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INTERCOUNTY TITLE COMPANY OF ILLINOIS

1578 SHERMAN AVENUE □ EVANSTON, ILLINOIS 60204
(312) 886-5850

AFFIDAVIT RE DECEASED JOINT TENANT

A0031101

STATE OF ILLINOIS
COUNTY OF COOK

SS

DEPT-01 RECORDING \$13.29
T#5555 TRAN 6710 03/15/91 10:21:00
#6179 #E *-91-117732
RE: YOUR ORDER NO. COOK COUNTY RECORDER

PATRICIA M. GIBBONS

_____, being duly sworn and for the purpose of inducing Intercounty Title Company of Illinois to issue the subject policy covering the hereinafter-described land, state:

1. That she resides at 9438 Keystone, Skokie, Illinois 60076;
2. That she was acquainted with KATHRYN M. SHEEHAN, who died on 1/13/90;

as evidenced by the attached certified copy of death certificate;

3. That said decedent was one of the owners of land described:

in the subject order number;

in the following legal description: Lot 7 in Lonquist's First Addition to the Orchards, being a Subdivision of the South 304.61 feet of the North 990 feet of the West 286 feet of the East 550 feet of the North East 1/4 of Section 15, Township 41 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

The West 99.83 feet of the East 264 feet of the South 330 feet of the North 990 feet of the North East 1/4 of Section 15, Township 41 North Range 13 East of the Third Principal Meridian, according to the plat thereof recorded May 27, 1954 as Document 15918022 in Cook County, Illinois.



Nichele D. Williams
PAdgitt + Williams LTD
560 Green Bay Road
Winnetka, IL 60093
St-100

4. That said decedent died:

leaving no last will and testament;

leaving a last will and testament, a copy of which is attached;

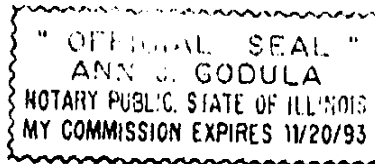
5. That the total value of the estate of said decedent for State of Illinois inheritance tax and Federal estate tax purposes does not exceed \$ 400,000.00.

Subscribed and sworn to before

me by the said _____ affiant
this 5th day of March, 1991.

Patricia M. Gibbons
(affiant's signature)

Ann J. Godula
Notary Public



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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

JAN 16 1990

DATE

Joseph A. McKeever
SIGNED

Skokie, Illinois
Director of Health

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield, County clerk and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

VR-201c (1978)

OFFICE OF VITAL RECORDS • ILLINOIS DEPARTMENT OF PUBLIC HEALTH • SPRINGFIELD 62761

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO 16.36
REGISTERED NUMBER 11441

DECEASED-NAME **Kathryn M. Sheehan** SEX Female DATE OF DEATH January 13, 1990

CITY OF DEATH Cook COUNTY Cook DATE OF BIRTH July 26, 1920

CITY, TOWN, TWP, OR ROAD/DISTRICT NUMBER Skokie HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 9438 North Keystone Avenue

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, IL MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY) Never Married

SOCIAL SECURITY NUMBER 336-12-0177 USUAL OCCUPATION Librarian NAME OF SURVIVING SPOUSE AND RELATIONSHIP (IF WIFE) Does Not Apply

RESIDENCE (STREET AND NUMBER) 9438 North Keystone Ave. CITY, TOWN, OR ROAD/DISTRICT NO Skokie INSIDE CITY (YES/NO) Yes COUNTY Cook

STATE Illinois ZIP CODE 60076 RACE (WHITE, BLACK, AMERICAN INDIAN, HISPANIC ORIGIN?) (SPECIFY AND/OR YES-IF YES, SPECIFY CUBAN, MEXICAN, FILIPINO, ETC.) White

FATHER-NAME FIRST MIDDLE LAST Bernard Patrick Sheehan MOTHER-NAME FIRST MIDDLE LAST Mary H. Ryan

INFORMANT'S NAME (TYPE OR PRINT) Sister Patricia Gibbons MAILING ADDRESS (STREET AND NO OR RFD CITY OR TOWN STATE ZIP) 179438 North Keystone Ave., Skokie, IL 60076

18. PART I. Enter the disease, signs, or conditions that caused death. Do not enter the cause of death unless it is the cause of death.

Immediate Cause (Final disease or condition resulting in death) Metastatic Carcinoma

CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) 34 years
(b) 4 years
(c) breast

19. PART II. Other significant conditions contributing to the death, but not resulting in the underlying cause, specify in PART I.

DATE OF OPERATION, IF ANY Dec 18 1989 SURVIVAL OR FINDINGS OF OPERATION As per autopsy done

20a. (TOO) (DO NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER /LIVE ON Dec 18 1989

21b. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED Illinois

22a. SIGNATURE OF CERTIFIER William P. McKeever (TYPE OR PRINT) 60201

22c. WILLIAM P. McKEEVER, M.D. 2500 RIDGE AVENUE, EVANSTON, IL

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

24a. BUTLER CEMETERY OR CREMATORY-NAME Butler LOCATION Des Plaines, Illinois

24b. ALL SAINTS STREET AND NUMBER OR RFD 10045 Skokie Blvd., Skokie, Illinois

25a. DONNELLAN-FITZGERALD-FRANKLIN FUNERAL DIRECTOR'S SIGNATURE Joseph A. McKeever ILLINOIS LICENSE NUMBER 60077

25b. LOCAL REGISTRAR'S SIGNATURE Joseph A. McKeever ILLINOIS LICENSE NUMBER 4840

26a. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) JAN 16 1990

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