

UNOFFICIAL COPY



1016857126

Doc#: 1016857126 Fee: \$40.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 06/17/2010 10:29 AM Pg: 1 of 3

DECEASED JOINT TENANT AFFIDAVIT

STATE OF ILLINOIS )  
 ) SS.  
COUNTY OF )

Order No. \_\_\_\_\_

Donald DUNCAN being duly sworn states that I

For Recorder's use only

resides at 853 Wentworth Ave in the City of Calumet City, County of Cook, State of Illinois.

That Donald DUNCAN was acquainted with George DUNCAN deceased who, at the time of 02/03/2008 death was one of the owners of the land in Cook County, Illinois, legally described as:

P.I.N. 30172120040000  
Common Address: 853 Wentworth Avenue, Calumet City, Ill

That the deceased died February 3, 2008, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

Leaving no Last Will & Testament.

Leaving a Last Will & Testament, a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois

Leaving a Last Will & Testament which was filed in the Unproven will box of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois about \_\_\_\_\_

That the total value of the estate of the deceased, 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 180,000.

Affiant makes this affidavit for that purpose of inducing \_\_\_\_\_ to issue its Title Insurance Policy, describing the above-mentioned.

[Signature]

AFFIANT

Subscribed and sworn to before me by the said

This 17th day of June, A.D. 2010 as affiant

[Signature]  
NOTARY PUBLIC



**UNOFFICIAL COPY**

Lot 22 in Block 1 in Hammond County Club Addition being a  
Subdivision of part of the East 1/2 of Section 17, Township 36  
North, Range 15, East of the Third Principal Meridian, In Cook  
County, Illinois

Subject only to: general taxes for 1993 and subsequent years;  
building lines and building laws and ordinances; zoning laws and  
ordinances; visible public and private roads and highways; easement  
for public utilities; and other covenants and restrictions of record.

Property of Cook County Clerk's Office

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## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH



518-08

Local No. ....				1a. Maiden Last Name (If Female)		2. Sex		3. Time Of Death		4. Date Of Death (Month/Day/Year)			
George M. Duncan						Male		8:50 AM		February 3, 2008			
5. Social Security Number		6a. Age - Yrs		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour			
[REDACTED]-7234		76		Months		Days		Hours		Minutes			
						7. Date Of Birth (Month/Day/Year)		8. Birthplace (City And State Or Foreign Country)					
						January 2, 1932		Marion Arkansas					
9. Ever In U.S. Armed Forces?		10. If Death Occurred In A Hospital:				10a. If Death Occurred Somewhere Other Than A Hospital:							
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Unknown <input type="checkbox"/>		<input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				<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 Hospital													
12. City Or Town, State, And Zip Code						13. County Of Death			14. Marital Status At Time Of Death				
Hammond, Indiana 46320						LAKE			<input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation		17. Kind Of Business/Industry			
Bethine Duncan				Thigpen				Laborer		Construction			
18. Residence - State			18a. County			18b. City Or Town							
Illinois			Cook			Calumet City							
18c. Street And Number						18d. Apt. No.		18e. Zip Code		18f. Inside City Limits?			
853 Wentworth								60409		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education				20. Decedent Of Hispanic Origin				21. Decedent's Race					
8th Grade				NO				Black					
22. Father's Name (First, Middle, Last)				23. Mother's Name (First, Middle, Last)				23a. Mother's Maiden Last Name					
George M. Duncan				Georgia Duncan				Brown					
24. Informant's Name			24a. Relationship To Decedent			24b. Mailing Address (Street And Number, City, State, Zip Code)							
Arnold Duncan Sr.			Son			3849 Flossmoor Road Flossmoor, Illinois 60422							
25a. Method Of Disposition				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)				25c. Location - City, Town, And State					
<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):				Mt. Hope Cemetery				Chicago, Illinois					
26. Was Coroner Contacted?		27. Name And Complete Address Of Funeral Facility						27a. Funeral Home License Number:					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Smith Bizzell Warner Funeral Home 4209 Grant Street Gary, Indiana 46408						FH10500021					
27b. Signature Of Indiana Funeral Service Licensee:						27c. License Number (Of Licensee):							
						Angela McDuffie			FD20600080				
<b>Cause Of Death (See Instructions And Examples)</b>													
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Conditions Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One A Line. Add Additional Lines If Necessary.													
Immediate Cause (Final Disease Or Condition Resulting In Death)													
A. <u>necrotizing pneumonia</u>													
B. <u>renal failure</u>													
C. _____													
D. _____													
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													
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?						32. If Female:							
<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No Unknown						<input 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							
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)				37. Injury At Work?	
												<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Location Of Injury - State				38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code			
39. Describe How Injury Occurred						40. If Transportation Injury, Specify:							
						<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)							
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							
43. Name, Address And Zip Code Of Person Certifying Cause Of Death:						44. License Number		45. Date Certified					
Corey Avora 9303 Calumet Ave Ste D2 Munster IN 46321						02002795A		2-7-08					
46. Additional Funeral Service Provider:						47. *Akas:							
48. Signature of Local Health Officer:						49. For Registrar Only - Date Filed (Month/Day/Year)							
						February 12, 2008							

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE CLERK OF COOK COUNTY IN HEALTH DEPARTMENT

FEB 12 2008