## <u>INO</u>FFICIAL COPY

## JOINT TENANCY AFFIDAVIT

Marie A. Long, hereby referred to as the affiant, states under oath that the affiant resides at 1315 Imperial Avenue, Calumet City, IL 60409; that the affiant was acquainted with Robert J. Long, the decedent; at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded joint tenancy deed, said property located in Cook County, State of Illinois, and legally described as follows:



1219216047 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 07/10/2012 12:05 PM Pg: 1 of 2

Lot Fourteen (14) in Block Seven (7) in Hammond Country Club Addition, a Subdivision of the East Half of Fractional Section Seventeen (17), Township Thirty-Six (36) North, Range Fifteen (15), East of the Third Principal Meridian, in Cook County, Illino's.

P.I.N.: 30-17-409-008-0000

A. adress: 131 Elizabeth Street, Calumet City, IL 60409-5213

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

That the decedent died on November 18, 2011, per attached death certificate, leaving no last will and testament;

That the total value of decedent's probate estate was \$ 0.00.

That the State and Estate/Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

The affiant states no more.

(Seal)

Subscribed and sworn to before me this

22ml\_day of \_

## NDIANA STATE DEPARTMENT OF HEALTH PY

| Local No 00370   | 8  | EDR No OC  | <u>)00002</u>  | <u> 230524 </u>  | S  | ate No   | <u>0528</u>   | 10   | f Dooth (Marth Bank)   |
|--|--|--|--|--|--|--|---|--|--|
| Decedent's Legal Name (First, Middle, Last)  |  | 1a. Maide  | in Name (If fem.   | ale)   | 2. Sex   | 3. Time O  | Death   |  | f Death (Month/Day/Year  |
| BERT J LONG  |  |  |  |  | MALE   |  | 3 AM  |  | 11/18/2011<br>x Foreign Country)   |
| ocial Security Number 6a. Age - Yrs 6b. U  | nder 1 Year   6c. Under  | 1 Month. 6d. Under 1   | Day 6e. Ur   | der 1 Hour 7. Da   | te of Birth (Month/Day∧  | Gar) 8.6   | impace (Cily  | rano State c   | r religit Country)   |
| 314-14-4315 88 Month   |  | Hours  | Minute   |  | 10/12/1923<br>mewhere Other Than A   |  | MMOND   | ), IN  |  |
| ver in U.S. Armed Forces? 10. If Death Occur   | •  |  | l 🗆 Ho   |  | Decedent's Home [  |  | ome/Long-term   | n Care Facili  | ity  |
|  | Emergency Department O   | utpatient 🔲 Dead en  | Arrival Ot   | ner (Specify)  |  |  |   |  |  |
| Facility Name (if Not Institution, Give Street and N<br>MARGARET MERCY HEALTHO   | umber)<br>CARE CENTERS-  | HAMMOND  |  |  |  |  |   |  |  |
| City Or Town, State, And Zip Code  | With Carrier to  |  |  | 13. County Of Deal   | 1  |  | 4. Marital Sta  |  | Of Death<br>lut Separated Divon  |
| MMOND, IN, 46320   |  |  | l,   | LAKE   |  |  | Widowed   | ☐ Neve   | er Married 🔲 Unknow  |
| Sundying Spouse's Name   |  | 15a. (If Wife)Give   | Maiden Last No   | ime  | 16. Decedents Us   | ial Occupation   | oń .  | 17. Kind   | Of Business/Industry   |
| ARIE LONG  |  | UNAVAILAE  | 3LE  |  | FORKLIFT O   | PERATO   | R   | RAND   | MCNALLY  |
| Residence - State  | 18a. County  | 10,4,1,40  |  | o, City Or Town  |  |  |   |  |  |
| INOIS  | соок   |  | CA   | LUMET CITY   |  |  |   |  | 18f. Inside City Limit   |
| Street And Number  |  |  |  |  | 18d. /   | kol, No.   | 18e. Zip  | Code   | 187. Inside City Limit   |
| 1 ELIZABETH STREET   |  |  |  |  |  |  | 60  | 409  | EZ 169 [] 140  |
| Decedent's Education   |  | Of Hispanic Origin   |  | 21. Decede   | nt's Race  |  |   |  |  |
| GH SCHOOL GRADUATE CP &  | NOT HISE   | PANIC  |  | White  | Italia ( o-4)  |  | 1920  | Mothade Na   | ilden Lest Name  |
| Father's Name (First, Middle, Last)  | -/X,   |  | 23. Mc   | ther's Name (First, I  | ngale, Lastj   |  | ∠38.  | mounds a Mid   | Mary 1 Sept (1881) FC  |
| ORGE LONG  |  |  | EMM  | IA LONG  |  | to 7:- 7:- 1   |   | VAILAE   | BLE  |
| Informant's Name   | 24 Sela  | tionship To Decedent   | 1  |  | et And Number, City, St  |  |   | 400  |  |
