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Doc#: 0833905162 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 12/04/2008 04:10 PM Pg: 1 of 3

STATE OF ILLINOIS)

COUNTY OF COOK)

DATE: October 31, 2008

FILE NO: 14-81151

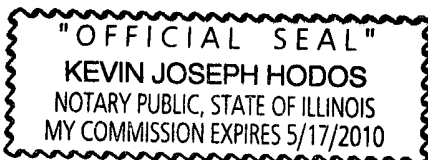
DECEASED JOINT TENANT AFFIDAVIT

Elsie D. Mock, BEING FIRST DULY SWORN, FOR THE PURPOSE OF INDUCING COMMERCIAL LAND TITLE INSURANCE COMPANY, TO ISSUE ITS TITLE INSURANCE POLICY COVERING THE LAND DESCRIBED IN THE ABOVE CAPTIONED COMMITMENT, DEPOSES AND SAYS:

- 1. That he/she resides at 851 Young Street, Lemont, IL 60439
- 2. That he/she was acquainted with Clifford Mock, who died on Apr. 23, 2006 as evidenced by the attached certified copy of the death certificate.
- 3. That said decedent was one of the owners of the land described in the above captioned commitment.
- 4. Said decedent died:
 Leaving no Last Will and Testament.
 Leaving a Last Will and Testament, a copy of which is attached.
- 5. That the total value of said decedent's estate for State of Illinois Inheritance Tax/Estate Tax and Federal Estate Tax purpose does not exceed \$ 400,000.00.

Elsie D. Mock
Affiant's Signature

Subscribed and Sworn to before this 31 day of October, 2008.



Kevin Joseph Hodos
Notary Public

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1883

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CERTIFICATE OF DEATH RECORD

STATE OF ILLINOIS
CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **18.0**

LOCAL FILE NUMBER **3570 WAK 08** STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) **CLIFFORD IRVING MOCK** 2. SEX **MALE** 3. DATE OF DEATH (Month/Day/Year) (Spell Month) **4.23.08**

4. COUNTY OF DEATH **COOK** 5a. AGE AT LAST BIRTHDAY (Years) **82** 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH (Month/Day/Year) **AUGUST 5, 1925**

7a. CITY OR TOWN **LEMONT** 7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) **851 YOUNG ST**

IF DEATH OCCURRED IN A HOSPITAL: Inpatient Emergency Room/Outpatient Died on Arrival Hospice facility Nursing Home (Long-term care facility) Decedent's home Other (Specify)

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: Hospice facility Nursing Home (Long-term care facility) Decedent's home Other (Specify)

8. BIRTH-PLACE (City and State or Foreign Country) **CHICAGO IL** 9. SOCIAL SECURITY NUMBER [REDACTED] 10. MARITAL STATUS AT TIME OF DEATH: Married Married and separated Widowed Divorced Never Married Unknown **ELsie ANDERSON** 11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) **ELsie ANDERSON** 12. EVER IN U.S. ARMED FORCES? Yes No

13a. RESIDENCE (Street and Number) **851 YOUNG ST.** 13b. APT. NO. 13c. CITY OR TOWN **LEMONT** 13d. INSIDE CITY LIMITS? Yes No

13e. COUNTY **COOK** 13f. STATE **IL** 13g. ZIP CODE **60439** 14. FATHER'S NAME (First, Middle, Last) **CLIFFORD RUMSEY MOCK** 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) **JULIA VIRGINIA HENRY**

16a. INFORMANT'S NAME **STEPHEN P. ADST** 16b. RELATIONSHIP **SON IN LAW** 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) **602 N. 2ND AVE. MAYWOOD IL. 60153**

17. METHOD OF DISPOSITION: Burial Cremation Donation Entombment Other (Specify) 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) **FEIGHTS CREMATORY** 19. LOCATION - CITY, TOWN AND STATE **CHICAGO HEIGHTS IL** 20. DATE OF DISPOSITION (Month/Day/Year) **APRIL 25, 2008**

21a. FUNERAL HOME NAME **NEPTUNE SOCIETY** STREET AND NUMBER **2580 E. DEVON AVE.** CITY OR TOWN **DES PLAINES** STATE **IL.** ZIP **60018**

21b. FUNERAL DIRECTOR'S SIGNATURE *[Signature]* 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-015341**

22. LOCAL REGISTRAR'S SIGNATURE *[Signature]* 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) **APR 25 2008**

CAUSE OF DEATH (See instructions and examples)
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) **GUNSHOT WOUND OF HEAD**
Sequently 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
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? Yes No
26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? Yes No

27. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably No Unknown
28. IF FEMALE:
 Not pregnant within past 12 months Pregnant at time of death
 Not pregnant, but pregnant (within 42 days of death) Pregnant within one year of death but time unknown
 Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past 12 months

29. DATE OF INJURY (Month/Day/Year) **4.23.08** 30. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, school, area) **RESIDENCE** 31. INJURY AT WORK? Yes No

32. LOCATION OF INJURY: Street and Number **851 YOUNG ST.** Apartment Number **707** City or Town **LEMONT** IL ZIP CODE **60439**

33. DESCRIBE HOW INJURY OCCURRED: **SHOT SELF IN HEAD** 34. IF TRANSPORTATION INJURY, SPECIFY: Driver/Operator Pedestrian Passenger Other (Specify)

35. (If DID NOT attend the deceased) (Month/Day/Year) **4.23.08** 36. WAS MEDICAL EXAMINER OR CORONER CONTACTED? Yes No 37. DATE PRONOUNCED (Month/Day/Year) **4.23.08** 38. TIME OF DEATH **7:55 AM P.M.**

39. CERTIFIER (Last name only) **ADRIENNE E. SEGONIA, M.D.** 40. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) **2121 W. HARRISON ST. CHICAGO, ILLINOIS 60612-3705** 41. PHYSICIAN'S LICENSE NUMBER

42. TITLE OF CERTIFIER **THE MEDICAL EXAMINER** 43. DATE CERTIFIED (Month/Day/Year) **4.24.08** 44. SIGNATURE OF CERTIFIER *[Signature]*

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

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.

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FIRST AMERICAN TITLE COMPANY

Commitment Number: LT-81151

SCHEDULE C PROPERTY DESCRIPTION

The land referred to in this Commitment is described as follows:

LOT 56 IN OLD DERBY ESTATES, BEING A SUBDIVISION IN THE WEST 1/2 OF THE NORTHEAST 1/4 OF SECTION 28, TOWNSHIP 37 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN# 22-28-210-000-0000

CKA: 851 YOUNG STREET, LEMONT, ILLINOIS 60439

Property of Cook County Clerk's Office