chicago, Illinois 60618.
2. That Affiant was acquainted with Michael J. Flaherty ("Decedent") who died on April 6, 2023, as evidenced by the attached certified copy of the death certificate.
3. That Decedent was one of the owners of the land described in the following legal description:

LEGAL DESCRIPTION

LOT 25 AND LOT 26, EXCEPT THE NORTH 17 FEET OF LOT 26, IN BLOCK 6 IN THE SUBDIVISION OF SECTION 19, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, EXCEPT THE SOUTHWEST QUARTER OF THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF THE NORTHWEST QUARTER AND THE EAST HALF OF THE SOUTHEAST QUARTER OF SAID SECTION 19 IN COOK COUNTY, ILLINOIS

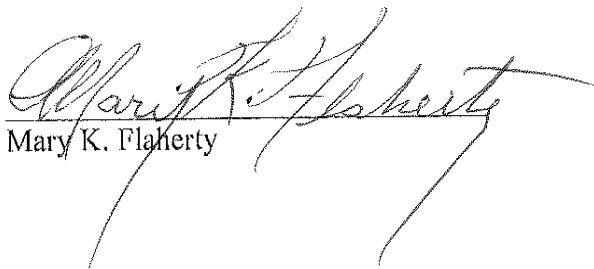
Permanent Index Number: 14-19-107-014-0000

Commonly known as address: 3905 North Seeley Avenue, Chicago, Illinois 60618

4. That the Decedent left a Last Will and Testament, a copy of which is attached.
5. That the total value of the estate of said Decedent for State of Illinois inheritance tax and Federal estate tax purposes does not exceed Four Million dollars (\$4,000,000.00).

Affiant further state: Naught

Dated this 11th day of October, 2023.

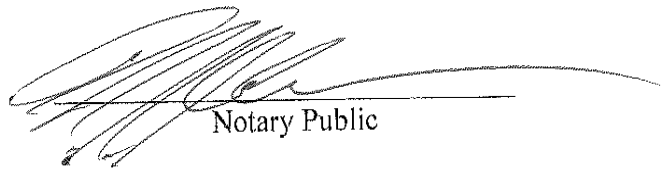

Mary K. Flaherty

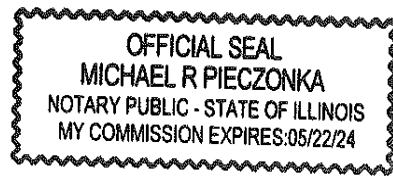
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STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, CERTIFY THAT Mary K. Flaherty, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered the instrument as her free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal this 11th day of October, 2023.


Notary Public



*After Recording, please Mail TO:
Pieczonka Law LLC
617 Devon Ave.
Park Ridge, IL 60068*

Property of Cook County Clerk's Office

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

STATE FILE NUMBER 2023 0031484

EXHIBIT

DATE ISSUED 4/19/2023

DECEDENT'S LEGAL NAME MICHAEL JAMES FLAHERTY		SEX MALE	DATE OF DEATH APRIL 06, 2023	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 65 YEARS	DATE OF BIRTH MAY 25, 1957		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 3905 N SEELEY AVE		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME MARY KELLY	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 3905 N SEELEY AVE	APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60618	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION PATRICK F FLAHERTY	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JEANNE DILLON
INFORMANT'S NAME MARY FLAHERTY		RELATIONSHIP WIFE	MAILING ADDRESS 3905 N SEELEY AVE, CHICAGO, IL, 60618	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION CREMATORY SERVICES, IL LLC	LOCATION - CITY OR TOWN AND STATE SCHILLER PARK, IL	DATE OF DISPOSITION APRIL 18, 2023	
FUNERAL HOME COONEY FUNERAL HOME PARK RIDGE, 625 BUSS HWY, PARK RIDGE, IL, 60068				
FUNERAL DIRECTOR'S NAME EUGENE MICHAEL COONEY			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015974	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR APRIL 18, 2023	
CAUSE OF DEATH PART I. MASSIVE LEFT SIDED STROKE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. _____ Due to (or as a consequence of)				
b. EXTENSIVE BLOOD LOSS DURING AORTIC VALVE REPLACEMENT SURGERY _____ 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 CALCIFIED AORTIC VALVE				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? NO	DATE PRONOUNCED	TIME OF DEATH 11:08 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED APRIL 12, 2023	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MARGOLIS, BEN, 444 N MICHIGAN AVE, SUITE 1200, CHICAGO, ILLINOIS, 60611				PHYSICIAN'S LICENSE NUMBER 03609345 2547332



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
Karen A. Yarbrough
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE