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JOINT TENANCY AFFIDAVIT

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1999-08-16 14:37:37  
Cook County Recorder 25.50

Proposed by \_\_\_\_\_  
MAIL TO: Matthew X. Kelley  
KELLEY, KELLEY & KELLEY  
P.O. Box 681189  
Schaumburg, IL 60168-1189



SEND SUBSEQUENT TAX BILLS TO  
Paulette J. Turnbull  
625 E. Sherwood Lane  
Schaumburg, IL 60193

COOK COUNTY  
RECORDER  
EUGENE "GENE" MOORE  
ROLLING MEADOWS  
RECORDER'S STAMP

Property of Cook County Clerk's Office

JOINT TENANCY AFFIDAVIT

DECEDENT: DAVID TURNBULL

DATE: July 22, 1999

PAULETTE J. TURNBULL, hereinafter referred to as the affiant deposes and states that the affiant resides at 625 E. Sherwood Lane, in the Village of Schaumburg;

That the decedent at the time of his death was one of the owners of the property in Cook County, Illinois, legally described as follows:

LOT 1135 IN LANCER SUBDIVISION - UNIT NO. 11, BEING A SUBDIVISION IN THE SOUTHWEST QUARTER OF SECTION 23 AND IN THE NORTHWEST QUARTER OF SECTION 26; ALL IN TOWNSHIP 41 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS, ON DECEMBER 16, 1971, AS DOCUMENT NUMBER 2599059.

Common Address: 625 E. Sherwood Lane, Schaumburg, IL 60193

Permanent Index No: 07-23-305-011

That said decedent died on July 13, 1997, leaving no/a last will and testament;

That the total value of the estate of said decedent including his taxable interest in the above real estate is less than \$600,000.00.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

That if the decedent had a Will it was not a joint and mutual Will; nor was the survivor of the joint tenant allowed under said Will to elect to take any property in lieu of the joint tenancy property.

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That the affiant makes this Affidavit to induce the Cook County Recorder to record a Quit Claim Deed on the above described property.

*Paulette J. Turnbull*  
PAULETTE J. TURNBULL

SUBSCRIBED AND SWORN TO  
before me this 22<sup>nd</sup> day  
of July, 1999.

*Matthew X. Kelley*  
Notary Public



Cook County Clerk's Office

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named 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: JULY 17, 1997

SIGNED: Margrit Valsteb

at Cook County Department of Public Health Official Title, Chief Deputy Registrar

REGISTRATION DISTRICT NO. 16.0

**MEDICAL CERTIFICATE OF DEATH**

STATE OF ILLINOIS  
STATE FILE NUMBER

1. DECEASED NAME: <b>DAVID TURNBULL</b>		2. SEX: <b>MALE</b>		3. DATE OF DEATH (MONTH, DAY, YEAR): <b>JULY 13, 1997</b>	
4. COUNTY OF DEATH: <b>COOK</b>		5. UNDER 1 YEAR: <b>2</b>		6. DATE OF BIRTH (MONTH, DAY, YEAR): <b>January 24, 1942</b>	
7. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: <b>COOK</b>		8. UNDER 1 DAY: <b>5d</b>		9. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT NEITHER GIVE STREET AND NUMBER): <b>ALEXIAN BROTHERS MEDICAL CENTER</b>	
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): <b>New York</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): <b>Married</b>		12. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): <b>Paulette Loschiavo</b>	
11. SOCIAL SECURITY NUMBER: <b>055-34-0641</b>		12. USUAL OCCUPATION: <b>Repair</b>		13. KIND OF BUSINESS OR INDUSTRY: <b>Communication</b>	
12. RESIDENCE (STREET AND NUMBER): <b>625 E. Sherwood Lane</b>		13. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: <b>Schaumburg</b>		14. EDUCATION (SPECIALTY, ONLY HIGHEST GRADE COMPLETED): <b>Elementary</b>	
13. STATE: <b>Illinois</b>		14. ZIP CODE: <b>60193</b>		15. INSIDE CITY: <b>Yes</b>	
14. FATHER-NAME: <b>Peter Turnbull</b>		15. MOTHER-NAME: <b>Lucy Kakuliska</b>		16. WAS DECEASED IN U.S. ARMED FORCES? (YES/NO): <b>9 Yes</b>	
15. INFORMATION NAME (TYPE OR PRINT): <b>Paulette Turnbull</b>		16. RELATIONSHIP: <b>Wife</b>		17. ADDRESS (STREET AND NO., OR P.O. BOX, CITY OR TOWN, STATE, ZIP): <b>625 E. Sherwood InSchaumburg, Ill.</b>	
16. PART I: Immediate Cause (Final disease or condition resulting in death): <b>SEPSIS</b>		17. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: <b>PRANCY TO PENTH</b>		18. PART II: Other significant conditions contributing to death but not resulting in the (a) or (b) cause given in PART I: <b>A-CUTE MYOEDIOUS LEUKEMIA</b>	
17. DATE OF OPERATION, IF ANY: <b>20b</b>		18. MAJOR FINDINGS OF OPERATION: <b>NO</b>		19. AUTOPSY (YES/NO): <b>NO</b>	
18. (a) (b) (c) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF: <b>PRANCY TO PENTH</b>		19. HOUR OF DEATH: <b>6:45 AM</b>		20. DATE SIGNED: <b>7/17/97</b>	
19. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: <b>7/13/97</b>		20. I WAS CONSENTED OR MEDICAL EXAMINER NOTIFIED? (YES/NO): <b>NO</b>		21. ILLINOIS LICENSE NUMBER: <b>036-069118</b>	
20. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): <b>John Williamson MD 353 Schaumburg Rd Schaumburg, IL</b>		21. NAME OF ATTENDING PHYSICIAN (TYPE OR PRINT): <b>John Williamson MD</b>		22. NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORNER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
21. BURIAL CREATION, REMOVAL (SPECIFY): <b>Cremation</b>		22. CEMETERY OR CREMATORY NAME: <b>Twin Pines</b>		23. LOCATION: <b>Elgin, Illinois</b>	
22. FUNERAL HOME: <b>Michaels 800 S. Roselle Rd. Schaumburg, Illinois 60193</b>		23. STREET AND NUMBER OR R.F.D.: <b>60193</b>		24. CITY OR TOWN: <b>Illinois</b>	
23. FUNERAL DIRECTOR'S SIGNATURE: <u>[Signature]</u>		24. LOCAL REGISTRAR'S SIGNATURE: <u>[Signature]</u>		25. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): <b>July 17, 1997</b>	
24. LOCAL REGISTRAR'S SIGNATURE: <u>[Signature]</u>		25. LOCAL REGISTRAR'S ILLINOIS LICENSE NUMBER: <b>9495</b>		26. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): <b>July 17, 1997</b>	

9/2000 (Rev. 5/89)

Illinois Department of Public Health - Division of Vital Records

REGISTRATION DISTRICT NO. 16.0