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DEFERRED RECORDING 423.50  
 FIDELITY UNION BOND 05/13/96 15732400  
 1673 31.01 4-96-362122  
 COOK COUNTY RECORDER

AFFIDAVIT RE DECEASED JOINT TENANT

STATE OF ILLINOIS

COUNTY OF DECATUR

SS

RE: YOUR ORDER NO. \_\_\_\_\_

MATT McCoy, 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 P. O. Box 51197, Chicago, IL 60651
2. That she was acquainted with Margaret E. McCoy, who died on 12/22/95

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 4 (except the North 1 1/12 feet thereof) and the North 1 1/2 feet of Lot 5 in Block 1 in Young and Ryan's Subdivision of the north half of the northeast quarter of the southwest quarter of the northeast quarter of Section 29, Township 38 North, Range 14, East of the Third Principal Meridian in Cook County, Illinois

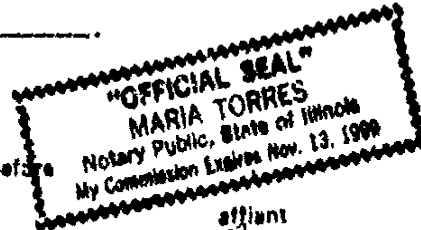
Tax No. 20-29-219-038

Property Address: 7308 S. Morgan, Chicago, IL 60621

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 \$ 10,000.00



Subscribed and sworn to before me by the said Matt McCoy this 13th day of May, 1996.  
 \_\_\_\_\_  
 Maria Torres  
 Notary Public

Hernando Achon  
 Power of Attorney for Matt McCoy  
 Prepared by: VERNA ASHFORD  
 P.O. Box 51197  
 Chicago, IL 60651

Handwritten initials or mark at the bottom center.

UNOFFICIAL COPY

Property of Cook County Clerk's Office

953622122

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

APR 17 1995

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH  
**UNOFFICIAL COPY**

I, SHEILA LYNE, PSIA, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

95362122

THIS CERTIFIED COPY VALID WHEN REPRODUCED BY MECHANICAL MEANS OR SIGNATURE SEAL IS AFFIXED.

**MEDICAL CERTIFICATE OF DEATH**

620854

STATE FILE

STATE OF ILLINOIS

1 REGISTERED NUMBER	20	30	40	50	60	70	80	90	100	110	120	130	140	150	160	170	180	190	200	210	220	230	240	250
DECEASED NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH	MONTH	DAY	YEAR	AGE	LAST BIRTHDAY	MONTH	DAY	YEAR	DATE OF BIRTH	MONTH	DAY	YEAR	HOSPITAL OR OTHER INSTITUTION	NAME OF INSTITUTION	STREET AND NUMBER	CITY	STATE	COUNTY	ZIP
Margaret E. McCoy			McCoy	Female	December 22, 1995			1995	77 yrs	April 7, 1918				St Bernard Hospital				Chicago	Illinois	Cook	Ill	60621		
USUAL OCCUPATION	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135
Registered Nurse																								
RELIGION	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159
Catholic																								
EDUCATION	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183
High School Graduate																								
CAUSE OF DEATH	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207
Death due to cardiac arrest																								
CONDITIONS LEADING TO DEATH	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231
Coronary artery disease																								
IMMEDIATE CAUSE OF DEATH	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255
Cardiac arrest																								
DATE OF OPERATION	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279
None																								
DATE AND ADDRESS OF CERTIFIER	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303
Dr. Hamilcar Intengan																								
NAME AND ADDRESS OF CREATOR	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327
Calahan Funeral Home																								
NAME OF ATTENDING PHYSICIAN OR OTHER THAN CERTIFIER	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351
None																								

PROPERTY OF

CLERK'S

OFFICE

CHICAGO

ILLINOIS

60621

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UNOFFICIAL COPY

96362122

Property of Cook County Clerk's Office