

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
)
) SS.
COUNTY OF COOK)

DATE: June 20, 2009
FILE NUMBER: 20090602

I, Theresa M. Arsenault, being first duly sworn, for the purpose of inducing the Cook County Recorder of Deeds office to issue a corrected deed covering the land described in the above captioned commitment, deposes and says;

1. That she resides at 18427 Argyle Drive, Homewood, Illinois, 60430
2. That he she was acquainted with Norman D. Arsenault, her husband, who died on May, 19, 2009, as evidenced by the attached certified copy of the death certificate.

3. That said decedent was one of the owners in the land to wit:

PIN: 31-01-206-005-0000

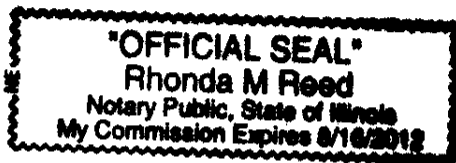
Address: 18427 Argyle Drive, Homewood, Illinois, 60430

4. That said decedent died leaving no last will and testament.
5. That the total value of said decedent's estate for State of Illinois inheritance Tax/Estate and Federal Tax purposes does not exceed \$100,000.00.

Theresa M. Arsenault

Theresa M. Arsenault

Subscribed and sworn to before me this 20th day of June 2009.



Rhonda M. Reed
Notary Public



0917747063

Doc#: 0917747063 Fee: \$62.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 06/26/2009 03:32 PM Pg: 1 of 3

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This Indenture, Made this 24th day of August 19 55, between Robert G. Englert and Mildred R. Englert, his wife

of the City of Decatur in the County of Macon and State of Illinois parties of the first part, and Norman D. Arsenault and Theresa M. Arsenault, his wife

of the City of Chicago in the County of Cook and State of Illinois parties of the second part:

Witnesseth, That the parties of the first part, for and in consideration of the sum of Ten dollars and all other good and valuable considerations Dollars, in hand paid, convey^s and warrant^s to the said parties of the second part, not in tenancy in common, but in joint tenancy, the following described Real Estate, to-wit: Lot 5 in block 10 in Flossmoor Park Third Addition being a subdivision of the East half of lots 1 and 2 (except the south six hundred sixty feet thereof), in the North east quarter of Section 1 Township 25 North, Range 12 east of the third Principal Meridian, in Cook County, Illinois.

situated in the Village of Homewood County of Cook in the State of Illinois, hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

To Have and to Hold the above granted premises unto the said parties of the second part forever, not in tenancy in common, but in joint tenancy.

Subject to the General Real Estate Taxes for 1954 and 1955 and subsequent years and to building restrictions of record and easements of record

Cook County Clerk's Office

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REGISTRATION DISTRICT NO. 16-32
LOCAL FILE NUMBER 362

STATE OF ILLINOIS CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) **Norman Arsenault** 2. SEX **MALE** 3. DATE OF DEATH (Month/Day/Year) (Spell Month) **MAY 19, 2009**

4. COUNTY OF DEATH **COOK** 5a. AGE AT LAST BIRTHDAY (Years) **86** 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH (Month/Day/Year) **MARCH 23, 1923**

7a. CITY OR TOWN **CHICAGO HEIGHTS** 7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) **Prairie Manor Nursing Home**

7c. PLACE OF DEATH (Check only one: see instructions)
IF DEATH OCCURRED IN A HOSPITAL: Inpatient Emergency Room/Outpatient Dead on Arrival
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: Hospice facility Nursing Home/Long-term care facility Decedent's home Other (Specify):

8. BIRTHPLACE (City and State or Foreign Country) **CHICAGO, IL** 9. SOCIAL SECURITY NUMBER **344-12-9711** 10. MARITAL STATUS AT TIME OF DEATH Married Married but separated Widowed Divorced Never Married Unknown 11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) **THERESA MEGIS** 12. EVER IN U.S. ARMED FORCES? Yes No

13a. RESIDENCE (Street and Number) **18427 ARGYLE AVE** 13b. APT. NO. 13c. CITY OR TOWN **HOMEWOOD** 13d. INSIDE CITY LIMITS? Yes No

13e. COUNTY **COOK** 13f. STATE **IL** 13g. ZIP CODE **60430** 14. FATHER'S NAME (First, Middle, Last) **DELOR ARSENAULT** 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) **FLORENCE BERG**

16a. INFORMANT'S NAME **CATHERINE ARSENAULT** 16b. RELATIONSHIP **DAUGHTER** 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) **18427 ARGYLE AVE HOMEWOOD, IL 60430**

17. METHOD OF DISPOSITION: Burial Donation Entombment Other (Specify): 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) **ANATOMICAL GIFT ASSOCIATION** 19. LOCATION - CITY, TOWN AND STATE **CHICAGO, IL** 20. DATE OF DISPOSITION (Month/Day/Year) **MAY 20, 2009**

21a. FUNERAL HOME NAME STREET AND NUMBER CITY OR TOWN STATE ZIP **TEWS FUNERAL HOME 18230 DIXIE HIGHWAY HOMEWOOD ILLINOIS 60430**

21b. FUNERAL DIRECTOR'S SIGNATURE *Michael T. Ryan* 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-011800**

22. LOCAL REGISTRAR'S SIGNATURE *Ghelle M. Taylor* 23. DATE EMBLED WITH LOCAL REGISTRAR (Month/Day/Year) **May 21, 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. **Parkinson's Dis.** Due to (or as a consequence of):
Sequentially list conditions, if any, leading to the cause listed on line a. b. _____ Due to (or as a consequence of):
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c. _____ 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.
25. WAS AN AUTOPSY PERFORMED? Yes No
26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? Yes No

27. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably No Unknown
28. IF FEMALE: Not pregnant within past 12 months Pregnant at time of death
 Not pregnant, but pregnant within 42 days of death Pregnant within one year of death but time unknown
 Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past 12 months

29. MANNER OF DEATH Natural Suicide Could not be determined
 Accident Homicide Pending Investigation

30. DATE OF INJURY (Month/Day/Year) 31. TIME OF INJURY A.M. P.M. 32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area) 33. INJURY AT WORK? Yes 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: Driver/Operator Pedestrian Passenger Other (Specify)

37. I (SD) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON *1 month ago* 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? Yes No 39. DATE PRONOUNCED (Month/Day/Year) **May 19, 2009** 40. TIME OF DEATH **8:00** A.M. P.M.

41. CERTIFIER (Check only one):
 Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
 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.
 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) **3900 W 203rd St Suite 201 of IL 60461** 43. PHYSICIAN'S LICENSE NUMBER **036103449**

44. TITLE OF CERTIFIER **Internist** 45. DATE CERTIFIED (Month/Day/Year) **5-19-9** 46. SIGNATURE OF CERTIFIER *[Signature]*

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.

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE ABOVE NAMED IN ITEM NO. 1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILLBIRTHS, AND DEATHS.

DATE: MAY 21 2009

SIGNED: *[Signature]*

AT: CHICAGO HEIGHTS, IL 60411

TITLE: LOCAL REGISTRAR

Birthplace