

UNOFFICIAL COPY



Doc#: 0907947023 Fee: \$38.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 03/20/2009 10:05 AM Pg: 1 of 2

**DECEASED JOINT TENANCY
AFFIDAVIT**

STATE OF ILLINOIS)
) ss.
COUNTY OF COOK)

Jean C. Carlin, being duly sworn on
oath states that she resides at:
18831 Cherry Lane, Lansing, IL 60438

That she was acquainted with George D. Carlin, deceased, who at the time of his death, was one of the owners of the property, by virtue of a recorded joint tenancy deed with Jean C. Carlin, who survived the decedent. Said property located in Cook County, Illinois, and is legally described as:

Lot 110 in Thomas Teeper's Oakwood Estates Unit No. 3, being a subdivision of part of the Southeast Quarter of the Northeast Quarter of Section 6, Township 35 North, Range 15 East of the Third Principal Meridian in Cook County, Illinois.

Commonly known as: **18831 Cherry Lane, Lansing, IL 60438**

Permanent Index Number: **33-06-203-020-0000**

That the deceased died February 8, 2007 as evidenced by a copy of the death certificate of the deceased attached hereto.

That the deceased died leaving no Last Will & Testament.

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 exceed the sum of \$ 150,000.00 (One Hundred Fifty Thousand and 00/100 Dollars).

Affiant makes this Affidavit for that purpose of inducing the title company to issue its Title Insurance Policy describing the above-mentioned property.

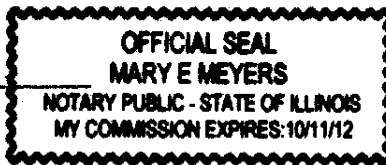
Jean C. Carlin

Jean C. Carlin

Subscribed and sworn to before me this 18th day of March, 2009.

Mary E Meyers

Notary Public



INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

PE/PRINT IN PERMANENT INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) George Carlin		2. SEX Male	3a. TIME OF DEATH 12:58AM	3b. DATE OF DEATH (Month, Day, Yr.) February 8, 2007	
4. SOCIAL SECURITY NUMBER 318-26-4374	5a. AGE—Last Birthday (Years) 73	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) October 25, 1933	
7. BIRTHPLACE (City and State or Foreign Country) Harvey, IL	8a. WAS DECEDENT A U.S. VETERAN? No				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? Never		8c. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a. FACILITY NAME (If not institution, give street and number) The Community Hospital		9b. CITY, TOWN, OR LOCATION OF DEATH Munster	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Jean Osman	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Laborer		12b. KIND OF BUSINESS/INDUSTRY Steel	
13a. RESIDENCE—STATE Illinois	13b. COUNTY Cook	13c. CITY, TOWN, OR LOCATION Lansing		13d. STREET AND NUMBER 18831 Cherry Ln.	
13e. ZIP CODE 60438	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 			18. FATHER'S NAME (First, Middle, Last) George Carlin		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Alice Handley			20. INFORMANT'S NAME (Type/Print) Jean Carlin		
20a. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 18831 Cherry Ln. Lansing, IL 60438			20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) February 12, 2007 Calumet Park Cemetery		21c. LOCATION—City or Town, State Merrillville, IN	
22a. EMBALMERS NAME Dan Hillegonds		22b. (MB) EMBALMER'S LICENSE NO. IL 034-012384	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Edwin B. LaHayne</i>		24b. LICENSE NUMBER (If licensed) FDO 1000857	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME LaHayne FH 19400005 6955 South-eastern Hammond, IN for Schroeder-Lauer FH 3227 Ridge Lansing, IL 60438		
26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. VENTRICULAR FIBRILLATION			
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. DUE TO (OR AS A CONSEQUENCE OF) MULTI-ORGAN FAILURE			
		c. DUE TO (OR AS A CONSEQUENCE OF) POST ABDOMINAL ANEURYSM SURGERY.			
		d. FEB 12 2007			
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No		
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER 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) as stated. <input type="checkbox"/> 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 as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>Nitin Sardesai</i>	29c. MEDICAL LICENSE NO. 01029300	29d. DATE SIGNED (Month, Day, Year) 02.12.2007	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Nitin Sardesai, MD 9307 Calumet Ave. Munster, IN 46321					
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Butt, DO.</i>				32. DATE FILED (Month, Day, Year) February 19, 2007	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
		34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			