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95737949

. DEPT-01 RECORDING \$25.50
 . T45555 TRAN 0077 10/30/95 09:45:00
 . 42959 ÷ JJ *-95-737949
 . COOK COUNTY RECORDER

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
 COUNTY OF COOK

(ss.

Order No. _____

VIOLET L. O'KOON

being duly sworn

states that she resides at 9510 S. Kolmar in the City of
Oak Lawn

That she was acquainted with CARL O'KOON a/k/a CARL Y. O'KOON
 deceased who, at the time of his death, was one of the owners of the land in
Cook County, Illinois, described as:

SEE LEGAL DESCRIPTION ON REVERSE SIDE.

That the deceased died October 4, 1995, 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,
 Illinois.

_____ Leaving a Last Will & Testament which was filed in the Unproven Will
 Box of the Probate Division of the Circuit Court of _____
 County, Illinois 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 deceased, does not exceed the sum of TWO HUNDRED THOUSAND
 dollars.

Subscribed and sworn to before me by the said
VIOLET L. O'KOON

this 18th day of October .A.D. 1995

95737949

C. Patrick Wagner
 NOTARY PUBLIC

"OFFICIAL SEAL"
 C. PATRICK WAGNER
 Notary Public, State of Illinois
 My Commission Expires 11/20/98

Violet L. O'Koon
 (affiant's signature)
 Violet L. O'Koon

PREPARED BY AND MAIL TO:
 C. PATRICK WAGNER, ESQ.
 8855 S. Ridgeland Ave.
 Oak Lawn, IL 60453

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UNIT NUMBER 210 IN HERITAGE CONDOMINIUM AS DELINEATED ON THE SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: LOT 2 IN A. T. MARAS COMPANY RESUBDIVISION OF LOTS 1 THROUGH 6 INCLUSIVE, AND LOTS 17, 18 AND 19 IN BLOCK 4 IN CHARLES V. MCEERLEAN'S 95TH STREET SUBDIVISION OF THE EAST 1/2 OF THE NORTHWEST 1/4 OF SECTION 10, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS TOGETHER WITH THE SOUTH 11 FEET OF THE VACATED EAST AND WEST ALLEY NORTH OF AND ADJOINING LOTS 6 AND 19 AFORESAID, WHICH SURVEY IS ATTACHED AS EXHIBIT 'A' TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 94,289,062, AS MAYBE AMENDED FROM TIME TO TIME, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

PIN: 24-10-101-030

Commonly known as: 9510 S. Kolmar, #210
Oak Lawn, Illinois 60453

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HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item I and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

Date October 6, 1995 Signed Nick Conzatti
At Cook County Department of Public Health Official Title Chief Deputy Registrar, 1010 Lake Street, Oak Park, Illinois 60301

63-643756

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS STATE REG NUMBER

REGISTRATION DISTRICT NO. 16.0
REGISTERED NUMBER

DECEASED-NAME: **CARL O'KOON** FIRST MIDDLE LAST
AGE LAST BIRTHDAY (MNS) 76 SEX 2 MALE
DATE OF BIRTH (MONTH DAY YEAR) 1919 AUGUST 24, 1919

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: **OAK LAWN**
HOSPITAL OR OTHER INSTITUTION: **CHRIST HOSPITAL**
DATE OF BIRTH (MONTH DAY YEAR) 1919 AUGUST 24, 1919

BIRTHPLACE (CITY AND STATE OR COUNTY): **LOUISVILLE, KY**
SOCIAL SECURITY NUMBER: **406-07-2301**
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, OR SEPARATED: **MARRIED**
SPOUSE (NAME AND ADDRESS): **VIOLET L. SINGLE**

RESIDENCE (STREET AND NUMBER): **9510 SOUTH KOJMAR**
CITY, TOWN, TWP, OR ROAD DISTRICT NO.: **OAK LAWN**
STATE: **ILLINOIS** ZIP CODE: **60453**
CITY, TOWN, TWP, OR ROAD DISTRICT NO.: **OAK LAWN**
INSIDE CITY (YES/NO): **YES**

FATHER-NAME: **OSCAR O'KOON** MOTHER-NAME: **UNKNOWN CECILIA UNKNOWN FINEBERG**
17a. MRS. VIOLET O'KOON
17b. PART I: Enter the date(s) or conditions that led to the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or brain failure. List only one cause in each line.
Myocardial infarction

17c. PART II: Enter specified sequence of events leading to the death, including the underlying cause given in Part I.
Myocardial infarction
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST
(b) DUE TO OR AS A CONSEQUENCE OF
(c) DUE TO OR AS A CONSEQUENCE OF

20a. DATE OF OPERATION, IF ANY: **8/30/95**
20b. MAJOR FINDINGS OF OPERATION: **Myocardial infarction**

21a. (100) PERSON ATTENDING THE DECEASED: **Dr. J. J. ...**
21b. TO THE BEST OF YOUR KNOWLEDGE, WAS THE DECEASED OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED?
YES

22a. SIGNATURE OF CERTIFIER: **Jeffrey Mozewicz**
22b. NAME AND ADDRESS OF CERTIFIER: **10522 SOUTH CICERO, OAK LAWN, IL 60453**

23a. RITUAL, CREMATION, REMOVAL, BURIAL, FUNERAL HOME: **BURIAL**
23b. CEMETERY OR CREMATORY-NAME: **ST. CASIMIR**
23c. LOCATION: **CHICAGO, ILLINOIS**

24a. LOCAL HEALTH OFFICER'S SIGNATURE: **KAREN L. SCOTT, MD.**
24b. REGISTRAR: **Nick Conzatti**
25a. LOCAL HEALTH OFFICER'S SIGNATURE: **Nick Conzatti**
25b. REGISTRAR: **Nick Conzatti**

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