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98470679

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) ss.
COUNTY OF COOK)

Order No. 6142-08 5-20-96

THE ABOVE SPACE FOR RECORDER'S USE ONLY

FRANCES K. O'DONNELL being duly sworn states that SHE
resides at 14727 SOUTH TROY in the City of POSEN, ILLINOIS
That SHE was acquainted with HUGH O'DONNELL
deceased who, at the time of HIS death was one of the owners of the land in COOK County, Illinois,
described as:

O'CONNOR TITLE
SERVICES, INC.

1-42-08

2350
M

LOT 16 AND THE NORTH 10 FEET OF LOT 17 IN BLOCK 3, IN CROISSANT PARK MARKHAM WELLS FIRST
ADDITION IN THE NORTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 12, TOWNSHIP 36
NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

PIN # 28-12-301-0436

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That the deceased died SEPTEMBER 21, 1993 as evidenced by a certified copy of
the 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 _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the of the Probate Division of the Circuit Court of _____ County, Illinois about _____

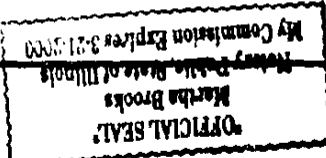
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death, does not exceed the sum of _____ dollars.

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 FRANCES K. O'DONNELL this
13TH day of JUNE A.D. 19 96.

Martha Brooks
Notary Public

Frances K. O'Donnell
(Affiant's Signature)



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Property of Cook County Clerk's Office

96-470679

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Certified Copy of a Death Record

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.92	STATE OF ILLINOIS		STATE FILE NUMBER	
	REGISTERED NUMBER 1341	MEDICAL CERTIFICATE OF DEATH			
Type or Print in PERMANENT INK See For: Directors, Hospital Physicians, Health Officers, INST. TIONS A DECEASED B C D E PARENTS 1 2 3 CAUSE 4 5 N P CERTIFIER 23 DISPOSITION	DECEASED NAME FIRST MIDDLE LAST HUGH O DONNELL		SEX Male	DATE OF DEATH (MONTH DAY YEAR) September 21, 1993	
	COUNTY OF DEATH COOK		AGE LAST BIRTHDAY (MO DAY YEAR) 69	DATE OF BIRTH (MONTH DAY YEAR) August 6, 1924	
	CITY TOWN TWP. OR ROAD DISTRICT NO. POSEN		HOSPITAL OR OTHER INSTITUTION WHERE DECEASED (NAME AND ADDRESS) VETERANS ADM. HINES, IL. 60141		IF DECEASED IN A HOSPITAL OR OTHER INSTITUTION, INDICATE DATE OF ADMISSION TO INSTITUTION inpatient
	BIRTHPLACE (CITY AND STATE) Lovington, IL.		MARRIED (IF VETERAN, INDICATE) married	NAME OF SURVIVING SPOUSE (NAME AND ADDRESS) Frances Horan	
	SOC. SEC. IDENTITY NUMBER 335 18 8678		USUAL OCCUPATION Truck Driver	KIND OF BUSINESS OR INDUSTRY Trucking	
	RESIDENCE (CITY AND NUMBER) 14727 S Troy		CITY TOWN TWP. OR ROAD DISTRICT NO. Posen	INSIDE CITY (Y/N) yes	COUNTY Cook
	STATE Illinois		ZIP CODE 60469	RACE (WHITE, BLACK, AMERICAN INDIAN) white	
	FATHER NAME FIRST MIDDLE LAST Archibald O Donnell		MOTHER NAME FIRST MIDDLE (Maiden) LAST Mary Glaney		
	INFORMANT'S NAME (TYPE OF REPORT) Ms. JoAnn Wooley Adm. Supv.		RELATIONSHIP Hospital Records	MARRIAGE ADDRESS (CITY AND STATE) Veterans Adm. Hines, IL. 60141	
	PART I (Enter the disease or condition that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Check or heart failure, if so.)		PART II (Enter significant conditions which contributed to causing the underlying cause of death.)		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Cardiopulmonary Arrest,		CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST Cerebral Vascular Accident.			
AUTOPSY (YES/NO) no		IF FEMALE, WAS THERE A PREGNANCY (PAST THREE MONTHS)? NO			
DATE OF OPERATION IF ANY 20a		MAJOR FINDINGS OF OPERATION 20b			
DID ANYONE ATTEND THE DECEASED AND LAST SAW HIM ALIVE ON September 21, 1993		WAS CORPSE FROM MEDICAL EXAMINER CERTIFIED? (YES/NO) no		HOUR OF DEATH 6:30A	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE STATED		DATE SIGNED (MONTH DAY YEAR) Sept. 21, 1993			
SIGNATURE Kathleen Horne, M.D.		ILLINOIS LICENSE NUMBER 125-030574-6			
NAME AND ADDRESS OF CERTIFIER VETERANS ADM. HINES, IL. 60141		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORNER OR MEDICAL EXAMINER MUST BE NOTIFIED			
BURIAL, CREMATION, REMOVAL (Y/N) Burial		CEMETERY OR CREMATORY NAME St. Mary Cemetery		LOCATION (CITY, TOWN, STATE) Evergreen Park, IL.	
FUNERAL HOME HICKEY MEMORIAL CHAPEL, 4201 W. 147th St. Midlothian, Illinois 60445		DATE (MONTH DAY YEAR) Sept. 24, 1993			
FUNERAL DIRECTOR'S SIGNATURE Edward J. Hickey		FUNERAL HOME TELEPHONE NUMBER 034-012793			
LOCAL REGISTRAR'S SIGNATURE Richard J. Billis		DATE FILED IN LOCAL REGISTRATION (MONTH DAY YEAR) September 22, 1993			

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 SEP 22 1993 SIGNED Richard J. Billis
 AT BROADVIEW, IL 60153, Illinois OFFICIAL TITLE Local Registrar of Vital Statistics

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 of its accuracy.

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96-070379