

UNOFFICIAL COPY

3991619

605 164 (FORM 302)

Affidavit by Surviving Joint Tenant

L. R. 17951 Doc. No. 1429079 Certificate No. 63312

State of ILLINOIS
County of COOK } ss.

JOHN H. CONNELLY

a widower

being first

duly sworn, upon oath deposes and says:

That ...he... resides at 201 S. WaPella in the City of Mt. Prospect and that ...he... is one of the parties who took title, not in tenancy in common, but in joint tenancy, to real estate shown in Certificate of File No. situated in said Cook County, Illinois, described as follows:

Lot Two Hundred Seventy-Four (274) in H. Roy Berry Co's. Colonial Manor, being a Subdivision of part of the Northeast Quarter (1/4) of Section 11 and part of the Northwest Quarter (1/4) of Section 12, all in Township 41 North, Range 11, East of the Third Principal Meridian, in Cook County, Illinois.

Affiant states that ESTHER S. CONNELLY one of the said owners in joint tenancy, died ~~intestate~~, in the city (Village) of Arlington Hts in the State of Illinois as is confirmed by a Certificate of the health department of said municipality hereto attached.

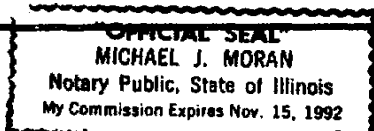
Affiant states that the remaining joint tenant... has not changed his marital status since the issuance of Certificate of Title Number..... (except..... who has been married but once since acquiring said real estate and then to.....).

Further, that the affiant makes this affidavit for the purpose of inducing the Registrar of Titles of Cook County, Illinois, to issue a certificate of title to the surviving Joint Tenant... to said above described premises, relying on this statement as true, and in consideration thereof affiant guarantees the truth of the statements herein contained.

X *John H. Connelly*
JOHN H. CONNELLY

Subscribed and sworn to before me this 27th day of August 19 91

Michael J. Moran
NOTARY PUBLIC



Well attached,

3991619

STATE OF ILLINOIS

STATE FILE
NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. <u>16.0</u>		STATE OF ILLINOIS		STATE FILE NUMBER			
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH					
DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH - (MONTH, DAY, YEAR)	
1. ESTHER		S.	CONNELLY	Female	June 25, 1987		
RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)	ORIGIN OR DESCENT	AGE - LAST BIRTHDAY (YR, MO, DA)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH - (MO., DAY, YEAR)	COUNTY OF DEATH	
4a. White	4b. American	5a. 65	5b.	5c.	6. July 28, 1921	7a. Cook	
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 DOA OR EMER. RM. INPATIENT (SPECIFY)		
7b. Arlington Heights		7c. Northwest Community Hospital			7d. DOA		
STATE OF BIRTH - (IF NOT U.S.A. NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE - (MAIDEN NAME, IF WIFE)			
8. Delaware	9. USA	10. Married		11. John Howard Connelly			
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY		WAS DECEASED EVER IN U.S. ARMED FORCES? YES / NO		WAR OR DATES OF SERVICE	
12. 351 18 4101	13a. Secretary	13b. Mfg. Reps.		13c. No		13d. None	
RESIDENCE STREET AND NUMBER	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY YES / NO	COUNTY	STATE			
14a. 201 WaPella	14b. Mt. Prospect	14c. Yes	14d. Cook	14e. Illinois			
FATHER - NAME	FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME	FIRST	MIDDLE	LAST
15. Arthur		Simpson		16. Helen		McDonald	
INFORMANT NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.C., CITY OR TOWN, STATE, ZIP)				
17a. Mr. John H. Connelly		17b. Husband	17c. 201 WaPella, Mt. Prospect, IL 60056				
DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART I. IMMEDIATE CAUSE		(a) MASSIVE CORONARY THROMBOSIS				5-6 months	
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST.		(b) Hypertensive Cardiovascular Disease				11 years	
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I.		DUCTAL CARCINOMA LEFT BREAST					
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OR OPERATION		AUTOPSY YES / NO		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH		
18a. 6-22-81	18b. DUCTAL CARCINOMA (L) BREAST		18c. No		18d. 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 OR DEATH				
19. 5-22-1987		20. Yes	21c. 6:26 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)		
SIGNATURE <i>[Signature]</i> MD					22b. June 26, 1987		
NAME AND ADDRESS OF CERTIFIER					ILLINOIS LICENSE NUMBER		
23. Dr. A. Salas MD, 605 W. Central Rd., Arlington Heights, IL					22c. 036 031 311		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER					NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
RITUAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY - NAME	LOCATION	CITY OR TOWN	STATE	DATE	(MONTH, DAY, YEAR)	
24a. Burial	24b. Henry City Cemetery	24c. Henry, Illinois			24d. June 29, 1987		
FUNERAL HOME	NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP		
25. FRIEDRICH'S Funeral Home Inc.,		320 West Central Road,	Mt. Prospect,	IL	60056		
FUNERAL DIRECTOR'S SIGNATURE					FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
26a. <i>[Signature]</i>					25c. 6367		
LOCAL REGISTRAR'S SIGNATURE					DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
26b. KAREN L. SCOTT, M.D. REGISTRAR					JUN 28 1987		

1200 REV. 5/82

Illinois Department of Public Health - Office of Vital Records

(BASED ON 1978 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is true and correct copy of the death record for the decedent named in Item I 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

JUN 26 1987

SIGNED

Phyllis McCall

At Cook County Department of Public Health Official Title Chief Deputy Registrar
1500 S. Maybrook Drive, Maywood, Illinois 60153

UNOFFICIAL COPY
LAST WILL AND TESTAMENT

I, ESTHER S. CONNELLY of Mount Prospect in
the State of ILLINOIS, being of sound mind and memory, do hereby
make, publish and declare this to be my last WILL and TESTAMENT, and I hereby revoke
all Wills and Codicils heretofore made by me.

FIRST: I order and direct my Executor....., hereinafter named, to pay all my just debts and
funeral expenses as soon after my death as practicable.

SECOND: I give, devise and bequeath my entire estate whether real,
personal or mixed, of every nature, kind and description, and
wheresoever situate, to my beloved husband, JOHN H. CONNELLY, of
Mount Prospect, Illinois, to be his absolutely.

If my husband shall predecease me or die simultaneously
with me, I give, devise and bequeath my entire estate whether real,
personal or mixed, of every nature, kind and description, and
wheresoever situate, to my cousin, STEDMAN W. HINES of Seaford,
Delaware to be his absolutely.

LASTLY: I hereby nominate and appoint my husband, JOHN H. CONNELLY,
as Executor.....of this, my Last Will and Testament, and I direct that my Executor..... shall not
be required to furnish a surety bond to act as such Executor.....

IN WITNESS WHEREOF, I have hereunto set my hand and seal to this, my Last Will and
Testament, this 16th day of May 1979.

Esther S. Connelly (SEAL)

This instrument was, on the date thereof, signed, sealed, published and declared by the Testator
as and for h.er..... Last Will and Testament, in our presence, who, at h.er..... request and in
h.er..... presence and in the presence of each of us, have subscribed our names hereto as wit-
nesses thereof. And we do hereby certify that at the time of the execution thereof the Testator
was of sound and disposing mind and memory.

Elaine K. Hayes Residence 5535 N. Lincoln - Chicago
Maurice Albin Residence 77 W. Washington Chicago
Robert Hegie Residence 1445 S. Lincoln Chicago

87W33 1905

UNOFFICIAL COPY

Property of Cook County Clerk's Office

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
PROBATE DIVISION

I HEREBY CERTIFY THAT THE DOCUMENT TO WHICH
THIS CERTIFICATION IS AFFIXED IS A TRUE AND
CORRECT COPY OF AN INSTRUMENT IN WRITING
PURPORTING TO BE THE LAST WILL AND TESTAMENT
OF *Ester S. Connelly*
DECEASED, FILED IN THE OFFICE OF THE CLERK OF
THE CIRCUIT COURT OF COOK COUNTY, PROBATE

DIVISION ON *Aug 25* 19 *87*

Nov 18 19 *88*
Margaret M. Fink
CLERK OF THE CIRCUIT COURT
OF COOK COUNTY, ILLINOIS

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AFFIDAVIT OF NO ESTATE TAX DUE

The Affiant, regarding the possible liability for State Inheritance Tax for the Estate of decedent herein, being first duly sworn upon oath, deposes and states as follows:

(1) I am JOHN H. CONNELLY
(name and capacity)

and reside at 201 S. Wapella, Mt. Prospect, Illinois 60056.

(2) I am personally acquainted with the affairs of the Estate of Esther S. Connelly, who died on June 25, 1987.

(3) That as a consequence, I represent to the Registrar of Titles that regarding Federal Estate Tax or State Inheritance Tax;

(elect one - initial choice)

- | | | | | |
|-------------|----------|---|-------------|-------------|
| <u>X</u> | <u>1</u> | that no Tax is due; or | <u>1</u> | <u>1</u> |
| <u> </u> | <u>2</u> | that if any Tax due, there are sufficient other | <u>2</u> | <u>2</u> |
| <u> </u> | <u>3</u> | assets to pay such Tax; or | <u>3</u> | <u>3</u> |
| <u> </u> | <u>3</u> | that any Tax due has been paid. | <u> </u> | <u> </u> |

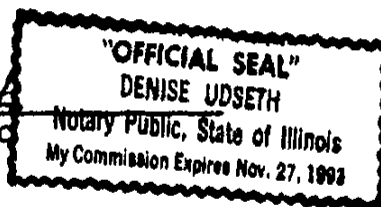
and I make this affidavit for the purpose of inducing the Registrar of Titles of Cook County, Illinois, to issue a Certificate of Title without additional evidence of non-liability, relying on this statement as true, and in consideration thereof affiant guarantees the truth of the statements herein contained.

John H. Connelly

Subscribed and sworn to before
me this 13~~th~~ day of August;

19 91.

Denise Udseth
Notary Public



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~~10331/2~~
10331/2

3991619

AUG 28 PM 3 08

CAROL MOSELEY BRAUN
REGISTRAR OF TITLES

IDENTIFIED
NO.
REGISTRAR OF TITLES
CAROL MOSELEY BRAUN
A.T.G.F./DAVIS

3991619

3991619

ATTORNEYS TITLE
GUARANTY FUND, INC.
29 S. LASALLE 5TH FLOOR
CHICAGO, IL 60603
312-372-8361

Property of Cook County Clerk's Office

OFFICIAL SEAL
REGISTRAR OF TITLES
CAROL MOSELEY BRAUN
CHICAGO, ILLINOIS