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RECORDATION REQUESTED BY:
1ST NATIONAL BANK OF ILLINOIS
3256 RIDGE ROAD
LANSING, IL 60438

WHEN RECORDED MAIL TO:
1ST NATIONAL BANK OF ILLINOIS
3256 RIDGE ROAD
LANSING, IL 60438



Doc#: 0401547201
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 01/15/2004 12:51 PM Pg: 1 of 3

FOR RECORDER'S USE ONLY

AFFIDAVIT RE: DECEASED JOINT TENANT

George Kennedy, being duly sworn and for the purpose of inducing the Cook County Recorder of Deeds to record this affidavit, states:

1. That he resides at 2930 - 194th Street, Lansing, IL 60438.
2. That he was acquainted with Alice M. Kennedy, who died on December 8, 2003, as evidenced by the attached certified copy of the death certificate.
3. That the said decedent was one of the owners of land described as follows:

LEGAL DESCRIPTION

Lot Three Hundred Fifty Three (353) in Oakwood Estates Unit 10, being a Subdivision of the South Half (1/2) of the East Half (1/2) of the Southwest Quarter (1/4) of the Southeast Quarter (1/4) of Section 6, Township 35 North, Range 15, East of the Third Principal Meridian; also the South Half (1/2) of the West Half (1/2) of the Southwest Quarter (1/4) of the Southeast Quarter (1/4) of Section 6, Township 35 North, Range 15, East of the Third Principal Meridian (excepting from said Tract the South 270.00 feet of the West 330.00 feet as measured on the North and on the West Line of said exception), according to Plat thereof registered in the Office of the Registrar of Titles of Cook County, Illinois, on August 17, 1972, as Document Number 2642386, and Surveyor's Certificate of Correction registered on October 13, 1972, as Document Number 2654329.

Property Address: 2930 - 194th Street, Lansing, IL 60438

Property Tax Identification Number: 33-06-418-012-0000

4. That said decedent died leaving no last will and testament.
5. That the total value of the estate of said decedent for the State of Illinois Inheritance Tax and Federal Estate Tax purposes does not exceed \$30,000.00


(Affiant's Signature)

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ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to sue its statutory responsibility. Disclosure is mandatory and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

cal No. 2925-03

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

PE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

RENTS

FORMANT

POSITION

USE OF
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1 DECEASED—NAME (First Middle Last) ALICE M. KENNEDY		2 SEX FEMALE	3a TIME OF DEATH 4:44 A. M.	3b DATE OF DEATH (Month, Day, Yr) DECEMBER 8, 2003
4 *SOCIAL SECURITY NUMBER 346-20-3470	5a AGE—Last Birthday (Years) 74	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) Dec. 31, 1928
7 BIRTHPLACE (City and State or Foreign Country) Chicago, IL	8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? Never	9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	
9b FACILITY NAME (If not institution, give street and number) THE COMMUNITY HOSPITAL		9c CITY, TOWN, OR LOCATION OF DEATH MUNSTER	9d COUNTY OF DEATH LAKE	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) George Kennedy	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker	12b KIND OF BUSINESS/INDUSTRY own home	
13a RESIDENCE—STATE Illinois	13b COUNTY Cook	13c CITY, TOWN, OR LOCATION Lansing	13d STREET AND NUMBER 2930 194th St.	
13e ZIP CODE 60438	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc)	16 RACE—American Indian, Black, White, etc (Specify) White
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 12		18 FATHER'S NAME (First Middle, Last) Arthur Myers		
19 MOTHER'S NAME (First Middle, Maiden Surname) Ellen Piper			20a INFORMANT'S NAME (Type/Print) George Kennedy	
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2930 194th St. Lansing, IL 60438		20c Relationship Husband		
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) December 11, 2003 Heritage Crematory		21c LOCATION—City or Town, State Portage, Indiana
22a EMBALMER'S NAME None		22b EMBALMER'S LICENSE NO. NA	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Edwin B. Schaefer</i>		24b LICENSE NUMBER (of License) FDO 1000857	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME LaHayne FH19400005 6955 South-eastern Hammond, IN for Schroeder-Lauer Funeral Home	
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Renal Failure of Rt Hip.		26 PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Renal Failure		27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		
CONDITIONS, if any, which gave rise to the immediate cause, stating the underlying cause last		28a WAS AN AUTOPSY PERFORMED? (Yes or no) No		
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER 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) as stated. <input type="checkbox"/> CORONER 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.		29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29c MEDICAL LICENSE NO. 01042343A
29d DATE SIGNED (Month, Day, Year) DECEMBER 9, 2003		30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) SATISH PATEL, M.D. 5500 HOHMAN AVENUE HAMMOND, INDIANA 4632		
31 HEALTH OFFICER'S SIGNATURE <i>Susan W. Best, D.O.</i>		32 DATE FILED (Month, Day, Year) DECEMBER 10, 2003		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)
34d PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34e LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE ORIGINAL OF DEATH FROM INJURY, OCCURRING COUNTY HEALTH DEPT

DEC 10 2003

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INDIVIDUAL ACKNOWLEDGEMENT

STATE OF ILLINOIS _____)
) ss
COUNTY OF COOK _____)

On this day before me, the undersigned Notary Public, personally appeared George Kennedy to me known to be the individual who executed the Decedent Affidavit and acknowledge that he signed the Decedent Affidavit as his free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal this 12th day of January, 2004.

By Jane Compton _____ Residing at Lansing, Illinois _____

Notary Public in and for the State of Illinois.

My Commission expires 9-12-07 _____.



Cook County Clerk's Office