

UNOFFICIAL COPY

CHICAGO TITLE INSURANCE COMPANY

400 S. JEFFERSON STREET, CHICAGO, IL 60607



99828995

DECEASED JOINT TENANCY AFFIDAVIT

99828995

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1999-08-31 09:25:46
Cook County Recorder 43.50

STATE OF ILLINOIS
COUNTY OF Cook

}
} ss.

Christina Fazio, as attorney for Marius Gallagher
being duly sworn states that she resides at 1728 West Winnetka Chicago, Illinois
in the City of Chicago

That she was acquainted with Dorothy Gallagher deceased who, at the time of death,
was one of the owners of the land in Cook County, Illinois, described as:

Lot 16 and the North 5 feet of Lot 17, in
Block 3 in Bartlett Highlands, being a subdivision
of the southwest 1/4 (except the east 1/2 of
the east 1/2 thereof) of section 8, Township 38N,
Range 13, East of the Third Principal Meridian,
in Cook County, Illinois

That the deceased died January 6, 1998 - 19-08-303-058, as evidenced by a certified copy of death
certificate of the deceased attached hereto.

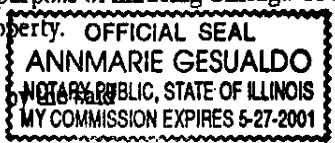
That the deceased died: as one of the joint tenants in the aforementioned
property, leaving Marius Gallagher as the surviving joint

- Leaving no Last Will & Testament. tenant
- 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 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 of the deceased, does not exceed the sum of \$600,000⁰⁰ dollars.

Affiant makes this affidavit for the purpose of inducing Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by ANNMARIE GESUALDO
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 5-27-2001



this 30th day of August, A.D. 1999

Annmarie Gesualdo
Notary Public

Christina Fazio
as attorney for
Marius Gallagher

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OFFICE OF VITAL STATISTICS

CERTIFIED COPY

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Exhibit A

TYPE OR PRINT IN PERMANENT BLACK INK

CERTIFICATE OF DEATH FLORIDA

LOCAL FILE NO. _____

1 DECEDENT'S NAME FIRST MIDDLE LAST
Dorothy Gallagher

2 SEX
Female

3 DATE OF DEATH (Month, Day, Year)
January 6, 1998

4 SOCIAL SECURITY NUMBER
350-12-2216

5a AGE - Last Birthday (years)
73

5b UNDER 1 YEAR
Months: _____ Days: _____

5c UNDER 1 Day
Hours: _____ Minutes: _____

6 DATE OF BIRTH (Month, Day, Year)
November 6, 1924

7 BIRTHPLACE (City and State or Foreign Country)
Chicago, Illinois

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)
NO

9a PLACE OF DEATH (Check only one - see instructions on other side)
HOSPITAL: Inpatient ER/Outpatient DDA OTHER: Nursing Home Residence Other (Specify) _____

9b INSIDE CITY LIMITS? (Yes or No)
Yes

9c FACILITY NAME (If not institution, give street and number)
Columbia Medical Center-Daytona Beach

9d CITY, TOWN, OR LOCATION OF DEATH
Daytona Beach

9e COUNTY OF DEATH
Volusia

10a DECEDENT'S USUAL OCCUPATION
Homemaker

10b KIND OF BUSINESS/INDUSTRY
Own Home

11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)
Married

12 SURVIVING SPOUSE (If wife, give maiden name)
Marius Gallagher

13a RESIDENCE - STATE
Illinois

13b COUNTY
Cook

13c CITY, TOWN, OR LOCATION
Chicago

13d STREET AND NUMBER
5140 South Melvina

13e INSIDE CITY LIMITS? (Yes or No)
Yes

13f ZIP CODE
60638

14 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Mexican, Cuban, Mexican Puerto Rican, etc.)
Specify _____

15 RACE - American Indian, Black, White, etc. Specify
White

16 DECEDENT'S EDUCATION (Specify only highest grade completed)
Elementary/Secondary _____ College (1- or 5-1) _____

17 FATHER'S NAME (First, Middle, Last)
Charles Cullen

18 MOTHER'S NAME (First, Middle, Maiden Surname)
Bernice Unk

19a INFORMANT'S NAME (Type/Print)
Marius Gallagher

19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
5140 South Melvina Chicago Illinois 60638

20a METHOD OF DISPOSITION
 Burial Cremation Removal from State Donation Other (Specify) _____

20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)
Woodlawn Crematory

20c LOCATION - City or Town, State
Forest Park Illinois

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
[Signature]

21b LICENSE NUMBER (of Licensee)
2009

21c NAME AND ADDRESS OF FACILITY
Baldwin-Hughes Funeral Home
One North Causeway
New Smyrna Bch, Florida 32169-

22a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated.
(Signature and Title) *[Signature]*

22b DATE SIGNED (Mo., Day, Yr.)
1-14-98

22c HOUR OF DEATH
10:45 p

22d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

23a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated.
(Signature and Title) _____

23b DATE SIGNED (Mo., Day, Yr.)

23c HOUR OF DEATH

23d MEDICAL EXAMINER'S CASE #

24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER, or Other or Print)
Gonzalo Gonzalez MD 400 North Clyde Morris Blvd, Daytona Beach 32114

25a SUBREGISTRAR - SIGNATURE AND DATE
[Signature]

25b LOCAL REGISTRAR - SIGNATURE
[Signature]

25c DATE REGISTERED
Jan 15, 1998

26 PART I. Enter the diseases, injuries, 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.
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. CARDIO-PULM. ARREST
DUE TO (OR AS A CONSEQUENCE OF)
b. PROBABLY ANTE MYOCARDIAL INFARCTION
DUE TO (OR AS A CONSEQUENCE OF)
c. ARTERIOSCLEROTIC HEART DISEASE
DUE TO (OR AS A CONSEQUENCE OF)
d. HYPOCHOLESTEROLEMIA

26 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

27a WAS AN AUTOPSY PERFORMED? (Yes or No)
No

27b WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)
No

28 CASE REPORTED TO MEDICAL EXAMINER? (Yes or No)
No

29 IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? YES NO

30a IF SURGERY IS MENTIONED IN PART I OR II, ENTER CONDITION FOR WHICH IT WAS PERFORMED

30b DATE OF SURGERY (Mo., Day, Year)

31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined
NATURAL

32a DATE OF INJURY (Month, Day, Year)

32b TIME OF INJURY
M

32c INJURY AT WORK? (Yes or No)

32d DESCRIBE HOW INJURY OCCURRED

32e PLACE OF INJURY - At home, farm, street, factory, etc. (Specify)

32f LOCATION (Street and Number or Rural Route Number, City or Town, State)

VOID IF ALTERED OR ERASED

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THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY Carol L. Mederson CDR State Registrar

JAN 15 1998



WARNING: 7063503

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HRS FORM 1564A (9-96)

CERTIFICATION OF VITAL RECORD