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STATE OF ILLINOIS)
) SS
COUNTY OF COOK)



Doc#: 1013318012 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 05/13/2010 11:02 AM Pg: 1 of 4

AFFIDAVIT OF HEIRSHIP

KATHLEEN HARTNETT, being
first duly sworn on oath
deposes and says:

1. That she resides at 1428 Forest Place, Calumet City, IL 60409.
2. That she is the daughter of WILLIAM J. HARTNETT and MAROBELL W. HARTNETT.
3. WILLIAM J. HARTNETT and MAROBELL W. HARTNETT were married only once and that was to each other. There were five children born as a result of said marriage; namely: KATHLEEN HARTNETT, MARGARET GRELECKI, PATRICIA HARTNETT, WILLIAM HARTNETT and DENNIS HARTNETT. There were no other children born to or adopted by WILLIAM J. HARTNETT and MAROBELL W. HARTNETT. Said WILLIAM J. HARTNETT died intestate March 14, 1991. MAROBELL W. HARTNETT died testate on May 24, 2009.
4. MAROBELL W. HARTNETT in her Will left all of her residue of her estate to her five children; namely: KATHLEEN HARTNETT, MARGARET GRELECKI, PATRICIA HARTNETT, WILLIAM HARTNETT and DENNIS HARTNETT.
5. MAROBELL W. HARTNETT at the time of her death owned real estate located at 1428 Forest Place, Calumet City, IL 60409 and legally described as follows:

Lot Number Twenty-Six (26) in Block Six (6) in Gold Coast Manor Subdivision; a Subdivision in the West Half of Section Twenty (20), Township Thirty-Six (36) North, Range Fifteen (15) East of the Third Principal Meridian, all being in the County of Cook, State of Illinois.

PIN: 30-20-118-040

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6. Based on the foregoing, the above described real estate is now owned by KATHLEEN HARTNETT, MARGARET GRELECKI, PATRICIA HARTNETT, WILLIAM HARTNETT and DENNIS HARTNETT, all of whom are living and of legal age.

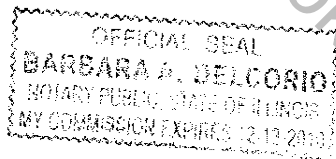
Further this Affiant sayeth not.

Kathleen Hartnett
KATHLEEN HARTNETT

SUBSCRIBED & SWORN to before me

this 12th day of May, 2010.

Barbara A. Belcorio
NOTARY PUBLIC



THIS INSTRUMENT PREPARED BY AND MAIL TO:
ATTORNEY NO. 05929
DARRYL R. LEM
ATTORNEY FOR KATHLEEN HARTNETT
850 BURNHAM AVE.
CALUMET CITY, IL. 60409
(708) 862-5800

Property of Cook County Clerk's Office

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INDIANA STATE BOARD OF HEALTH

Local No. 204

CERTIFICATE OF DEATH

State No.

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First, Middle, Last) William J. Hartnett		2 SEX Male	3a TIME OF DEATH 2:55 p.m.	3b DATE OF DEATH (Month, Day, Yr.) March 14, 1991
4 SOCIAL SECURITY NUMBER 5539	5a AGE—Last Birthday (Years) 65	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) April 5, 1925
7 BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois				
8a. WAS DECEDENT A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) St. Margarets Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Hammond	9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Marobell Duggan	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Operating Engineer	12b. KIND OF BUSINESS/INDUSTRY Costruction Co.	
13a. RESIDENCE—STATE Illinois	13b. COUNTY Cook	13c. CITY, TOWN, OR LOCATION Calumet City	13d. STREET AND NUMBER 1428 Forest Place	
13e. ZIP CODE 60409	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th College (1-4 or 5+) _____		18. FATHER'S NAME (First, Middle, Last) William J. Hartnett		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Helen McNally		20a. INFORMANT'S NAME (Type/Print) Marobell Hartnett		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1428 Forest Pl., Cal. City, IL 60409		20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) March 18, 1991 Holy Cross Cemetery		21c. LOCATION—City or Town, State Calumet City, IL
22a. EMBALMER'S NAME JAMES PORRAS		22b. EMBALMER'S LICENSE NO. 1045964	23. WAS DEATH REPORTED TO CORDNER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James Porras</i>		4b. LICENSE NUMBER (or Licensee) 1045964	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish for Rosemoor F.H. 5840 Hohman, Hammond, IN 46320	
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. DUE TO (OR AS A CONSEQUENCE OF)		THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT AUG 17 2009
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. DUE TO (OR AS A CONSEQUENCE OF)		
		c. DUE TO (OR AS A CONSEQUENCE OF)		
		d. DUE TO (OR AS A CONSEQUENCE OF)		
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO	28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER 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) as stated. <input type="checkbox"/> 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 as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>S. Makam</i> Munster,		
29c. MEDICAL LICENSE NO. 31764		29d. DATE SIGNED (Month, Day, Year) March 15, 1991		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) S. Makam, M.D. 9112 Columbia Avenue, Munster, Indiana 46321				
31. HEALTH OFFICER'S SIGNATURE <i>S. Makam M.D.</i>				32. DATE FILED (Month, Day, Year) March 19, 1991
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
		34d. DESCRIBE HOW INJURY OCCURRED		
CORONER USE ONLY		34a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH



Local No. 685.09

State No. _____

1. Decedent's Legal Name (First, Middle, Last) Marobell W. Hartnett				1a. Maiden Last Name (If Female) Dugan		2. Sex Female		3. Time Of Death 12:10P.		4. Date Of Death (Month/Day/Year) May 24-2009	
5. Social Security Number ██████-2648		6a. Age - Yrs 82		6b. Under 1 Year Months: _____ Days: _____		6c. Under 1 Month Days: _____ Hours: _____ Minutes: _____		6d. Under 1 Day Hours: _____ Minutes: _____		7. Date Of Birth (Month/Day/Year) Aug. 2, 1926	
8. Birthplace (City And State Or Foreign Country) Chicago, Illinois				9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>							
10. If Death Occurred In A Hospital <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Other (Specify)							
11. Facility Name (If Not Institution, Give Street And Number) St. Margaret Mercy Hospital North Campus											
12. City Or Town, State, And Zip Code Hammond						13. County Of Death Lake			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name None				15a. (If Wife) Give Maiden Last Name None				16. Decedent's Usual Occupation Home Maker		17. Kind Of Business/Industry At Home	
18. Residence - State Illinois				18a. County Cook				18b. City Or Town Calumet City		18c. Street And Number 1428 Forest Pl.	
18d. Apt. No. 60409				18e. Zip Code 60409		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		16. Decedent's Education 12th Grade			
20. Father's Name (First, Middle, Last) Joseph Dugan				23. Mother's Name (First, Middle, Last) Marobell Dugan				23a. Mother's Maiden Last Name Unavailable			
24. Informant's Name Dennis Hartnett				24a. Relationship To Decedent Son				24b. Mailing Address (Street And Number, City, State, Zip Code) 1428 Forest Pl. Calumet City, Illinois 60409			
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify): _____				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Holy Cross Cemetery				25c. Location - City, Town, And State Calumet City, Illinois			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility Castle Hill Funeral Home 1219 Sheffield Ave. Dyer, Ind. 46311				27a. Funeral Home License Number FH10900001			
27b. Signature Of Indiana Funeral Service Licensee 						27c. License Number (Of Licensee): FD20700033					
Cause Of Death (See Instructions And Examples)											
28. 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 The Etiology. 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. Septic Due To (Or As A Consequence Of)				Approximate Interval: Onset To Death			
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last				B. Resp. failure Due To (Or As A Consequence Of)							
				C. Bleeding mass Due To (Or As A Consequence Of)							
				D. Chronic lymphatic leukemia 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											
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown				32. If Female <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			
34. Date Of Injury (Month/Day/Year)				35. Time Of Injury				36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			
38. City Or Town				38a. City Or Town				38b. Street & Number			
38c. Apt. No.				38d. Zip Code				39. Describe How Injury Occurred			
41. Signature Of Person Certifying Cause Of Death 				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				40. If Transportation Injury, Specify <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death DR. Farvaque 5454 Hohman Ave Hammond IN 46320				44. License Number 01063801A				45. Date Certified 5/27/09			
46. Additional Funeral Service Provider Rosemoor Funeral Home				47. *AKAs.				49. For Registrar Only - Date Filed (Month/Day/Year) May 29, 2009			
46. Signature Of Local Health Officer Susan W. Best DO.											