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0902947003
Doc#: 0902947003 Fee: $58.00
Eugene "Gene" Moore RHSP Fee:$10.00
Cook County Recorder of Deeds
Date: 01/29/2009 08:45 AM Pg: 1 of 2

AFFIDAVIT RE DECEASED JOINT TENANT

PIN: **33-07-308-018-0000**
Property Address: **2640 E. 200th St, Lynwood, IL 60411**

I, Mary Larkin, being duly sworn state that I reside at 2640 E 200th St, Lynwood, Illinois 60411; that Gloria M. Larkin, deceased, who at the time of death was one of the owners of the land in Cook County, Illinois, described as follows:

Lot No. 105 in Lynwood Terrace Unit No. 2 being a Subdivision of the East 1010 feet of the West 2380 feet lying South of the North 35 feet (excepting therefrom the West 450 feet lying North of the South 985 feet) of the North half of the Southwest quarter and the North 530 feet of the East 670 feet of the West 2380 feet of the South half of the Southwest quarter, all in Section 7, Township 35 North, Range 15 East of the Third Principal Meridian in Cook County, Illinois.

That the decedent died on December 1, 2008, as evidenced by the attached copy of the death certificate of said decedent attached hereto;

That Decedent died leaving no Last Will & Testament.

That the total value of decedent's estate, including both real and personal property owned by the decedent either individually or in joint tenancy at time of death does not exceed the sum of $50,000.

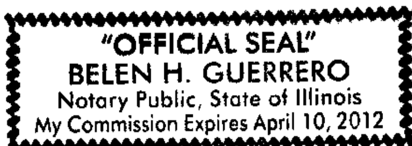
Mary E. Larkin
MARY LARKIN

STATE OF ILLINOIS
COUNTY OF COOK SS:

SUBSCRIBED & SWORN to before me by the said this 26th day of January, 2009

Belen H Guerrero
Notary Public

Prepared by / Mail to: Mary Larkin, 2640 E 200th St, Lynwood, IL 60411



Property of Cook County Clerk's Office

CERTIFICATION OF VITAL RECORD

UNOFFICIAL COPY

REGISTRATION DISTRICT NO. 16.0

LOCAL FILE NUMBER

STATE OF ILLINOIS
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last): GLORIA MAE LARKIN
2. SEX: FEMALE
3. DATE OF DEATH (Month/Day/Year) (Spell Month): DECEMBER 1, 2008
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): MAY 5, 1926
7a. CITY OR TOWN: LYNWOOD
7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number): 2640 200th ST.
7c. PLACE OF DEATH (Check only one: see instructions)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing Home/Long-term care facility ☒ Decedent's home ☐ Other (Specify):
8. BIRTHPLACE (City and State or Foreign Country): ASHLAND, OH.
9. SOCIAL SECURITY NUMBER: 271-24-9587
10. MARITAL STATUS AT TIME OF DEATH: ☐ Married ☐ Married but separated ☒ Widowed ☐ Divorced ☐ Never Married ☐ Unknown
11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage): N/A
12. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
13a. RESIDENCE (Street and Number): 2640 200th ST.
13b. APT. NO.
13c. CITY OR TOWN: LYNWOOD
13d. INSIDE CITY LIMITS? ☒ Yes ☐ No
13e. COUNTY: COOK
13f. STATE: IL
13g. ZIP CODE: 60411
14. FATHER'S NAME (First, Middle, Last): FRANK SCHIBLEY
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): ELAINE THOMPSON
16a. INFORMANT'S NAME: MARY LARKIN
16b. RELATIONSHIP: DAUGHTER
16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code): 2640 200th ST. LYNWOOD IL. 60411
17. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Other (Specify):
18. PLACE OF DISPOSITION (Name of cemetery, crematory, other): HEIGHTS CREMATORY
19. LOCATION - CITY, TOWN AND STATE: CHICAGO HTS., IL.
20. DATE OF DISPOSITION (Month/Day/Year): DECEMBER 4, 2008
21a. FUNERAL HOME — NAME: AMERICAN CREMATION ASSOCIATION; STREET AND NUMBER: PO BOX 804848; CITY OR TOWN: CHICAGO; STATE: IL.; ZIP: 60680
21b. FUNERAL DIRECTOR'S SIGNATURE: [signature]
21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034-014588
22. LOCAL REGISTRAR'S SIGNATURE: David Orr [signature]
23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year): DEC 04 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.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. LEUKEMIA WITH BRAIN MASS — < 3 MO
Due to (or as a consequence of):
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):

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 ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Pregnant within one year of death but time unknown ☐ Unknown if pregnant within the past 12 months
29. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Could not be determined ☐ *Pending Investigation*
30. DATE OF INJURY (Month/Day/Year)
31. TIME OF INJURY ☐ A.M. ☐ P.M.
32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area)
33. INJURY AT WORK? ☐ Yes ☐ 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: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
37. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (Month/Day/Year)
38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? ☒ Yes ☐ No
39. DATE PRONOUNCED (Month/Day/Year): 12/1/2008
40. TIME OF DEATH: 9:22 ☒ A.M. ☐ P.M.
41. CERTIFIER (Check only one):
☒ Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ 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.
☐ 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): LYLE R. MUNN MD 1190 N. State Road 49 Porter IN 46304
43. PHYSICIAN'S LICENSE NUMBER: 036-049311
44. TITLE OF CERTIFIER: Medical Director
45. DATE CERTIFIED (Month/Day/Year): 12-4-08
46. SIGNATURE OF CERTIFIER: [signature]

(Based on the 2003 U.S. Standard Certificate)

Illinois Department of Public Health - Division of Vital Records

VR200 (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.

STATE OF ILLINOIS)
County of Cook)

DEC 04 2008

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

[signature] David Orr

COUNTY CLERK

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Property of Cook County Clerk's Office