

DECEASED JOINT TENANCY AFFIDAVIT
UNOFFICIAL COPY

State of Illinois)

County of) ss.)

99441314

9959/0008 87 006 Page 1 of 3
1999-05-07 10:27:33
Cook County Recorder 47.50



AUDREY P. HALLORAN being duly sworn states that
SHE resides at 1945-A TANGLEWOOD in the City of
GLENVIEW, IL 60025.

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:

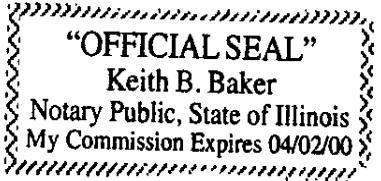
UNIT 10-A AS DESCRIBED IN SURVEY DELINEATED ON AND ATTACHED TO
AND A PART OF A DECLARATION OF CONDOMINIUM OWNERSHIP REGISTERED
ON THE 29TH DAY OF AUGUST, 1968, AS DOCUMENT NUMBER 2407502 WITH
AN UNDIVIDED 11.15 PERCENT INTEREST (EXCEPT THE UNITS DELINEATED
AND DESCRIBED IN SAID SURVEY) IN AND TO THE 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 74.78 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 81.21 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.

COMMONLY KNOWN AS: 1945-A TANGLEWOOD, GLENVIEW, IL 60025
P.I.N. 04-26-103-035-1001

That the deceased died 2/15/95, as evidenced
by a copy of death certificate of the deceased attached hereto.

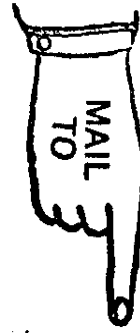
Subscribed and sworn to before me by the said
Audrey P. Halloran AUDREY P. HALLORAN
this 28th day of APRIL, A.D. 19 99



Keith B. Baker
Notary Public

Audrey P. Halloran
(affiant's signature)

COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
SKOKIE OFFICE



AUDREY HALLOKAN
1945 ~~██████████~~
TANGWOOD DR.
GLENVIEW IL 60025

THIS INSTRUMENT WAS PREPARED BY

KEITH B. BAKER

9933 N. LAWLER AVE

SKOKIE IL 60077

Property of Cook County Clerk's Office

COOK COUNTY CLERK'S OFFICE
111 N. LAUREL ST.
CHICAGO, ILL. 60602
TELEPHONE 321-1111

UNOFFICIAL COPY

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 16.23
REGISTERED NUMBER 239

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED

B

C

D

E

PARENTS

1

2

3

CAUSE

4

5

N

P

CERTIFIER

DISPOSITION

25b

26a

VR200 (Rev. 5-89)

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. VINCENT D. HALLORAN 2 MALE 3 FEBRUARY 15, 1995

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 2 YEAR DATE OF BIRTH (MONTH, DAY, YEAR)
4. COOK 5a. 65 5b. 65 5c. 65 5d. October 5, 1929

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. OPENER, RM, INPATIENT (SPECIFY)
6a. EVANSTON 6b. St. FRANCIS HOSPITAL OF EVANSTON 6c. IN-PATIENT

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
7. St. Louis Mo. 8a. Married 8b. Audrey Loos 9. Yes

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. 500-24-7442 11a. Vice-President 11b. Telecommunications 12. Elementary/Secondary (0-12) College (1-4 or 5+) 2

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP, OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
13a. 1945 A. Tanglewood Dr. 13b. Glenview 13c. Yes 13d. Cook

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
13e. Illinois 13f. 60025 14a. White 14b. NO YES SPECIFY:

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST
15. John Halloran 16. Emma Viola Hertach

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. Audrey Halloran 17b. Wife 17c. 1945 A. Tanglewood Dr. Glenview IL 60025

18. PART I. Enter the diseases 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. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death) (a) ACUTE ASPIRATION PNEUMONIA 3 DAYS
DUE TO, OR AS A CONSEQUENCE OF
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) (b) METASTATIC SQUAMOUS CELL CARCINOMA 2 YEARS
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) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
CHRONIC LYMPHOCYTIC LEUKEMIA 19a. YES 19b. NO

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a. NO 20b. NO 20c. YES NO

(DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH
21a. 2-15-95 21b. NO 21c. 3:30 P.M.

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)
22a. SIGNATURE Thomas N. Gynn 22b. FEBRUARY 16, 1995

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
22c. THOMAS N. GYNN M.D. 800 AUSTIN EVANSTON, IL 60202 22d. 036-035416

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
23. NO

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. Cremation 24b. Phoenix Crematory 24c. Lombard, Illinois 24d. Feb. 18, 1995

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25a. Wm. H. Scott Funeral Home 1104 Waukegan Rd. Glenview, Illinois 60025

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. (Brett R. Moreland) Brett R. Moreland 25c. 034-014588

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. C. L. Brown 26b. FEB 17, 1995

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. L. 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.