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Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

} ss.

Order No. _____

AUDREY HALLORAN

being duly sworn

states that she resides at 1945 A. Tanglewood Drive in the City of Glenview, Illinois

That she was acquainted with VINCENT D. HALLORAN 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 ATTACHED HERETO)

03/23/95	0012 MCH	13:00
	RECORDIN M	25.00
	MAILINGS M	0.50
	95212551 M	
03/23/95	0012 MCH	13:00

COOK COUNTY
RECORDER
JESSE WHITE
SKOKIE OFFICE

That the deceased died February 15, 1995, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

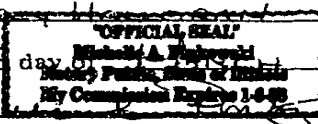
- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of Cook County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven 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 death of the deceased, does not exceed the sum of _____ dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Audrey D. Halloran
 this 15th day of February, A.D. 19 95
Mrs. [Signature]
 Notary Public



Audrey D. Halloran
(affiant's signature)

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25-50
RW

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Property of Cook County Clerk's Office

CLERK OF COURT
MICHAEL A. HANCOCK
JUDICIAL CENTER, 11th Floor
100 W. Madison Street, Chicago, IL 60602
Tel: 312.603.1000

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LEGAL DESCRIPTION

UNIT 10-A AS DESCRIBED IN SURVEY DELINEATED ON AND ATTACHED TO AND A PART OF A DECLARATION OF CONDOMINIUM OWNERSHIP REGISTERED ON THE 29TH DAY OF AUGUST, 1968, AS DOCUMENT NUMBER 2407502 WITH AN UNDIVIDED 11.15 PERCENT INTEREST (EXCEPT THE UNITS DELINEATED AND DESCRIBED IN SAID SURVEY) IN AND TO THE FOLLOWING DESCRIBED PREMISES:

THE PART OF LOT TWO (2), IN VALLEY LO-UNIT ONE, BEING A SUBDIVISION IN SECTION 26, TOWNSHIP 42 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, DESCRIBED AS FOLLOWS: COMMENCING AT THE MOST NORTHERLY NORTHEAST CORNER OF SAID LOT 2 AND RUNNING THENCE SOUTH ALONG AN EAST LINE OF SAID LOT 2, A DISTANCE OF 196.13 FEET TO THE NORTHEAST CORNER OF SAID PART OF LOT 2 HEREINAFTER DESCRIBED, AND THE POINT OF BEGINNING FOR THE DESCRIPTION THEREOF; THENCE CONTINUING SOUTH ALONG SAID EAST LINE OF LOT 2, A DISTANCE OF 74.70 FEET; THENCE WEST ALONG A LINE PARALLEL WITH THE MOST NORTHERLY STRAIGHT NORTH LINE OF SAID LOT 2, AND THE WESTWARD EXTENSION OF SAID PARALLEL LINE, A DISTANCE OF 309.74 FEET TO AN INTERSECTION WITH THE NORTHWESTERLY LINE OF SAID LOT 2; THENCE NORTHEASTWARDLY ALONG SAID NORTHWESTERLY LINE OF LOT 2, A DISTANCE OF 81.27 FEET TO AN INTERSECTION WITH THE WESTWARD EXTENSION OF A LINE WHICH 196.13 FEET (MEASURED ALONG SAID EAST LINE OF LOT 2), SOUTH FROM AND PARALLEL WITH THE MOST NORTHERLY STRAIGHT NORTH LINE OF SAID LOT 2, AND THENCE EAST ALONG SAID WESTWARD EXTENSION AND ALONG SAID PARALLEL LINE, A DISTANCE OF 279.04 FEET TO THE POINT OF BEGINNING.