| SLEY LONG  | DAU/SI   | HTER   | 131<br>25. Place Of Di   |  | STREET, CALU   | METCI  | 1 1, IL 604   | 409  |  |
| , Method Of Disposition  |  | sì on (Na ve Of Ceme   | 25. Place Of Dr<br>elery, Crematory.   | Other Place) 25  | c. Location - City, Town,  | And State  |   |  |  |
| Burlat Cremation Denation Enfombre<br>Removal From State   | nent i   | 0  |  | •  |  |  |   |  |  |
| Other (Specify):   | HEIGHTS CF   |  |  | CI   | IICAGO HEIGH   | ITS, IL  |   | 27a. Fu  | meral Home Licenso Nun   |
| Was Coroner Contacted? 27. Name  | And Complete Address C   | f Hineral Hack'y   |  |  |  |  |   |  |  |
| 7,100  |  |  |  |  |  |  |   |  |  |
| ] Yes ⊠ No CASTL   | E HILL FUNERA  |  | SH <u>_rr\</u> E   | LD AVE, DYE  | R, IN 46311  | nee Namba  | (Of Licenspe  |  | 900001   |
| ☐ Yes ☒ No CASTL   | E HILL FUNERA  | L HOME, 1219<br>GNATURE  |  |  | FD207  | onse Number<br>100033  | (Of Licensiee   |  |  |
| D. Yes No CASTL  b. Signature Of Indiana Funeral Service Licensee: HRISTOPHER CHELBANA, BY  28. Part I. Enter The Chain Of Events - Disease Such As Cardiac Arrest, Respiratory Arrest, Or A Line. Add Additinal Lines If Necessary.   | E HILL FUNERA<br>ELECTRONIC SI<br>les, Injuries, Or Complica<br>Ventricular Fibrillation W   | L HOME, 1219<br>GNATURE<br>Cause Of Dea  | rth (See in stru<br>Caused The De<br>Etiology, Do No   | or dons And Exam<br>e. (h. D.) Not Enter<br>ot Maren 219, Enter  | FD207 ples) Terminal Events Only One Cause On  |  | (Of Licensee  |  | Approximate  |
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| CASTL  D. Signature Of Indiana Funeral Service Licensee: HRISTOPHER CHELBANA , BY  B. Part I. Enter The Chain Of Events - Disease Such As Cardiac Arrest, Respiratory Arrest, Or I. Line. Add Additinal Lines If Necessery.  Immediate Cause (Final Disease Or Condition I  Sequentially List Conditions, If Any, Leading Tine A. Enter The Underlying Cause (Disease  The Events Resulting In Death) Last  III. Enter Other Significant Conditions Contribution  III. Enter Other Significant Conditions Contribution  IPHYSEMA, SVT. SMALL BOWEL OBSTRUC  Did Tobacco Use Contribute To Death?  Yes ☐ Probably ☒ No ☐ Unknown  Date Of Injury (Month/Day/Year)  Date Of Injury - State  Describe How Injury Occurred  I. Signature, Of Person Certifying Cause Of Death  KHTAR PARVAIZ , BY ELECTR  3. Name, Address And Zip Code Of Person Certify  3. Name, Address And Zip Code Of Person Certify  3. Name, Address And Zip Code Of Person Certify  The Code of Person Certifying Cause Of Death  Code of Person Certify  The Code of Person Certifying Cause Of Death  Code of Person Certify  The Code of Person Certifying Cause Of Death  Code of Person Certify  The Capter of Code of Person Certify  The Capter of Capter of Capter of Capter of Certify  The Capter of   | E HILL FUNERA  ELECTRONIC SI  es. Injuries, Or Complica Ventricular Fibrillation W  Resulting in Death)  or The Cause Listed On Or Injury That Initiated  uto Death But Not Resulti at to Death But Not Resulti STION. S/P GASTROJE.  32. If Fernale:   Not Pregnant Weren Pau   Not Pregnant, But Progr   35. Time Of Injury  38a. City Or Town   | GNATURE  Guuse Of Dea  ations - That Directly  fithout Showing The I  A SEPTIC SH  B. ACUTE KIII  C. RESPIRAT  D.  Ing In The Underlying Co  INNOSTOMY  A SEPTIC SH  | rith (See In stru Caused The De Etiology, Do No HOCK ONEY INJURY ONEY FAILURE a or Death   | of dens And Exam  e .h. D. Not Enter  this zer 219. Enter  Due to  Ant I 29.  30.  Program, 8ut Program Without If Program Without It I will be a served with the program with | Page Year  42. Certifier   | donoss  ad?  Avail on To  Natural [1]  Suicide [1]  If Transpo  DenomOperate  (Check Only  g Physician  44. Lice  01048  | Yes Complete The Death: Hom, vic Coulr Not Be and of Aud A  38c. A  38c. A  Coulr Not Be and of Aud A  38c. A | s. S No Cause Of L Academi Determined Specify. Pedesits (                  | Approximate interval: Onset To Death    Open   |
