

UNOFFICIAL COPY



Doc#: 1026047014 Fee: \$38.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 09/17/2010 09:44 AM Pg: 1 of 2

10 BAK 17797
STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

DECEASED JOINT TENANCY AFFIDAVIT

James Gardner, being duly sworn, states that (s)he resides at
120 S. 5th Avenue, Maywood, IL 60153

That (s)he was acquainted with Joanne Gardner, deceased, who, at the
time of his/her death was one of the owners of the land in Cook County, Illinois,
described as:
Lots 35, 36 and 37 in Block 62 in Maywood Subdivision of the
South 1/2 of the Southwest 1/4 of Section 2, the West 1/2 of
Section 11 and the Northwest 1/4 of Section 14, all in
Township 39 North, Range 12, East of the Third Principal
Meridian, in Cook County, Illinois.

P.L.N.: 15-11-148-020-0000 & 15-11-148-021-0000

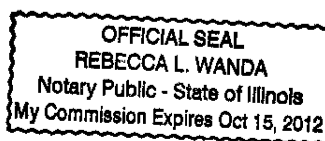
COMMON ADDRESS: 120 S. 5th Avenue, Maywood, IL 60153

That the deceased died on 4/10/2010, as evidenced by a certified copy
of the death certificate of the deceased attached.

James Gardner
James Gardner

Subscribed and sworn to before me by the said JAMES GARDNER
This 29th day of July, 2010

Rebecca L. Wanda
NOTARY PUBLIC



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GEORGIA DEATH CERTIFICATE

A. BIRTH CERTIFICATE NUMBER

1. DECEDENT'S LEGAL FULL NAME (FIRST, MIDDLE, LAST) Joanne Marie Gardner Garrard		2. SEX Female		3. DATE OF DEATH (MO/DAY/YR) Apr 19, 2010	
3. SOCIAL SECURITY NUMBER 7505		4a. AGE (YEARS) 68		4b. UNDER 1 YEAR MONTHS: _____ DAYS: _____	
4c. UNDER 1 DAY HOURS: _____ MINUTES: _____		5. DATE OF BIRTH (MO/DAY/YR) July 18, 1941			
6. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Mason City, Iowa		7a. STREET AND NUMBER OF RESIDENCE 4517 Gateway Court		7b. ZIP CODE 30080	
7c. CITY OR TOWN OF RESIDENCE Smyrna		7d. COUNTY OF RESIDENCE Cobb		7e. STATE OF RESIDENCE Georgia	
7f. COUNTRY USA		7g. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		8. ARMED FORCES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
9a. OCCUPATION Retired Physical Therapist		9b. NATURE OF BUSINESS Elementary School		9c. EMPLOYER Chicago Public Schools	
9. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SPOUSE'S NAME (IF WIFE, GIVE NAME PRIOR TO FIRST MARRIAGE) James Gardner		11. FATHER'S NAME (FIRST, MIDDLE, LAST) William Garrard	
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST) Elizabeth Maricle		13. DECEDENT'S EDUCATION (HIGHEST LEVEL) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input checked="" type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MEd, MSW) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown		14a. INFORMANT'S NAME (FIRST, MIDDLE, LAST) Timothy J. Gardner	
14b. RELATIONSHIP TO DECEDENT Son		14c. MAILING ADDRESS (STREET AND NUMBER, CITY, COUNTY, STATE, ZIP CODE) 4517 Gateway Court, Smyrna, Cobb, GA 30080			
15. HISPANIC ORIGIN <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify) <input type="checkbox"/> Unknown		16. DECEDENT'S RACE <input checked="" type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Japanese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Black/African American <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian/Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown			
17a. IF DEATH OCCURRED IN HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		17b. IF DEATH OCCURRED OTHER THAN HOSPITAL <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other <input type="checkbox"/> Unknown			
18. FACILITY NAME Wellstar Cobb Hospital		19. FACILITY ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP CODE) 3950 Austell Rd, Austell, GA 30103		20. COUNTY OF DEATH Cobb	
21. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Other		22. PLACE OF DISPOSITION (NAME AND COMPLETE ADDRESS) Queen of Heaven Catholic Cemetery 1400 S. Wolf Rd. Hillside, IL 60162		23. DATE OF DISPOSITION (MO/DAY/YR) Apr 15, 2010	
24a. EMBALMER'S NAME & CERTIFIED INITIALS Johanna Martinez		24b. LICENSE NUMBER 4645			
25. FUNERAL HOME NAME Hursen Funeral Home		25a. FUNERAL HOME ADDRESS (STREET AND NUMBER, CITY, COUNTY, STATE, ZIP CODE) 4001 W. Roosevelt Rd, Hillside, Cook, IL 60162			
26. FUNERAL DIRECTOR'S NAME (PRINT) John A. Fitzgerald		26a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		26b. LICENSE NUMBER 4051	
27. DATE PRONOUNCED DEAD (MO/DAY/YR) 4-11-10		28. TIME PRONOUNCED DEATH 12:25 AM		29a. PRONOUNCER'S NAME AND TITLE (PRINT) Dr. Hamid Bakhtariy	
29b. PRONOUNCER'S LICENSE NUMBER 053345		30. ACTUAL OR PRESUMED TIME OF DEATH 12:25 AM			
31. 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. IMMEDIATE CAUSE (Final disease or condition resulting in 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. A Cardiorespiratory arrest B Congestive Heart failure C Cardiac arrhythmias		Approximate interval between onset and death Unknown			
Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Renal failure, Diabetes, C. diff colitis		32. WAS AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		33a. WAS AN INJURY OF ANY KIND INDICATED IN THE CAUSE OF DEATH FOR PART I OR PART II WITH THE DECEDENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		34. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
35. TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Probably		36. IF FEMALE <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Not pregnant within the past year <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"/> Pregnant at the time of death <input type="checkbox"/> Unknown if pregnant within the past year		37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Could not be determined <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide	
38. DATE OF INJURY (MO/DAY/YR)		39. TIME OF INJURY		40. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)	
41. INJURY AT WORK <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		42. LOCATION OF INJURY (STREET AND NUMBER, CITY, STATE, COUNTY, ZIP CODE)			
43. DESCRIBE HOW INJURY OCCURRED		44. IF TRANSPORTATION INJURY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other			
45. To the best of my knowledge death occurred at the time, date, place, and due to the cause(s) stated. Medical Certifier (Name, Title, License No.) (PRINT AND SIGN) 050239 Dr. Palacharla		46. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place, and due to the cause(s) stated. Medical Examiner/Coroner (Name, Title, License No.) (PRINT AND SIGN)			
45a. DATE SIGNED (MO/DAY/YR) 4/14/2010		45b. HOUR OF DEATH 12:25 AM		46a. DATE SIGNED (MO/DAY/YR)	
46b. HOUR OF DEATH		47. PERSON COMPLETING CAUSE OF DEATH (NAME, ADDRESS, COUNTY, ZIP CODE) Srinath Palacharla, 3000 Highlands Pkwy Bldg 1 Smyrna GA 30082 Cobb Co.			
48. REGISTRAR SIGNATURE (PRINT AND SIGN) Balvina Garcia, Dep. Balvina Garcia, Dep.		49. DATE FILED (REGISTRAR) (MO/DAY/YR) APR 23 2010			

Form 3903 (Rev. 05/2009)

This certificate does not constitute a certified copy without the appropriate certification on the back MAY 10 2010