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DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>16.23</u>	STATE OF ILLINOIS		STATE FILE NUMBER
	REGISTERED NUMBER <u>239</u>	MEDICAL CERTIFICATE OF DEATH		
Type or Print in PERMANENT INK See Funeral Directors, Hospitals, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
	1. <u>VINCENT D. HALLORAN</u>		2. <u>MALE</u>	3. <u>FEBRUARY 15 1995</u>
	COUNTY OF DEATH	AGE-LAST BIRTHDAY (YRS) 5a. <u>65</u>	UNDER 1 YEAR 5b. <u>65</u>	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. <u>October 5, 1929</u>
	4. <u>COOK</u>	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 8b. <u>St. Francis Hospital of Evanston</u>		IF HOSP OR INST, INDICATE D.O.A. OF EMER. RM. INPATIENT (SPECIFY) 8c. <u>IN - PATIENT</u>
	6a. <u>EVANSTON</u>	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. <u>St. Louis Mo.</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. <u>Married</u>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. <u>Audrey Loos</u>
	9. <u>Yes</u>	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO)		
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. <u>St. Louis Mo.</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. <u>Married</u>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. <u>Audrey Loos</u>	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO) 9. <u>Yes</u>
	SOCIAL SECURITY NUMBER 10. <u>500-24-7442</u>	USUAL OCCUPATION 11a. <u>Vice-President</u>	KIND OF BUSINESS OR INDUSTRY 11b. <u>Telecommunications</u>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. <u>2</u>
	RESIDENCE (STREET AND NUMBER) 13a. <u>1945 A. Tanglewood Dr.</u>	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. <u>Glenview</u>	INSIDE CITY (YES/NO) 13c. <u>Yes</u>	COUNTY 13d. <u>Cook</u>
	STATE 13e. <u>Illinois</u>	ZIP CODE 13f. <u>60025</u>	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. <u>White</u>	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:
FATHER-NAME FIRST MIDDLE LAST 15. <u>John Halloran</u>	MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. <u>Emma Viola Hertach</u>	INFORMANT'S NAME (TYPE OR PRINT) 17a. <u>Audrey Halloran</u>		
RELATIONSHIP 17b. <u>Wife</u>	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. <u>1945 A. Tanglewood Dr. Glenview IL. 60025</u>			
18. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.	(a) <u>ACUTE ASPIRATION PNEUMONIA</u>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	(b) <u>METASTATIC SQUAMOUS CELL CARCINOMA</u>		<u>2 YEARS</u>	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(c)			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO) 19a. <u>YES</u>	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b. <u>NO</u>	
DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b. <u>CHRONIC LYMPHOCYTIC LEUKEMIA</u>	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>		
(IF DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a. <u>2-15-95</u>	WAS CORNER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. <u>NO</u>	HOUR OF DEATH 21c. <u>3:30 PM</u>		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR) 22b. <u>FEBRUARY 16, 1995</u>		
22a. SIGNATURE <u>Thomas N. Gunn</u>	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. <u>THOMAS N GUNN M.D. 800 AUSTIN EVANSTON, IL 60202</u>		ILLINOIS LICENSE NUMBER 22d. <u>036-035416</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <u>Cremation</u>		CEMETERY OR CREMATORY-NAME 24b. <u>Phoenix Crematory</u>	LOCATION CITY OR TOWN STATE 24c. <u>Lombard, Illinois</u>	
FUNERAL HOME 25a. <u>Wm. H. Scott Funeral Home 1104 Waukegan Rd. Glenview, Illinois 60025</u>		DATE (MONTH, DAY, YEAR) 24d. <u>Feb. 18, 1995</u>		
FUNERAL DIRECTOR'S SIGNATURE 25b. <u>Brett R. Moreland</u>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. <u>034-014588</u>		
LOCAL REGISTRAR'S SIGNATURE 26a. <u>C. Lucia Brown</u>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. <u>FEB 17, 1995</u>		

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.

DATE FEBRUARY 17, 1995 SIGNED C. Lucia Brown
AT EVANSTON ILLINOIS OFFICIAL TITLE LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks 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.

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MAIL TO

JAMES M. Lockwood
805 TAVNY
PARK RIDGE, IL 60068