

# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT



1000745126

State of Illinois )

) SS.

County of Cook )

Doc#: 1000745126 Fee: \$58.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 01/07/2010 12:29 PM Pg: 1 of 2

Patricia Parker, hereinafter called Affiant, being duly sworn, states that she resides at: 1020 N. Harlem, Unit 1D, River Forest, IL 60305. That Affiant was married to Gerald Parker, hereinafter referred to as Deceased, and at the time of Deceased's death, was one of the owners of the land in Cook County, Illinois, described as:

DIN# 15-01-406-032-1004

Parcel 1: Unit 1-D together with its undivided percentage interest in the common elements in Landers House Condominium as delineated and defined in the declaration recorded as Document No. 25646856, in the Southeast  $\frac{1}{4}$  of Section 1, Township 39 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Parcel 2: Exclusive use for parking purposes in and to parking spaces Nos. 17 and 18, a limited common element, as set forth and defined in said declaration of condominium and survey attached thereto, in Cook County, Illinois.

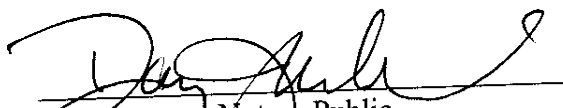
That the Deceased died on 12-14-2008, as evidenced by a copy of Deceased's death certificate attached hereto

That the Deceased, at the time of his death, held his share of the above-mentioned property as a tenant by the entirety 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 of \$1,000,000.00.

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 15<sup>th</sup> day of December 2009.

  
Notary Public

  
Patricia Parker



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STATE OF ILLINOIS CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16.0 LOCAL FILE NUMBER

1. DECEDENT'S LEGAL NAME (include AKAs if any) (First, Middle, Last) GERALD C. PARKER 2. SEX MALE 3. DATE OF DEATH (Month/Day/Year) (Spell Month) JUNE 14, 2008

4. COUNTY OF DEATH COOK 5a. AGE AT LAST BIRTHDAY (Years) 61 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH (Month/Day/Year) AUGUST 25, 1946

7a. CITY OR TOWN OAK PARK 7b. HOSPITAL OR OTHER INSTITUTION NAME (if not in either, give street and number) OAK PARK HOSPITAL

7c. PLACE OF DEATH (Check only one; see instructions) IF DEATH OCCURRED IN A HOSPITAL: Inpatient [X] 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) Belleville IL 9. SOCIAL SECURITY NUMBER [REDACTED]-3416 10. MARITAL STATUS AT TIME OF DEATH [X] Married [ ] Married but separated [ ] Widowed [ ] Divorced [ ] Never Married [ ] Unknown [ ] 11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) Patricia Kirby 12. EVER IN U.S. ARMED FORCES? [ ] Yes [X] No

13a. RESIDENCE (Street and Number) 1020 N. Harlem 13b. APT. NO. 1D 13c. CITY OR TOWN River Forest 13d. INSIDE CITY LIMITS? [X] Yes [ ] No

13e. COUNTY Cook 13f. STATE IL 13g. ZIP CODE 60305 14. FATHER'S NAME (First, Middle, Last) George Parker 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Mildred Daley

16a. INFORMANT'S NAME Patricia Parker 16b. RELATIONSHIP Wife 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 1020 N. Harlem 1D River Forest, IL 60305

17. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Donation [ ] Entombment [ ] Other (Specify): [ ] 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) Queen of Heaven 19. LOCATION - CITY, TOWN AND STATE Hillside, IL 20. DATE OF DISPOSITION (Month/Day/Year) June 19, 2008

21a. FUNERAL HOME NAME Peterson-Bassi Chapel 21b. FUNERAL DIRECTOR'S SIGNATURE [Signature] 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-014204

22. LOCAL REGISTRAR'S SIGNATURE [Signature] 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) JUN 17 2008

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 chronic 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. MYOCARDIAL INFARCTION Due to (or as a consequence of): b. CORONARY ARTERY DISEASE Due to (or as a consequence of): c. [ ] Due to (or as a consequence of): APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. HYPERTENSION, METABOLIC SYNDROME 25. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No 26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? [ ] Yes [X] No

27. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [X] No [ ] Probably [ ] 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: [X] 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. (DD) DID NOT ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 2/14/08 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? [X] Yes [ ] No 39. DATE PRONOUNCED (Month/Day/Year) 6/14/08 40. TIME OF DEATH 3:47 [ ] A.M. [X] P.M.

41. CERTIFIER (Check only one): [X] 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) KEVIN COLLINANE, MD - 1 ERIE CT #6160 OAK PARK, IL 43. PHYSICIAN'S LICENSE NUMBER 036-072179

44. TITLE OF CERTIFIER MD 45. DATE CERTIFIED (Month/Day/Year) 6/16/08 46. SIGNATURE OF CERTIFIER Kevin Collinane, MD

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 17 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