

UNOFFICIAL COPY



Record & Return to:
Louis V. Pavone
1920 South Highland
Lombard, IL 60148

Doc#: 0915948001 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 06/08/2009 12:21 PM Pg: 1 of 3


The above space for recorder's use only

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS) SS
COUNTY OF COOK)

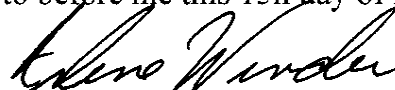
Helen E. Davis first being duly sworn on oath deposes and states as follows:

1. That she resides at **7330 West 103th Place, Worth, IL**
2. That she was married to **Walter Davis** who died on March 22, 2009, as evidenced by the attached certified copy of death certificate;
3. That said decedent was one of the owners of the land described in Exhibit "A" attached hereto, Commonly known as: 7330 West 108th Place, Worth, IL
4. That said decedent died: March 22, 2009, leaving no Last Will & Testament.
5. That the total value of the estate of said decedent for State of Illinois inheritance tax and Federal estate tax purposes does not exceed \$500,000.00.

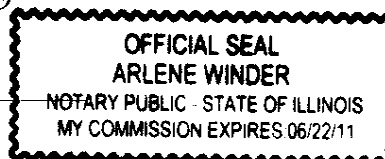


Helen E. Davis

SUBSCRIBED and SWORN
to before me this 15h day of May, 2009



NOTARY PUBLIC



This instrument prepared by Louis V. Pavone, 1920 So. Highland Ave. Lombard, IL 60148

UNOFFICIAL COPY

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 Davis | | 2. SEX Male | 3. DATE OF DEATH (Month/Day/Year) (Spell Month) March 22, 2009 |
| 4. COUNTY OF DEATH Cook | 5a. AGE AT LAST BIRTHDAY (Years) 79 | 5b. UNDER 1 YEAR Months: _____ Days: _____ | 5c. UNDER 1 DAY Hours: _____ Minutes: _____ |
| 7a. CITY OR TOWN Palos Hills | | 7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) Palos Hills Extended Care | |
| 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 type="checkbox"/> Hospice facility <input checked="" 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) Hornbeck, TN | 9. SOCIAL SECURITY NUMBER 409-42-3522 | 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) Helen Boulton |
| 12. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 13a. RESIDENCE (Street and Number) 7330 W. 108th Place | | 13b. APT. NO. |
| 13c. CITY OR TOWN Worth | | 13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 13e. COUNTY Cook | 13f. STATE IL | 13g. ZIP CODE 60482 | 14. FATHER'S NAME (First, Middle, Last) Jim Davis |
| 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Lucile Simmons | | 16a. INFORMANT'S NAME Helen Davis | |
| 16b. RELATIONSHIP Spouse | | 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 7330 W. 108th Place Worth, IL 60482 | |
| 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) Trisons Crematory | |
| 19. LOCATION - CITY, TOWN AND STATE Lombard, IL | | 20. DATE OF DISPOSITION (Month/Day/Year) 3-26-2009 | |
| 21a. FUNERAL HOME NAME Hann Funeral Home | | 21b. FUNERAL HOME STREET AND NUMBER 8230 S. Harlem Avenue | |
| 21c. FUNERAL HOME CITY OR TOWN Bridgeview, IL | | 21d. FUNERAL HOME STATE IL | |
| 21e. FUNERAL HOME ZIP 60455-1617 | | 21f. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> | |
| 21g. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-010674 | | 21h. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) MAR 24 2009 | |
| 22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i> | | 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) MAR 24 2009 | |
| 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. CARDIO PULMONARY FAILURE Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. b. PROGRESSIVE SUPRANUCLEAR PALSY Due to (or as a consequence of): Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c. FAILURE TO THRIVE Due to (or as a consequence of): | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. DEMENTIA; PNEUMONIA; | | | 25. WAS AN AUTOPSY PERFORMED? <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. 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"/> 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: <input type="checkbox"/> If TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) |
| 37. (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON MARCH 09, 09 | | 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 39. DATE PRONOUNCED (Month/Day/Year) 3-22-2009 |
| 40. TIME OF DEATH 11:20 <input checked="" type="checkbox"/> A.M. <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) RAJAJA ASADULLAH 10821 LINCOLN HWY, FRANKFORT, IL | | 43. PHYSICIAN'S LICENSE NUMBER 036099650 | |
| 44. TITLE OF CERTIFIER MD | 45. DATE CERTIFIED (Month/Day/Year) 3-23-09 | 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.

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

MAR 24 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

UNOFFICIAL COPY

Exhibit "A"

Legal Description attached to and made a part of Deceased Joint Tenancy Affidavit

Re: 7330 West 108th Place, Worth, IL 60482

Owner: Helen Davis

PIN: 23-13-413-002-0000 and 23-13-413-008-0000

Lot 11 and 11A in Block 8 in Arthur T. McIntosh and Company's Worthwood Unit No. 2 in the Southeast 1/4 of Section 13, Township 37 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Property of Cook County Clerk's Office