

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 0906956025 Fee: \$58.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 03/10/2009 11:37 AM Pg: 1 of 2

EDITH HENDRICK, being duly sworn that she resides at 3653 W. Crain in the Village of Skokie, County of Cook, and State of Illinois.

That she was acquainted with DONALD C. HENDRICK deceased, who, at the time of his death, was one of the owners of the land in the Village of Skokie, County of Cook, State of Illinois, described as:

LOTS 1 AND 2 IN BLOCK 5 IN HARRY A. ROTH AND COMPANY'S BROADVIEW HEIGHTS SUBDIVISION, BEING A SUBDIVISION OF THAT PART OF THE NORTHWEST 1/4 OF SECTION 23, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING EASTERLY OF EAST PRAIRIE ROAD, IN COOK COUNTY, ILLINOIS.

PIN: 10-23-115-059-0000

ADDRESS OF REAL ESTATE: 3653 W. CRAIN, SKOKIE, IL 60076

PREPARED BY AND MAIL TO: BRIAN S. DENENBERG, DENKEWALTER & ANGELO, 5215 OLD ORCHARD RD., SUITE 1010, SKOKIE, ILLINOIS 60077

That the deceased died December 28, 2008, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

Leaving no Last Will and Testament.

Leaving a Last Will and 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 _____ County, Illinois.

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, Illinois.

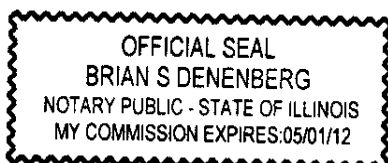
Subscribed and sworn to before me by the said EDITH HENDRICK, this 2nd day of MARCH, 2009.



Notary Public



Affiant's Signature



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STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.36		LOCAL FILE NUMBER 2.6607		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) Donald Hendrick			2. SEX Male	3. DATE OF DEATH (Month/Day/Year) (Spell Month) December 28, 2008	
4. COUNTY OF DEATH Cook		5a. AGE AT LAST BIRTHDAY (Years) 81	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month/Day/Year) February 26, 1927
7a. CITY OR TOWN Skokie			7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) Rush-Northshore		
7c. PLACE OF DEATH (Check only one; see instructions) IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input checked="" 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 type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify):					
8. BIRTHPLACE (City and State or Foreign Country) Evanston, Il.		9. SOCIAL SECURITY NUMBER [REDACTED]		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) Edith Fliescher		12. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
13a. RESIDENCE (Street and Number) 3653 W. Crain		13b. APT. NO. =====	13c. CITY OR TOWN Skokie		13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13e. COUNTY Cook		13f. STATE Il	13g. ZIP CODE 60076	14. FATHER'S NAME (First, Middle, Last) Kenneth Hendrick	
15a. INFORMANT'S NAME Rick Hendrick		16b. RELATIONSHIP son		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 176 S. Poplar Elmhurst, Illinois 60126	
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Lois Cheney		17. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" 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) The Lakes Crematory		19. LOCATION - CITY, TOWN AND STATE Lake Villa, Illinois		20. DATE OF DISPOSITION (Month/Day/Year) December 31, 2008	
21a. FUNERAL HOME NAME STREET AND NUMBER CITY OR TOWN STATE ZIP GREIN FUNERAL DIRECTORS 2114 W. Irving Park Rd. Chicago, Illinois 60618					
21b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>				21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-015814	
22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>				23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) DEC 30 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) → a. Respiratory arrest Due to (or as a consequence of): Sequitely list conditions, if any, leading to the cause listed on line a. b. Pneumonia, COPD, Chronic obstructive Pulmonary Disease Due to (or as a consequence of): Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Sudden Years
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		28. IF FEMALE: <input 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 but 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 checked="" 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 11/25/08		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) December 23, 2008	
40. TIME OF DEATH 10:40 AM		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) Dr. Satish K. Upadhyay 20 W. 21st East Towne Elmhurst, Il. 60120					43. PHYSICIAN'S LICENSE NUMBER 036-115697
44. TITLE OF CERTIFIER MD		45. DATE CERTIFIED (Month/Day/Year) 12/29/08		46. SIGNATURE OF CERTIFIER <i>[Signature]</i>	

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

Illinois Department of Public Health - Division of Vital Records

VR2000 (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.

DEC 30 2008

[Signature]