

# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT



0826734028

### AFTER RECORDING, RETURN TO:

James E. DeBruyn, Atty.  
DeBruyn, Taylor and DeBruyn Ltd.  
15252 S. Harlem Avenue  
Orland Park, IL 60462

Doc#: 0826734028 Fee: \$40.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 09/23/2008 09:15 AM Pg: 1 of 3

### NAME/ADDRESS OF TAXPAYER:

William J. Kamp  
9401 W. 173rd Street  
Tinley Park, IL 60477

STATE OF ILLINOIS )  
                                  ) SS.  
COUNTY OF COOK )

**William J. Kamp**, being duly sworn, states that he resides at 9401 W. 173rd Street, Tinley Park, IL 60477.

That **William J. Kamp** was acquainted with **Doris M. Kamp**, deceased, who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

(SEE REVERSE SIDE FOR LEGAL DESCRIPTION)

Permanent Index No.:           **27-27-313-001-0000**

Property Address:               **9401 W. 173rd Street, Tinley Park, IL 60477**

That the deceased died June 27, 2008, 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 Cook County, Illinois.

Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook 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 require the payment of Federal or State Inheritance taxes.

**DONE AT CUSTOMER'S REQUEST**

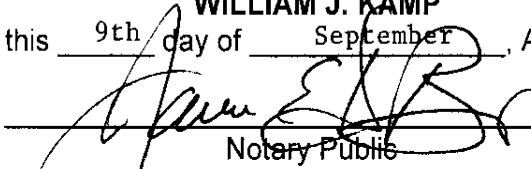
# UNOFFICIAL COPY

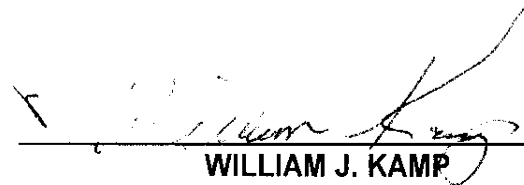
Affiant makes this affidavit for the purpose of inducing the title company to issue its title insurance policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

**WILLIAM J. KAMP**

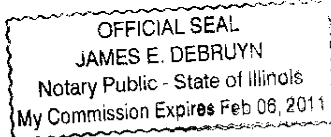
this 9th day of September, A.D. 2008.

  
Notary Public

  
**WILLIAM J. KAMP**

This Instrument Prepared By:

James E. DeBruyn, Atty  
DeBruyn, Taylor and DeBruyn Ltd.  
15252 S. Harlem Avenue  
Orland Park, IL 60462



## LEGAL DESCRIPTION

**Parcel 1:** Lot 1 in Stonebrooke Villas, a subdivision of part of the Northwest 1/4 of the Southwest 1/4 of Section 27, Township 35 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

**Parcel 2:** Easement appurtenant to and for the benefit of Parcel 1 as set forth in the Declaration of Covenants and Restrictions for Stonebrooke Villas made by Worth Bank and Trust Company, as Trustee under Trust Agreement dated August 26, 1996, known as Trust No. 5219, recorded September 24, 1997 as Document 9704822 for ingress and egress, in Cook County, Illinois.

Permanent Index No.: **27-27-313-001-0000**

Property Address: **9401 W. 173rd Street, Tinley Park, IL 60477**

# UNOFFICIAL COPY

## STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.91  
LOCAL FILE NUMBER 173

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (include AKAs if any) (First, Middle, Last) <b>Doris M. Kamp</b>			2. SEX <b>Female</b>	3. DATE OF DEATH (Month/Day/Year) (Spell Month) <b>June 27, 2008</b>
4. COUNTY OF DEATH <b>Cook</b>	5a. AGE AT LAST BIRTHDAY (Years) <b>69</b>	5b. UNDER 1 YEAR Months _____ Days _____	5c. UNDER 1 DAY Hours _____ Minutes _____	6. DATE OF BIRTH (Month/Day/Year) <b>October 13, 1938</b>
7a. CITY OR TOWN <b>Tinley Park</b>		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) <b>9401 W. 173rd Street</b>		
7c. PLACE OF DEATH (Check only one: see instructions) IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____				
8. BIRTHPLACE (City and State or Foreign Country) <b>Chicago, IL</b>	9. SOCIAL SECURITY NUMBER <b>354-30-7329</b>	10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) <b>William J. Kamp</b>
12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
13a. RESIDENCE (Street and Number) <b>9401 W. 173rd Street</b>		13b. APT. NO.	13c. CITY OR TOWN <b>Tinley Park</b>	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13e. COUNTY <b>Cook</b>	13f. STATE <b>Illinois</b>	13g. ZIP CODE <b>60487</b>	14. FATHER'S NAME (First, Middle, Last) <b>Peter Wierenga</b>	
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Grace Veldman</b>				
16a. INFORMANT'S NAME <b>William J. Kamp</b>		16b. RELATIONSHIP <b>Husband</b>		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) <b>9401 W. 173rd St., Tinley Park, IL 60487</b>
17. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) <b>Chapel Hill Gardens South</b>		19. LOCATION - CITY, TOWN AND STATE <b>Oak Lawn, Illinois</b>
20. DATE OF DISPOSITION (Month/Day/Year) <b>July 1, 2008</b>				
21a. FUNERAL HOME NAME <b>Colonial Chapel, 15525 S. 73rd Ave., Orland Park, IL 60462</b>		21b. FUNERAL DIRECTOR'S SIGNATURE <i>Edward J. DeJong</i>		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-010425</b>
22. LOCAL REGISTRAR'S SIGNATURE <i>Richard J. DeJong</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) <b>June 30, 2008</b>		
24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Cancer of lung</b> Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of):				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No				
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		28. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death (time unknown) <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months		29. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation
30. DATE OF INJURY (Month/Day/Year)	31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area)		33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code				
35. DESCRIBE HOW INJURY OCCURRED:				36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)
37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON <b>6/24/08</b>		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	39. DATE PRONOUNCED (Month/Day/Year) <b>6-27-2008</b>	40. TIME OF DEATH <b>7:45</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/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 stated.				
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) <b>Richard J. DeJong M.D., 15300 S. West Ave., Orland Park, IL 60462</b>				43. PHYSICIAN'S LICENSE NUMBER <b>036-66489</b>
44. TITLE OF CERTIFIER <b>Physician</b>		45. DATE CERTIFIED (Month/Day/Year) <b>6/30/08</b>	46. SIGNATURE OF CERTIFIER <i>Richard J. DeJong</i>	

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE DECEDENT NAMED IN ITEM #1 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 STILLBIRTHS, BIRTHS AND DEATHS.

DATED June 30, 2008 SIGNED Richard J. DeJong LOCAL REGISTRAR

SIGNED Richard J. DeJong DEPUTY REGISTRAR, TINLEY PARK, ILLINOIS

Based on the 2003 U.S. Standard Certificate  
Illinois Department of Public Health - Division of Vital Records  
VR200 (Rev. 1/08)