

UNOFFICIAL COPY

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DECEASED AFFIDAVIT OF SURVIVING JOINT TENANT

6760/004 02 001 Page 1 of 2
1999-08-02 12:52:41
Cook County Recorder 23.50

STATE OF ILLINOIS }
COUNTY OF COOK }



Deceased joint tenant: William F. Burke
Relationship to affiant: Husband

The affiant, **Elizabeth M. Burke** (a/k/a *Betty Burke*), being duly sworn states that:

1. She resides at 10719 S. Sawyer Ave. in the City of Chicago, Illinois 60655.
2. She was acquainted with **William F. Burke**, deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 15 (except the south 9 feet thereof) and the south 12 feet of Lot 16 in Block 1 in C.B. Dixon's Subdivision of the north 1/2 of the north east 1/4 of the north east 1/4 of the south east 1/4 of Section 14, Township 37 North, Range 13 east of the third principal meridian, in Cook County, Illinois.

PIN: 24-14-406-032-0000

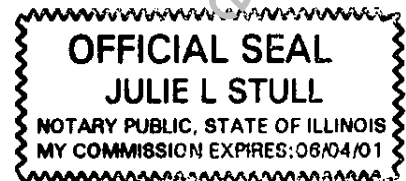
Street Address: 10719 S. Sawyer Ave., Chicago, IL 60655

3. The deceased died August 1, 1982 as evidenced by a certified copy of a death certificate of the deceased attached hereto.
4. The deceased died leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois on or about August 15, 1982. The Will contained no provisions that would supersede the distribution of property held in joint tenancy.
5. The estate of the deceased was not subject to any inheritance, estate, or other "death" taxes.

Elizabeth M. Burke
Elizabeth M. Burke, affiant

Subscribed and sworn to before me this July 28, 1999.

Julie L. Stull
Notary Public



Prepared by John E. Ahern, attorney at law

Return this Affidavit to: Name: John E. Ahern, Attorney
Address: 10829 S. Western Ave.
City, State, Zip: Chicago, IL 60643-3225

STATE FILE NUMBER

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16:33
REGISTERED NUMBER 610

008 409 22

STATE OF ILLINOIS

DECEASED - NAME
FIRST MIDDLE LAST
WILLIAM F. BURKE MALE
DATE OF BIRTH (MO. DAY, YEAR) 3 AUGUST 1, 1987
CITY, TOWN, S.W.P. OR ROAD DISTRICT NUMBER 4b. WILMINGTON 4b. IRISH 5b. 59 5c. 5c. COOK
HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER) 7d. O.A.

7b. EVERGREEN PARK
CITIZEN OF WHAT COUNTRY 9. U.S.A.
U.S. WAR VETERAN 11. ELIZABETH GEARY
MARRIED, DIVORCED (SPECIFY) 10. MARRIED
KIND OF BUSINESS OR INDUSTRY 13b. BOARD OF ED. YES
WAR OR DATES OF SERVICE 13d. W.W.I.I
SOCIAL SECURITY NUMBER 1233-16-9986
INSIDE CITY (YES/NO) 14c. COOK
CITY, TOWN, S.W.P. OR ROAD DISTRICT NO. 14b. CHICAGO
STATE 14d. ILLINOIS

14g. 10719 S. SAWYER
MOTHER AND/OR NAME FIRST MIDDLE LAST
16. MARGARET KENNY

15. JAMES BURKE
RELATIONSHIP 17a. WIFE
MAILING ADDRESS (STREET AND NO. OR P.O. CITY OR TOWN, STATE, ZIP) 17b. 0719 S SAWYER CHICAGO, ILLINOIS

17a. ELIZABETH BURKE
DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (8), (b), AND (c))
PART I. IMMEDIATE CAUSE
(a) ARTERIOSCLEROTIC CARDIOVASCULAR DUE TO, OR AS A CONSEQUENCE OF
(b) DUE TO, OR AS A CONSEQUENCE OF
(c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (8)
19a. YES, SEE FINDINGS CONCERNING DEATH
19b. NO
19c. NO

20a. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY)
20b. DATE OF INJURY (MONTH, DAY, YEAR) 20c. HOUR
20d. M. 20e. LOCATION (CITY, VIL. OR TOWN, OR TWP. OR RD. DIST. NO., COUNTY, STATE)
20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE, BUILDING, ETC. (SPECIFY)
20g. THE DECEDENT WAS PRONOUNCED DEAD ON MONTH DAY YEAR
21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSES STATED, AND THAT
21b. AUGUST 1, 1987 21c. 1:35 A.M.
MEDICAL EXAMINER'S SIGNATURE
Dr. Eupel Chui MD

22. BURIAL, CREMATION, REMOVAL (S) (CITY)
24a. BURIAL
24b. CEMETERY OR CREMATORY NAME 24c. HOLY SEPULCHRE
CITY OR TOWN WORTH ILLINOIS
STATE ILLINOIS
DATE 24d. AUG 5, 1982
FUNERAL HOME NAME STREET AND NUMBER OR P.O. 25a. LAKE-LAMB FUNERAL HOME 4727 W. 103rd STREET OAK LAWN, ILLINOIS 60453
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 5954
25b. FUNERAL DIRECTOR'S SIGNATURE
26a. LOCAL REGISTRAR'S SIGNATURE
26b. DATE RECD BY LOCAL REGISTRAR (MONTH, DAY, YEAR) August 2, 1982
ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF VITAL RECORDS
VR202C (REV. 1/78)

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON IN ITEM #1 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 JUNE 29, 1999 REGISTRAR Annette Thauer

AT EVERGREEN PARK, ILLINOIS DEPUTY REGISTRAR

