

# UNOFFICIAL COPY



Doc#: 1023247144 Fee: \$40.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 08/20/2010 02:57 PM Pg: 1 of 3

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

(ss.

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

Margie H. Arnold

being duly sworn

states that she resides at 15042 Sunset Ave. in the City of Oak Forest

That she was acquainted with Robert Dean Arnold deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

See Legal attached hereto.

That the deceased died February 4, 2010, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

         Leaving no Last Will & Testament.

X 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 Cook 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 deceased, does not exceed the sum of \_\_\_\_\_ dollars.

Subscribed and sworn to before me by the said

Margie H. Arnold

this 19th day of August .A.D. 2010

  
NOTARY PUBLIC

Margie H. Arnold  
(affiant's signature)

"OFFICIAL SEAL"  
ELLEN J. BOSS  
Notary Public, State of Illinois  
My Commission Expires 03/08/2011

# UNOFFICIAL COPY

## Legal Description

LOT 7 IN BLOCK 1 IN MEDEMA'S EL VISTA SOUTH, BEING A SUBDIVISION OF THE SOUTH ½ OF THE WEST ½ OF THE SOUTHWEST ¼, SECTION 9, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED FEBRUARY 24, 1959 AS DOCUMENT 17463329, IN COOK COUNTY, ILLINOIS.

PIN: 28-09-208-012-0000

Property Address: 15042 Sunset Ave., Oak Forest, IL 60452

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

## CERTIFICATION OF DEATH RECORD

### CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

|  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |
|--|--|--|--|---|---|--|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|--|--|--|--|----------------------------------|--|--|--|--|--|--|--|
| STATE FILE NUMBER 2010 0008681   |  |  |  | DATE ISSUED 02/10/2010                                  |   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |
| DECEDENT'S LEGAL NAME<br>ROBERT DEAN ARNOLD  |  |  |  | SEX<br>MALE   |   | DATE OF DEATH<br>FEBRUARY 04, 2010                         |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |
| COUNTY OF DEATH<br>COOK  |  | AGE AT LAST BIRTHDAY<br>87 YEARS             |  | DATE OF BIRTH<br>APRIL 03, 1922                         |   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |
| CITY OR TOWN<br>OAK LAWN   |  |  | HOSPITAL OR OTHER INSTITUTION NAME<br>CHRIST HOSPITAL & MED CNTR |   |   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |
| PLACE OF DEATH<br>INPATIENT  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |
| BIRTHPLACE<br>PEKIN, IL  |  | SOCIAL SECURITY NUMBER<br>[REDACTED] 0523    |  | MARITAL STATUS AT TIME OF DEATH<br>MARRIED              |   | SURVIVING SPOUSE'S NAME<br>MARGIE H WAGNER                 | EVER IN U.S. ARMED FORCES? YES                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |
| RESIDENCE<br>15042 SUNSET ST   |  |  | APT. NO.   | CITY OR TOWN<br>OAK FOREST                              |   | INSIDE CITY LIMITS?<br>YES                                 |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |
| COUNTY<br>COOK   |  | STATE<br>IL                                  | ZIP CODE<br>60452  | FATHER'S NAME<br>JACK ARNOLD                            |   |  | MOTHER'S NAME PRIOR TO FIRST MARRIAGE<br>OPAL SLACK |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |
| INFORMANT'S NAME<br>MARGIE H ARNOLD  |  |  | RELATIONSHIP<br>WIFE   |   | MAILING ADDRESS<br>15042 SUNSET ST, OAK FOREST, IL, 60452 |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |
| METHOD OF DISPOSITION<br>CREMATION   |  | PLACE OF DISPOSITION<br>TRISONS CREMATORY    |  | LOCATION - CITY OR TOWN AND STATE<br>LOMBARD, IL        |   | DATE OF DISPOSITION<br>FEBRUARY 06, 2010                   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |
| FUNERAL HOME<br>ZIMMERMAN & SANDEMAN ORLAND FH, 5900 W. 143RD ST., ORLAND PARK, IL, 60462  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |
| FUNERAL DIRECTOR'S NAME<br>SCOTT SANDEMAN  |  |  |  | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER<br>034014403 |   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |
| LOCAL REGISTRAR'S NAME<br>DAVID ORR  |  |  |  | DATE FILED WITH LOCAL REGISTRAR<br>FEBRUARY 5, 2010     |   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="8">CAUSE OF DEATH PART I. CONGESTIVE HEART FAILURE</td> </tr> <tr> <td colspan="2" rowspan="3">IMMEDIATE CAUSE<br/>(Final disease or condition resulting in death)</td> <td colspan="6">a. _____<br/>Due to (or as a consequence of):</td> </tr> <tr> <td colspan="6">b. RENAL FAILURE<br/>_____</td> </tr> <tr> <td colspan="6">c. _____<br/>Due to (or as a consequence of):</td> </tr> <tr> <td colspan="6" style="text-align: center;">Due to (or as a consequence of):</td> <td colspan="2" style="text-align: center; vertical-align: middle;">APPROXIMATE<br/>INTERVAL BETWEEN<br/>ONSET AND DEATH</td> </tr> </table> |  |  |  |   |   |  |   | CAUSE OF DEATH PART I. CONGESTIVE HEART FAILURE |  |  |  |  |  |  |  | IMMEDIATE CAUSE<br>(Final disease or condition resulting in death) |  | a. _____<br>Due to (or as a consequence of): |  |  |  |  |  | b. RENAL FAILURE<br>_____ |  |  |  |  |  | c. _____<br>Due to (or as a consequence of): |  |  |  |  |  | Due to (or as a consequence of): |  |  |  |  |  | APPROXIMATE<br>INTERVAL BETWEEN<br>ONSET AND DEATH |  |
| CAUSE OF DEATH PART I. CONGESTIVE HEART FAILURE  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |
| IMMEDIATE CAUSE<br>(Final disease or condition resulting in death)   |  | a. _____<br>Due to (or as a consequence of): |  |   |   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |
|  |  | b. RENAL FAILURE<br>_____                    |  |   |   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |
|  |  | c. _____<br>Due to (or as a consequence of): |  |   |   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |
| Due to (or as a consequence of):   |  |  |  |   |   | APPROXIMATE<br>INTERVAL BETWEEN<br>ONSET AND DEATH         |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |
| PART II. Enter other <i>significant conditions contributing to death</i> 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?<br>NO   |  | FEMALE PREGNANCY STATUS<br>NOT APPLICABLE    |  | MANNER OF DEATH<br>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?<br>YES  |  | DATE LAST SEEN ALIVE<br>FEBRUARY 03, 2010    |  | WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO           |   | DATE PRONOUNCED  | TIME OF DEATH<br>12:15 AM                           |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |
| CERTIFIER<br>PHYSICIAN   |  |  |  |   |   | DATE CERTIFIED<br>FEBRUARY 04, 2010                        |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH<br>DR MICHAEL A MARKOS MD, 4440 W 95TH ST, OAK LAWN, ILLINOIS, 60453  |  |  |  |   |   | PHYSICIAN'S LICENSE NUMBER<br>036123662                    |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |



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

