

UNOFFICIAL COPY



Doc#: 0803605198 Fee: \$26.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 02/05/2008 02:32 PM Pg: 1 of 2

Counselors' Title
Company, L.L.C.
Deceased Joint Tenant
Affidavit

COUNSELORS TITLE CO., LLC
477 E. BUTTERFIELD RD.
SUITE 101
LOMBARD, IL 60148

Doc 2

0703818

Now comes GARY M. VAHL, being duly sworn and for the purposes of inducing Counselors' Title Company, L.L.C. to delete all title exceptions caused by the death of PATRICIA E. VAHL, states:

1. That the Affiant resides at **9810 South Menard Avenue, Oak Lawn IL 60453**;
2. That the Affiant was acquainted with said decedent who died on 9-25-07 as evidenced by the certified copy of death certificate attached hereto;
3. That said decedent was one of the owners of land;

___ described in the subject file, or;

legally described as follows:

The South 75 feet of the North 225 feet of Lot 1 in Block 20 in F.H. Bartlett's Centralwood being a subdivision of the East 1/2 of Section 8, Township 37 North, range 13, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 24-08-220-007-0000

4. That said decedent died:

leaving no Last Will and Testament;

___ leaving a Last Will and Testament, a copy of which is attached hereto;

___ leaving a last Will and Testament, which was filed in the unproven will box of the Probate Division of the circuit Court of Cook County, IL on _____.

5. That the total value of the estate of said decedent, including both real and personal property owned by said decedent either individually or in joint tenancy at the date of death, does not exceed \$ N/A.
6. Affiant further sayeth not.

Affiant Signature

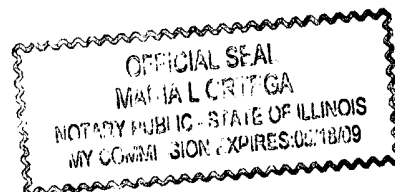
STATE OF IL
COUNTY OF COOK

Subscribed and sworn to before me a Notary Public, by the said Affiant this 6 day of

DECEMBER, 20 07

Notary Public

(Seal)



2K9

UNOFFICIAL COPY

BLUE ISLAND, ILLINOIS

DISTRICT 16.31

| | | | | | |
|---|--|---|--|---|---|
| DECEDENT'S BIRTH NO. | | REGISTRATION DISTRICT NO. <u>16.31</u> | STATE OF ILLINOIS | | STATE FILE NUMBER |
| | | REGISTERED NUMBER <u>324</u> | MEDICAL CERTIFICATE OF DEATH | | |
| Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS | | DECEASED-NAME FIRST MIDDLE LAST | | SEX | DATE OF DEATH (MONTH, DAY, YEAR) |
| 1. Patricia E. Vahl | | 2. Female | | 3. September 25, 2007 | |
| COUNTY OF DEATH | | AGE-LAST BIRTHDAY (YRS) | UNDER 1 YEAR | UNDER 1 DAY | DATE OF BIRTH (MONTH, DAY, YEAR) |
| 4. Cook | | 5a. 57 | 5b. | 5c. | 5d. July 22, 1950 |
| 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 D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) |
| A. 6a. Blue Island | | 6b. St. Francis Hospital | | | 6c. Emer-Rm |
| DECEASED BIRTH PLACE (CITY AND STATE OR FOREIGN COUNTRY) | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) | | WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) |
| 7. Chicago, IL | | 8a. Married | 8b. Gary M. Vahl | | 9. NO |
| B. SOCIAL SECURITY NUMBER | | USUAL OCCUPATION | KIND OF BUSINESS OR INDUSTRY | EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) | |
| C. 10. 354-44-2452 | | 11a. Homemaker | 11b. Own Home | 12. 12 | |
| D. RESIDENCE (STREET AND NUMBER) | | CITY, TOWN, TWP, OR ROAD DISTRICT NO. | | INSIDE CITY (YES/NO) | COUNTY |
| E. 13a. 9810 S. Menard | | 13b. Oak Lawn | | 13c. YES | 13d. Cook |
| STATE | | ZIP CODE | RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) | OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) | |
| 13e. Illinois | | 13f. 60453 | 14a. White | 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY: | |
| PARENTS FATHER-NAME FIRST MIDDLE LAST | | MOTHER-NAME FIRST MIDDLE LAST | | (MAIDEN) LAST | |
| 15. Charles May | | June | | Mullin | |
| INFORMANT'S NAME (TYPE OR PRINT) | | RELATIONSHIP | MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) | | |
| 17a. Gary M. Vahl | | 17b. Husband | 17c. 9810 S. Menard Oak Lawn, IL. 60453 | | |
| 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. | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | |
| Immediate Cause (Final disease or condition resulting in death) | | (a) Septic shock | | | |
| CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. | | (b) COPD | | | |
| PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. | | AUTOPSY (YES/NO) | | | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) |
| 18. Peripheral Vascular disease | | 19a. NO | | | 19b. |
| DATE OF OPERATION, IF ANY | | MAJOR FINDINGS OF OPERATION | | IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? | |
| 20a. | | 20b. | | 20c. YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON | | I WAS CORONER OR MEDICAL EXAMINER? (YES/NO) | | HOUR OF DEATH | |
| 21a. 09-21-2007 | | 21b. YES | | 21c. 2:25 A.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) | | ILLINOIS LICENSE NUMBER | |
| 22a. SIGNATURE <u>[Signature]</u> | | 22b. 09-27-2007 | | 22c. 036-075762 | |
| NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) | | NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) | | NOT IN AN INJURY WAS INVOLVED IN THIS DEATH? (IF CORONER OR MEDICAL EXAMINER MULTIPLE NOTIFIED) | |
| 22a. SALEM MAKDAH, MD 10550 ROBERTS RD PALMS HILLS, IL 60465 | | 22b. | | 22c. | |
| BURIAL, CREMATION, REMOVAL (SPECIFY) | | CEMETERY OR CREMATORY-NAME | LOCATION | CITY OR TOWN | STATE |
| 24a. Burial | | 24b. Oak Hill Cemetery | 24c. Chicago | Illinois | DATE (MONTH, DAY, YEAR) |
| FUNERAL HOME | | NAME | STREET AND NUMBER OR R.F.D. | CITY OR TOWN | STATE |
| 25a. Lawn Funeral Home | | 7909 State Road | Burbank | Illinois | 60459 |
| FUNERAL DIRECTOR'S SIGNATURE | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER | | DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) | |
| 25b. <u>[Signature]</u> | | 25c. 09714 | | 26b. Sept. 27, 2007 | |
| LOCAL REGISTRAR'S SIGNATURE | | DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) | | | |
| 26a. <u>[Signature]</u> | | 26b. | | | |

CERTIFIED COPY OF VITAL RECORDS

I HEREBY CERTIFY THAT THE FOREGOING is a true and correct copy of the DEATH record for the individual named therein 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.

D25137

DATE ISSUED

SEP 27 2007

ISSUED AT:

13051 GREENWOOD AVE.
BLUE ISLAND, ILLINOIS 60406

LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying seal and signature of Local Registrar.