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Doc#: 0432044046
Eugene "Gene" Moore Fee: \$30.00
Cook County Recorder of Deeds
Date: 11/15/2004 09:05 AM Pg: 1 of 4

JOINT TENANCY AFFIDAVIT

PREPARED BY:

L. Marino
3310 n. Harlem Ave.
Chicago, IL 60634

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ATGF, INC.

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STATE OF ILLINOIS)
)SS
COUNTY OF COOK)

AFFIDAVIT OF HEIRSHIP

Affiant, GARY J. NEWELL being duly sworn on oath deposes and states as follows:

1. That the Affiant resides at 4849 Christine Court RFD, Long Grove, Illinois 60047 and is related to the Decedent, MARILYN DIANE NEWELL, being one of the sons.
2. That the decedent, MARILYN DIANE NEWELL, died on June 4, 2004 in the City of Chicago, County of Cook, State of Illinois as evidenced by the Death Certificate attached hereto.
3. That the Decedent, MARILYN DIANE NEWELL, resided and owned the land locate at 4919 N. Delphia, Chicago, Illinois, (a copy of the legal description attached hereto as Exhibit "A").
4. That the Decedent, MARILYN DIANE NEWELL, was married and legally divorced to ELMER NEWELL twelve (12) years ago and who predeceased the Decedent. That as a result of the marriage three (3) children were born and neither of them ever had or adopted any other children, namely:
 - (i) GARY J. NEWELL, who is living, of legal age and mentally competent.
 - (ii) ERIC NEWELL, who is living of legal age and mentally competent.
 - (iii) KATHLEEN M. NEWELL, who is living of legal age and mentally competent.
5. That Illinois and Federal Estate Taxes do not apply to the Estate of MARILYN DIANE NEWELL.
6. Affiant makes this Affidavit for purposes of establishing the heirship of MARILYN DIANE NEWELL, Deceased.

IN WITNESS WHEREOF, the Affiant has affixed his/her signature hereto this 7th day of October, 2004.

Gary J. Newell
GARY J. NEWELL

Subscribed and sworn to before me, a Notary Public in and for the County of Cook, State of Illinois, this 7th day of October, 2004.

Judith A Seghers (Notary Public)

My Commission Expires 7/22/07
OFFICIAL SEAL
JUDITH A SEGHERS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 07/22/07

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CITY OF CHICAGO

DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JUN 04 2004

I, JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

John L. Wilhelm, MD
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

REGISTRATION DISTRICT NO. **16.10**
REGISTERED NUMBER

DECEASED-NAME: **MARILYN NEWELL** LAST: **NEWELL** SEX: **2. FEMALE** DATE OF DEATH: **3. JUNE 2, 2004**

1. COUNTY OF DEATH: **COOK** DATE OF BIRTH: **5d. APRIL 9, 1936**

4. COOK CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: **6a. CHICAGO**

5a. AGE-LAST BIRTHDAY (YRS): **68** UNDER 1 DAY: **5c. RESURRECTION MEDICAL CENTER**

5b. HOURS: **6b. DIVORCED** IF HOSP. OR INST. INDICATE D.O.A. OPERMER, RM, INFANT (SPECIFY)

6b. CHICAGO SOCIAL SECURITY NUMBER: **8a. DIVORCED** IF HOSP. OR INST. INDICATE D.O.A. OPERMER, RM, INFANT (SPECIFY)

7. CHICAGO, ILLINOIS USUAL OCCUPATION: **11a. HOMEMAKER** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)

8b. NONE

10. 357-28-2444 RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): **14a. WHITE**

11b. OWN HOME CITY, TOWN, TWP, OR ROAD DISTRICT NO.: **13b. NORRIDGE**

13a. 4919 N. DELPHIA ZIP CODE: **13c. 60706**

14b. NO YES SPECIFY: **16. MARTHA MALLICK**

15. SAMUEL RAYMOND CLAUSON RELATIONSHIP: **17b. SON** MIDDLE: **17c. 4849 CHRISTINE CT. LONG GROVE, ILL. 60047**

17a. GARY NEWELL

18. PART I. Enter the diseases, 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) SEPSIS**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(b) BREAST CANCER**

(c) METASTATIC DISEASE

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

DATE OF OPERATION, IF ANY: **20b. JUNE 2, 2004**

MAJOR FINDINGS OF OPERATION: **21b. NO**

WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **21c. 4:45 P.M.**

DATE SIGNED: **22b. JUNE 2, 2004**

ILLINOIS LICENSE NUMBER: **22c. 036-087493**

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **BOHDAN DUDAS M.D 7447 W. TALCOTT CHICAGO IL, 60631**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):

BURIAL, CREMATION, REMOVAL (SPECIFY): **24b. ACACIA PARK CEMETERY**

CEMETERY OR CREMATORY-NAME: **24c. CHICAGO**

CITY OR TOWN: **ILLINOIS**

STATE: **ILLINOIS**

LOCATION: **24d. JUNE, 5, 2004**

DATE: **24e. NORRIDGE**

CITY OR TOWN: **ILLINOIS**

STATE: **ILLINOIS**

STREET AND NUMBER OR R.F.D.: **8300 W. LAWRENCE AVE.**

CITY OR TOWN: **NORRIDGE**

STATE: **ILLINOIS**

ZIP: **60706**

FUNERAL HOME: **25a. CUMBERLAND CHAPELS**

FUNERAL DIRECTOR'S SIGNATURE: **25b. 031-008880**

FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **25c. 031-008880**

LOCAL REGISTRAR'S SIGNATURE: **25d. 031-008880**

DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR):

MEDICAL CERTIFICATE OF DEATH

607924

DATE OF DEATH (MONTH, DAY, YEAR)

UNOFFICIAL COPY EXHIBIT "A"

LEGAL DESCRIPTION

ALL OF LOT 27 AND THE SOUTH 10 FEET OF LOT 28 IN BLOCK 4 IN CUMBERLAND AND LAWRENCE, BEING GEORGE GAUNTLETT'S SUBDIVISION OF THE SOUTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 11, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Pin# 12-11-302-058-0000

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