

UNOFFICIAL COPY

**EUGENE "GENE" MOORE
MAYWOOD OFFICE**



DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF _____

ss.

Order No. _____

Denise Lacey

being duly sworn

states that she resides at 4856 W. 28th Street in the City of Cicero, IL 60804

That she was acquainted with Patrick J. Lacey deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

THE EAST 1/2 OF LOT 19 AND THE WEST 1/2 OF LOT 20 IN THE RESUBDIVISION OF THAT PART, LYING SOUTH OF OGDEN AVENUE, OF BLOCK 2 IN HAWTHORNE, BEING A SUBDIVISION OF THE SOUTHEAST 1/4 OF SECTION 28 AND THE NORTH 1/2 OF THE NORTHEAST 1/4 OF SECTION 33, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. # 16-28-409-021

That the deceased died November 1, 1998, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- 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 _____ dollars.

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

Subscribed and sworn to before me by the said

Denise Lacey

this 26th day of February, A.D. 19 99

G. Robert Vlach
 Notary Public
 "OFFICIAL SEAL"
 G. Robert Vlach
 Notary Public, State of Illinois
 My Commission Expires 02/21/00

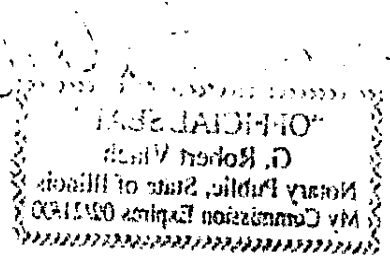
Denise M. Lacey
 (Alliant's Signature)
 Denise Lacey

*3
Pends*

Property of Cook County Clerk's Office



G. R. VLACH
6904 W. CERMAK RD.
BERWYN, ILL 60402



Certified Copy of a Death Record

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Page 3 of 3

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO.	16.92
REGISTERED NUMBER	1431

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

1. DECEASED-NAME FIRST MIDDLE LAST Patrick J Lacey		2. SEX Male	3. DATE OF DEATH (MONTH, DAY, YEAR) November 01, 1998
4. COUNTY OF DEATH COOK		5a. AGE-LAST BIRTHDAY (YFS) 61	5b. UNDER 1 YEAR MOS. DAYS 5b.
6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER PROVISO TOWNSHIP		6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) VETERANS ADM HINES, IL 60141	
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, IL		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
10. SOCIAL SECURITY NUMBER 359-28-1825		11a. USUAL OCCUPATION Truck Driver	
13a. RESIDENCE (STREET AND NUMBER) 4850 W 28TH Street		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Cicero	
13c. STATE Illinois		13d. COUNTY Cook	

DECEASED

PARENTS

15. FATHER-NAME FIRST MIDDLE LAST Matthew Lacey		16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST Sarah Trodden	
17a. INFORMANT'S NAME (TYPE OR PRINT) Diane Jones A.O.D.		17b. RELATIONSHIP Hospital Records	
		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) VETERANS ADM HINES, IL 60141	

CAUSE

18. PART I. Enter the disease, 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)	Massive Cardiomegaly with Severe Coronary Artery Disease.	Unknown
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	Bilateral Pulmonary Congestion, Edema and Bronchitis.	Unknown
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		

CERTIFIER

20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. (M.D.) (DO NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON November 01, 1998		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) Yes		21c. HOUR OF DEATH 10:45 P. M.	
22a. SIGNATURE <i>K. Katwala</i>		22b. NAME AND ADDRESS OF CERTIFIER K. Katwala, M.D.		22c. DATE SIGNED (MONTH, DAY, YEAR) November 2, 1998	
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		22e. ILLINOIS LICENSE NUMBER		22f. ILLINOIS LICENSE NUMBER 125-038484	

DISPOSITION

24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		24b. CEMETERY OR CREMATORY-NAME Mt. Auburn		24c. LOCATION CITY OR TOWN STATE Stickney, Illinois	
24d. FUNERAL HOME NAME Rizzo Funeral Service		24e. STREET AND NUMBER OR R.F.D. 829 S. Cambridge		24f. CITY OR TOWN STATE ZIP Elmhurst, IL 60126	
25a. FUNERAL DIRECTOR'S SIGNATURE <i>Mark Rizzo</i>		25b. NAME Mark Rizzo		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-012356	
26a. LOCAL REGISTRAR'S SIGNATURE <i>Richard L. Bellis</i>		26b. NAME Broadview, Illinois 60153		26c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) November 3, 1998	

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 **NOV 3 1998** SIGNED *Richard L. Bellis*
AT **BROADVIEW, ILLINOIS 60153**, Illinois OFFICIAL TITLE **LOCAL REGISTRAR OF VITAL STATISTICS**

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 of the facts therein stated.