

UNOFFICIAL COPY

STATE OF ILLINOIS  
COUNTY OF COOK } ss.

RECORDER'S USE ONLY



Doc#: 1111654003 Fee: \$40.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 04/26/2011 11:10 AM Pg: 1 of 3

**JOINT TENANCY  
AFFIDAVIT**

GAYLEN W. CARNEHL, hereinafter referred to as the affiant, states under oath that the affiant resides at 3249 Sarah Street, Village of Franklin Park, County of Cook, State of Illinois; that the affiant was acquainted with IRMA L. CARNEHL, the decedent, and that at the time of death, the decedent was one of the owners of the property by virtue of a properly recorded joint tenancy warranty deed. said property located in COOK COUNTY, ILLINOIS and legally described as follows:

**LEGAL DESCRIPTION:** NORTH 1/2 OF LOT 140 AND ALL OF THE LOT 141 IN BLOCK 53, IN THIRD ADDITION TO FRANKLIN PARK, BEING A SUBDIVISION IN SECTION 21 AND 28, TOWNSHIP 40 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N.: 12-21-324-130-0000

Commonly known as: 3249 SARAH STREET, FRANKLIN PARK, ILLINOIS 60131

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

The decedent died on the 6th day of September, 1997, leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property is less than \$1,500,000.00 and;

That the value of the above property individually was less than \$250,000.00;

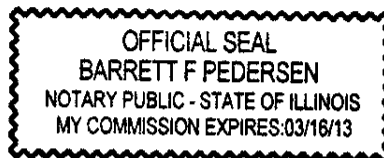
That GAYLEN W. CARNEHL, the affiant, hereby covenants and agrees, for himself, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold any title company harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature which the Fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of IRMA L. CARNEHL, the decedent;
2. State and Federal Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights to contribution.

GAYLEN W. CARNEHL

SUBSCRIBED AND SWORN to before me this 18th day of April, 2011.

Notary Public



# UNOFFICIAL COPY

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Note: If the decedent left a Will, it is necessary that the original or a certified copy thereof be presented to us for inspection. A Death Certificate, together with evidence of payment of death taxes, if any, should accompany this Affidavit.

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***Prepared By and Return To:***

BARRETT F. PEDERSEN  
9701 West Grand Avenue  
Franklin Park, IL 60131  
(847) 455-9444  
Atty. No. 27139

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Property of Cook County Clerk's Office

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DuPage County Health Department

PERMANENT CERTIFICATE

REGISTRATION DISTRICT NO. 22.0

TEMPORARY CERTIFICATE

REGISTERED NUMBER 3595

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

Type, or Print in PERMANENT INK See Coroner's Handbook for INSTRUCTIONS

A DECEASED  
B  
C  
D  
E

PARENTS

CAUSE

N

P

H.G.

RIF

UNK

CERTIFIER

DISPOSITION

DECEASED-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Irma		Lucille	Carnehl	2 Female	3. September 6, 1997		
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		
4. DuPage		5a. 67	5b. 5c.	5d. November 9, 1929			
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)					
6a. Elmhurst		6b. Elmhurst Memorial				6c. Inpt.	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)		
7. Franklin Park, IL		8a. Married	8b. Gaylen W. Carnehl		9. no		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)			
10. 229-22-4889		11a. Housewife	11b. Own home	12. 12		College (1-4 or 5+)	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY		
13a. 3249 Sara St.		13b. FRANKLIN PARK		13c. Yes	13d. Cook		
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)			
13e. IL		3f. 60131	14a. White	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
FATHER-NAME		FIRST	MIDDLE	LAST	MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST		
15. Lorne		Callfas		16. Emma Brown			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
17a. Gaylen W. Carnehl		17b. Husband	17c. 3249 Sara, Franklin Park, IL				
18. PART I		Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death)		(a) COR PULMONALE					UNKNOWN
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF					
		(c) DUE TO, OR AS A CONSEQUENCE OF					
PART II. Other significant conditions contributing to the death, but not the cause of death.		ISCHEMIC COLITIS, PERFORATED BOWEL (ATROGENIC)					19b. YES
NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18)		19a. YES	
20a. NATURAL		20b.	20c. M.	20d.		19b. YES	
INJURY AT WORK (YES/NO)		PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY)	LOCATION (CITY, TOWN, OR TWP., OR RD. DIST. NO., COUNTY, STATE)		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		
20e.		20f.	20g.		20h. YES <input type="checkbox"/> NO <input type="checkbox"/>		
I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT		THE DECEASED WAS PRONOUNCED DEAD ON		AT			
21a.		21b. SEPTEMBER 06, 1997		21c. 04:35 PM			
CORONER'S - MEDICAL EXAMINER'S SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)					
22a. RICHARD R. BALLINGER		22b. NOVEMBER 13, 1997					
CORONER'S PHYSICIAN'S NAME (Type or Print)		DATE SIGNED (MONTH, DAY, YEAR)					
23a. Jeff Harkey, M.D. (Forensic Pathologist)		23b. NOVEMBER 13, 1997					
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)
24a. Burial		24b. Mt. Emblem		24c. Elmhurst, IL	24d. 9/10/97		
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN	STATE ZIP
25a. Sax-Tiedemann F.H.,		9568 Belmont,		Franklin Park,		IL	60131
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER					
25b. Mark Giancola		25c. 034-012232					
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
26a. David R. McQuitt		26b. NOV 14 1997					

VR202 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON ILLINOIS STANDARD CERTIFICATE)

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

*David R. McQuitt, M.D.*

Local Registrar

Not valid without the embossed seal of DuPage County Health Department

111 North County Farm Road Wheaton, Illinois 60187