

STATE OF ILLINOIS  
COUNTY OF COOK } ss.

RECORDER'S USE ONLY

**JOINT TENANCY  
AFFIDAVIT**

TINA M. SIMPSON, hereinafter referred to as the affiant, states under oath that the affiant resides at 2814 Landen Drive, Village of Melrose Park, County of Cook, State of Illinois; that the affiant was acquainted with **NELLIE RUTH MILLIGAN**, the decedent, and that at the time of death, the decedent was one of the owners of the property by virtue of a properly recorded joint tenancy warranty deed, said property located in **COOK COUNTY, ILLINOIS** and legally described as follows:



Doc#: 0913348040 Fee: \$40.00  
Eugene "Gene" Moore RPLSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 05/13/2009 12:59 PM Pg: 1 of 3

**LEGAL DESCRIPTION:** THE NORTH 64 FEET OF THE SOUTH 244 FEET OF THE WEST 330 FEET (MEASURED ON SOUTH LINE) OF THAT PART OF THE WEST HALF OF THE SOUTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 29, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN LYING SOUTH OF CENTER LINE OF GRAND AVENUE (EXCEPT THE WEST 165 FEET THEREOF) IN COOK COUNTY, ILLINOIS.

P.I.N. 12-29-204-023-0000 Commonly known as: 2814 LANDEN DRIVE, MELROSE PARK, ILLINOIS 60164

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

The decedent died on the 15th day of February, 2009, leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property is less than \$1,500,000.00 and;

That the value of the above property individually was less than \$250,000.00;

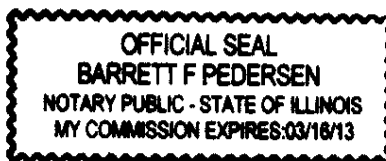
That **TINA M. SIMPSON**, the affiant, hereby covenants and agrees, for himself, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold any title company harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature which the Fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of **NELLIE RUTH MILLIGAN**, the decedent;
2. State and Federal Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights to contribution.

TINA M. SIMPSON

SUBSCRIBED AND SWORN to before me this 10th day of April, 2009.

Notary Public



# UNOFFICIAL COPY

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Note: If the decedent left a Will, it is necessary that the original or a certified copy thereof be presented to us for inspection. A Death Certificate, together with evidence of payment of death taxes, if any, should accompany this Affidavit.

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***Prepared By and Return To:***

BARRETT F. PEDERSEN  
9701 West Grand Avenue  
Franklin Park, IL 60131  
(847) 455-9444  
Atty. No. 27139

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Property of Cook County Clerk's Office

# UNOFFICIAL COPY

## STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. <b>16.0</b>		STATE FILE NUMBER	
LOCAL FILE NUMBER		2. SEX <b>Female</b>	
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) <b>Nellie Ruth Milligan</b>			
4. COUNTY OF DEATH <b>Cook</b>		5a. AGE AT LAST BIRTHDAY (Years) <b>76</b>	5b. UNDER 1 YEAR Months: <b>76</b> Days: <b>0</b>
7a. CITY OR TOWN <b>Melrose Park/Leyden Township</b>		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) <b>816 N. Harold</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 checked="" 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>Alabama N/A</b>	9. SOCIAL SECURITY NUMBER <b>417-40-6838</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>Henry Milligan</b>		12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13a. RESIDENCE (Street and Number) <b>816 N. Harold</b>		13b. APT. NO.	13c. CITY OR TOWN <b>Melrose Park/Leyden Township</b>
13d. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	14. FATHER'S NAME (First, Middle, Last) <b>Horace Bradberry</b>		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Vina Waldrup</b>
16a. INFORMANT'S NAME <b>Tina Simpson</b>	16b. RELATIONSHIP <b>Daughter</b>	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) <b>2814 Landen Drive Melrose Park IL, 60111</b>	
17. METHOD OF DISPOSITION: <input checked="" 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) <b>Monarch Crematorium</b>	
21a. FUNERAL HOME NAME <b>Sax-Tiedemann Funeral Home &amp; Crematorium</b>		21b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	
21c. FUNERAL HOME STREET AND NUMBER <b>9568 Belmont Ave</b>		21d. FUNERAL HOME CITY OR TOWN <b>Franklin Park, IL</b>	
21e. FUNERAL HOME STATE <b>IL</b>		21f. FUNERAL HOME ZIP <b>60131</b>	
22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>031-012097</b>	
23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) <b>Feb. 17, 2009</b>		20. DATE OF DISPOSITION (Month/Day/Year) <b>February 17 2009</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>CARCINOMA PANCREAS WITH METASTASES</b> 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. <b>COMMON BILE DUCT OBSTRUCTION</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. <b>OLD STROKE, HYPERTENSION</b>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>2 MONTHS</b> <b>2 MONTHS</b>
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 checked="" type="checkbox"/> No	
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 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 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 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>02-10-09</b>	
38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) <b>February 19, 2009</b>	
40. TIME OF DEATH <b>6:03 AM</b> <input 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>SUBARNA P. PRADHAN, MD 9722 W. GRAND, FRANKLIN PARK, IL 60131</b>			
43. PHYSICIAN'S LICENSE NUMBER <b>036-056560</b>		44. TITLE OF CERTIFIER <b>MD</b>	
45. DATE CERTIFIED (Month/Day/Year) <b>02-16-2009</b>		46. SIGNATURE OF CERTIFIER <i>[Signature]</i>	
47. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at the time of death.		48. DECEDENT OF HISPANIC ORIGIN? - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino.	
49. DECEDENT'S RACE - Check one or more races to indicate what the decedent considered himself or herself to be.			

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

**DAVID ORR, County Clerk**

17 FEB 2009

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]*  
COUNTY CLERK