

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 0914208002 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 05/22/2009 09:51 AM Pg: 1 of 4

MAIL TO:

JOHN M. MORRONE
JOHN M. MORRONE, P.C.
12820 South Ridgeland Av.,
Unit C
Palos Heights, Illinois 60463

REFERENCE:

PROPERTY LOCATED AT: 12620 South 90th Avenue, Palos Park, IL 60464

PERMANENT INDEX NO.: 23 27 416 008 0000, 23 27 416 010 0000 and
23 27 416 011 0000

LEGAL DESCRIPTION: See attached "Exhibit A"

UNOFFICIAL COPY

DECEASED JOINT TENANT AFFIDAVIT

STATE OF ILLINOIS }
 }
 COUNTY OF COOK } SS
 }

DATE: _____

FATIC NO.: _____

Nancy Meier, being first duly sworn, for the purpose of inducing First American 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: 12620 S 90th Ave, Broad Park
2. That he/she was acquainted with WALTER MEIER who died on June 11, 2008 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. That 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 purposes does not exceed \$ _____.

Nancy Meier
 Affiant's Signature

Subscribed and sworn to before me this 30 day of March, 2009

[Signature]
 Notary Public



S
P3
S
M

STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0		STATE FILE NUMBER	
LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) WALTER MEIER		2. SEX MALE	3. DATE OF DEATH (Month/Day/Year) (Spell Month) JUNE 11, 2008
4. COUNTY OF DEATH COOK	5a. AGE AT LAST BIRTHDAY (Years) 78	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____
6. DATE OF BIRTH (Month/Day/Year) January 3, 1930		7a. CITY OR TOWN PALOS HEIGHTS	
7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) PALOS COMMUNITY HOSPITAL		7c. PLACE OF DEATH (Check only one; see instructions)	
IF DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Inpatient <input 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) Switzerland	9. SOCIAL SECURITY NUMBER ██████████ 4150	10. MARITAL STATUS AT TIME OF DEATH <input 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) Nancy Paulas
12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13a. RESIDENCE (Street and Number) 12620 S. 90th Avenue	13b. APT. NO. Palos Park	13c. CITY OR TOWN Palos Park
13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14. FATHER'S NAME (First, Middle, Last) Franz Meier	15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Leona Marxer	
16a. INFORMANT'S NAME Nancy Meier	16b. RELATIONSHIP Wife	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 12620 S. 90th Avenue Palos Park, IL 60464	
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) Park Crematory	19. LOCATION - CITY, TOWN AND STATE Park Forest, Illinois	20. DATE OF DISPOSITION (Month/Day/Year) 06/12/2008
21a. FUNERAL HOME NAME Lack & Sons Funeral Home	21a. STREET AND NUMBER 9233 S. Roberts Rd.	21a. CITY OR TOWN Hickory Hills	21a. STATE Illinois
21a. ZIP 60457	21b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-010469	
22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>	23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) JUN 13 2008		
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. respiratory failure 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. empty stomach 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. cardiovascular accident, cognitive heart failure, coronary artery disease, diffuse atherosclerosis			25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
28. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death			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 <input type="checkbox"/> Unknown if pregnant within the past 12 months
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			38. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____
35. DESCRIBE HOW INJURY OCCURRED:			37. DID (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON: 6/11/08
36. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			39. DATE PRONOUNCED (Month/Day/Year) 6/11/08
40. TIME OF DEATH 10:00 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) DAVID A. BORSE D.O. 15700 West Ave Suite 122 Palos Park, IL 60462			43. PHYSICIAN'S LICENSE NUMBER 036-06886
44. TITLE OF CERTIFIER physician	45. DATE CERTIFIED (Month/Day/Year) 6/11/08	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)

"THE SIGNATURES OF THE PARTIES EXECUTING THIS DOCUMENT ARE COPIES AND ARE NOT ORIGINAL SIGNATURES."

DONE AT CUSTOMER'S REQUEST

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

JUN 13 2008

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

EXHIBIT A

UNOFFICIAL COPY

Parcel I:

Lots 5 and 6 in Sansone's Subdivision of Block 9 in Monson and Smith's 2nd Addition to Palos Park in the Southwest $\frac{1}{4}$ of the Southeast $\frac{1}{4}$ of Section 27, Township 37 North, Range 12, East of the Third Principal Meridian, Cook County, Illinois; also the North $\frac{1}{2}$ of Vacated 127th Street, lying South of said Lots 5 and 6; also that part of the West $\frac{1}{2}$ of Vacated 90th Avenue lying East of said Lot 6; also that part of Lot 7 in Sansone's Subdivision lying Westerly of a line described as beginning at a point on the North line of said Lot 6 that is 75.25 feet South Westerly of the Northeasterly corner thereof and running thence Southerly to a point on the South line of said Lot 7 that is 87.00 feet West of the Southeast corner thereof. Excepting therefrom that part of said Lot 6 lying Easterly of a line described as beginning at a point on the North line of said Lot 6 that is 75.25 feet Southwesterly of the Northeasterly corner thereof and running thence Southerly to a point on the South line of said Lot 7 that is 87.00 feet West of the Southeast corner thereof; also excepting therefrom that part of said lot 6 and that part of said vacated 90th Avenue and 127th Street, described as follows: Beginning at the intersection of the center line of said 90th Avenue with the South line of Lot 7 in said Sansone's Subdivision, extended Easterly, thence South along the said center line of 90th Avenue 153.47 feet to the Center line of said 127th Street, thence West along the said center line of 127th Street, 370.06 feet, thence North along a line forming an angle of 91 degrees 00 minutes to the right with the prolongation of the last described line 74.46 feet, Easterly along a line forming an angle of 88 degrees 44 minute 30 seconds to the right with the prolongation of the last described line 89.19 feet, thence Northeasterly along a line forming an angle of 27 degrees 10 minutes to the left with the prolongation of the last described line 167.73 feet to a point of the said South line of Lot 7 that is 130.00 feet West of the point of beginning thence East along the said South line of Lot 7 and the Said South line extended Easterly, 130.00 feet to the point of beginning.

Parcel II:

Easement for the benefit of Parcel I, (and other property), as created by an agreement between Kenneth B. Cecil and Thara G. Cecil, his wife (grantors), and Standard Bank and Trust Company of Chicago, as Trustee under Trust No. 3346 (grantees), dated September 16, 1969, and recorded September 19, 1969 as Document No. 20,964,289, being an easement 12.00 feet wide extending through said Lots 5 and 6 in Sansone's Subdivision, the center line of said easement being described as, beginning at a point that is 6.00 feet West and 12.00 feet South of the Northwestern corner of the above described property, thence North along a line 6.00 feet West of and parallel with the West line (projected North) of the above described property 86.06 feet, thence Northeasterly along a line forming an angle of 56 degrees 41 minutes to the right with the prolongation of the last described line 109.29 feet, thence Northeasterly along a line forming an angle of 12 degrees 52 minutes to the left with the prolongation of the last described line 151.12 feet to a point on the North line of said Lot 6 that is 75.25 Southwesterly of the Northeasterly corner of the said Lot 6.

Parcel III:

That part of Lot 7 in Sansone's Subdivision of Block 9 in Monson and Smith's 2nd Addition to Palos Park in the Southwest $\frac{1}{4}$ of the Southeast $\frac{1}{4}$ of Section 27, Township 37 North, Range 12, East of the Third Principal Meridian, Cook County, Illinois, lying Westerly of a line drawn from a point on the South line of said Lot 7 that is 87.00 feet West of the Southeast corner of said Lot 7 and running thence Northwesterly to a point on the Northerly line of Lot 6 in said Sansone's Subdivision that is 75.25 feet Southwesterly to the Northeasterly corner of said Lot 6.

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