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0935544042

Doc#: 0935544042 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 12/21/2009 11:40 AM Pg: 1 of 3

**DECEASED JOINT TENANCY
AFFIDAVIT**

Property of Cook County Clerk's Office

EXEMPT
CITY OF BURBANK
REAL ESTATE TRANSFER TAX

Andrew E. Gow

12/17/09

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DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
) SS.
 County of Cook)

Diane Odekirk hereinafter called Affiant(s) being duly sworn states that she resides at: 8016 South Menard, Burbank, IL 60459. That Affiant was acquainted with Edward Odekirk, hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

LOT 99 IN ELMORE'S PARKSIDE GARDENS, A SUBDIVISION OF LOT 6 (EXCEPT THAT PART THEREOF LYING SOUTH OF THE SOUTH LINE OF THE NORTH HALF OF THE NORTHEAST QUARTER) OF SECTION 32, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, COOK COUNTY, ILLINOIS.

PIN: 19-32-211-017-0000

That the Deceased died on October 21, 2009, as evidenced by a copy of Deceased's death certificate attached hereto.

That the Deceased, at the time of his/her death, held his/her share of the above-mentioned property as a joint tenant and that the Deceased died leaving no last Will & Testament.

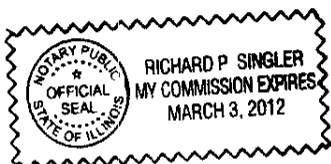
That the total value of the estate of the Deceased, for estate tax purposes, including both real and personal property owned by the Deceased either individually or in joint tenancy at the time of the death of the Deceased, does not exceed the sum that would subject the estate to either Federal or Illinois estate tax.

Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

Subscribed and sworn before me
 this 28 day of November, 2009.

[Signature]
 Notary Public

[Signature]
 Diane Odekirk



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CERTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2009 0076935

DATE ISSUED 10/26/2009

DECEDENT'S LEGAL NAME EDWARD C ODEKIRK			SEX MALE	DATE OF DEATH OCTOBER 21, 2009	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 72 YEARS	DATE OF BIRTH FEBRUARY 17, 1937		
CITY OR TOWN OAK LAWN		HOSPITAL OR OTHER INSTITUTION NAME CHRIST HOSPITAL & MED CNTR			
PLACE OF DEATH INPATIENT					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]-3910	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME DIANE COLLINS		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 8016 S MENARD AVENUE		APT. NO.	CITY OR TOWN BURBANK		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60459	FATHER'S NAME EDWARD ODEKIRK		MOTHER'S NAME PRIOR TO FIRST MARRIAGE CONCETTA SERIO
INFORMANT'S NAME DIANE ODEKIRK		RELATIONSHIP WIFE	MAILING ADDRESS 8016 S MENARD AVENUE, BURBANK, IL, 60459		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION HOLY SEPULCHRE CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE ALSIP, IL	DATE OF DISPOSITION OCTOBER 26, 2009	
FUNERAL HOME THOMPSON AND KUENSTER FUNERAL HOME, 3510 W. 95TH STREET, OAK LAWN, IL, 60453					
FUNERAL DIRECTOR'S NAME ROBERT BERNARD KUENSTER			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011257		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR OCTOBER 23, 2009		
CAUSE OF DEATH PART I. CEREBROVASCULAR ACCIDENT (CVA)					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		b. INTRACEREBRAL BLEED			
		c. HYPERTENSION 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.					
			WAS AN AUTOPSY PERFORMED? NO		
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A		
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN	FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH NATURAL		
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?	
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRED				IF TRANSPORTATION INJURY, SPECIFY	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE OCTOBER 21, 2009	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 03:15 PM	
CERTIFIER PHYSICIAN				DATE CERTIFIED OCTOBER 23, 2009	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH VANESSA HAGAN, 4400 W. 95TH STREET, OAK LAWN, ILLINOIS, 60453				PHYSICIAN'S LICENSE NUMBER 036110316	



This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.

David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE