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Cook County Recorder of Deeds  
Date: 10/22/2009 10:07 AM Pg: 1 of 5

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## AFFIDAVIT OF DEATH

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## AFFIDAVIT OF DEATH

R# 34116728

APN No. 17J110171

STATE OF Illinois )  
COUNTY OF Cook ) S.S.

Frank Horn of legal age, being first duly sworn, deposes and says:

That Sharon Horn, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Sharon A. Horn, named as one of the parties in that certain Grant Deed dated October 26, 2000, executed by Jay H. Carins, divorced and not since remarried to, Frank Horn and Sharon Horn, husband and wife, as tenants by the entirety, Recorded October 30, 2000 Instrument # 00848904 of Official Records of Cook County, Illinois, covering the following described in real property situated in the said County and State of Illinois:

See attached legal description Schedule "A"

APN: 19-28-411-033-0000

Dated: 10-5-09

Frank Horn  
Frank Horn

State of Illinois  
County of Cook

Subscribed and sworn to (or affirmed) before me on this 5th day of October, 2009, Frank Horn, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature [Handwritten Signature]

(This area for official notarial seal)

"OFFICIAL SEAL"  
CARRIE A. OTTO  
Notary Public, State of Illinois  
My Commission Expires 06/16/2013

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## EXHIBIT A - LEGAL DESCRIPTION

Tax ID Number(s): **19-28-411-033-0000**

Land situated in the County of **Cook** in the State of **IL**

**LOT 13 IN BLOCK 4 IN FREDERICK H. BARTLETT'S THIRD ADDITION GREATER 79TH STREET SUBDIVISION IN THE SOUTHEAST 1/4 OF THE NORTHWEST 1/4 OF THE SOUTHEAST 1/4 AND THE EAST 1/2 OF SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 28, TOWNSHIP 38 NORTH, RANGE 13, IN COOK COUNTY, ILLINOIS.**

Commonly known as: **7748 S Laverne Avenue, Burbank, IL 60459**

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STATE FILE NUMBER

## MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.0**  
REGISTERED NUMBER

DECEASED-NAME <b>SHARON A. HORN</b>	FIRST <b>A.</b>	MIDDLE <b>HORN</b>	LAST <b>HORN</b>	SEX <b>FEMALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>3. JANUARY 22, 2005</b>
1. COUNTY OF DEATH <b>COOK</b>	AGE-LAST BIRTHDAY (YRS) <b>56</b>	UNDER 1 DAY HOURS <b>5d.</b>	UNDER 1 YEAR DAYS <b>5d.</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>2. MAY 7, 1948</b>	
4. CITY, TOWN, TWP, OR ROAD/DISTRICT NUMBER <b>OAK LAWN</b>	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>6a. ADVOCATE CHRIST MEDICAL CENTER</b>				
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>7. CHICAGO, ILLINOIS</b>					
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>8. MARRIED</b>					
USUAL OCCUPATION <b>11a. HOUSEWIFE</b>					
RESIDENCE (STREET AND NUMBER) <b>13a. 7748 S. LAVERGNE</b>					
STATE <b>13e. ILLINOIS</b>					
FATHER-NAME FIRST MIDDLE LAST <b>15. HAROLD WANEK</b>					
INFORMANT'S NAME (TYPE OR PRINT) <b>17a. FRANK W. HORN</b>					
RELATIONSHIP <b>17. HUSBAND</b>					
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>17d. 748 S. LAVERGNE BURBANK, IL 60459</b>					
18. PART I. Enter the disease, or complication, that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <b>(a) Respiratory failure</b> <b>(b) Pneumonia</b>					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. <b>Hypertension, Diabetes mellitus Type II, hyperlipidemia</b>					
DATE OF OPERATION, IF ANY <b>20a. JANUARY 10, 2005</b>					
MAJOR FINDINGS OF OPERATION <b>20b. Tuboepi-ovarian abscess</b>					
AUTOPSY (YES/NO) <b>19a. NO</b>					
WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) <b>19b. NO</b>					
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>					
HOUR OF DEATH <b>21c. 1:00 A.M.</b>					
DATE SIGNED (MONTH, DAY, YEAR) <b>22b. 2005</b>					
ILLINOIS LICENSE NUMBER <b>22d. 036-069175</b>					
NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.					
BURIAL, CREMATION, REMOVAL (SPECIFY) <b>24. BURIAL</b>					
CEMETERY OR CREMATORY-NAME <b>24a. CHAPEL HILL GARDENS</b>					
LOCATION CITY OR TOWN STATE <b>24b. OAK LAWN, ILLINOIS</b>					
STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP <b>25a. THOMPSON &amp; KUENSTNER FUNERAL HOME 5570 W. 95TH ST. OAK LAWN, ILLINOIS 60453</b>					
FUNERAL DIRECTOR'S SIGNATURE <b>25b. David Orr</b>					
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>25c. 034-011257</b>					
LOCAL REGISTRAR'S SIGNATURE <b>26a. David Orr</b>					
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>JAN 25 2005</b>					

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, on the \_\_\_\_\_ day of \_\_\_\_\_, 2005.

I, David Orr, County Clerk of the County of Cook, in the State of Illinois, 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.

DAVID ORR, County Clerk  
County of Cook  
STATE OF ILLINOIS

JAN 25 2005

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