| CASTL  D. Signature Of Indiana Funeral Service Licensee: HRISTOPHER CHELBANA , BY  18. Part I. Enter The Chain Of Events - Disease Such As Cardiac Arrest, Respiratory Arrest, Or  A Line. Add Additinal Lines If Necessary.  Immediate Cause (Final Disease Or Condition I  Sequentially List Conditions, If Any, Leading T-  Jine A. Enter The Underlying Cause (Disease The Events Resulting In Death) Last  III. Enter Other Significant Conditions Contribution  III. Enter Other Significant Conditions  III. Enter Other Significa  | E HILL FUNERA  ELECTRONIC SI  es. Injuries, Or Complica Ventricular Fibrillation W  Resulting in Death)  or The Cause Listed On Or Injury That Initiated  uto Death But Not Resulti at to Death But Not Resulti STION. S/P GASTROJE.  32. If Fernale:   Not Pregnant Weren Pau   Not Pregnant, But Progr   35. Time Of Injury  38a. City Or Town   | GNATURE  Guuse Of Dea  ations - That Directly  fithout Showing The I  A SEPTIC SH  B. ACUTE KIII  C. RESPIRAT  D.  Ing In The Underlying Co  INNOSTOMY  A SEPTIC SH  | rith (See In stru Caused The De Etiology, Do No HOCK ONEY INJURY ONEY FAILURE a or Death   | of dens And Exam  e .h. D. Not Enter  this zer 219. Enter  Due to  Ant I 29.  30.  Program, 8ut Program Without If Program Without It I will be a served with the program with | PDEOD FIDEO  | 100033 | Yet Complete The Death: Hom Not Be kins, vic Aud 3   38c. A   1   1   1   1   1   1   1   1   1   | s. S N P Cause Of L Academi Determined L No. Specify: Pedestran (          | Approximate interval: Ons To Death  Death  Pending Investigation  Pending Investigation  Types No. 38d. Zip Code  Coner (Specific)  Heath Officer  45. Date Certified  12/02/2011  |
| Describe How knjury Cocurred  CASTL  Dispasture Of Indiana Funeral Service Licensee: HRISTOPHER CHELBANA, BY  28. Part I. Enter The Chain Of Events - Disease Such As Cardiac Arrest, Respiratory Arrest, Or  A Line. Add Additinal Lines If Necessary.  Immediate Cause (Final Disease Or Condition I  Sequentially List Conditions, If Any, Leading Ti Line A. Enter The Underlying Cause (Disease The Events Resulting In Death) Last  art II. Enter Other Significant Conditions Contribution  WHYSEMA, SVT. SMALL BOWEL OBSTRUC  Did Tobecoo Use Contribute To Deeth?  Yes ☐ Probably ☒ No ☐ Unknown  4. Date Of Injury (Month/Day/Year)  8. Location Of Injury - State  9. Describe How knjury Occurred  1. Signature, Of Person Certifying Cause Of Death  KHTAR PARVAIZ, BY ELECTR  3. Name, Address and Zip Code Of Person Certify  KHTAR PARVAIZ, 5500 HOHN  16. Additional Funeral Service Provider:  18. Signature of Local Health Officer:  | E HILL FUNERA  ELECTRONIC SI  es, Injuries, Or Complica Ventricular Fibrillation W  Resulting in Death)  o The Cause Listed On Or Injury That Initiated  u to Death But Not Resulti u to Death But Not Resulti STION, S/P GASTROJE.  32. If Female:   Not Pregnant Wares Past   Not Pregnant, But Propriated St. Time Of Injury  35. Time Of Injury  38a. City Or Town   | GNATURE  GRATURE  GRATURE  GRATURE  GRATURE  Cause Of Dea  ations - That Directly  rithout Showing The I  A SEPTIC SH  B. ACUTE KII  C. RESPIRAT  D.  In The Underlying Co  INNOSTOMY  TYPOR Pregnant At Ten  and 43 Days To 1 year Before I  RE  C. HAMMOND,  | rith (See In stru Caused The De Etiology, Do No HOCK ONEY INJURY ONEY FAILURE a or Death   | of dens And Exam  e .h. D. Not Enter  this zer 219. Enter  Due to  Ant I 29.  30.  Program, 8ut Program Without If Program Without It I will be a served with the program with | Page Year  42. Certifier   | 100033 | Yet Complete The Death: Hom Not Be Kin, You Be Kin, You John Station Injury, John Station I  | s. S No Pause Of E  Academi Determined  L No  Specify:  Pedestran (  coner | Approximate interval: Onsa To Death    Death   |
| CASTL  D. Signature Of Indiana Funeral Service Licensee: HRISTOPHER CHELBANA , BY  18. Part I. Enter The Chain Of Evertis - Disease Such As Cardiac Arrest, Respiratory Arrest, Or A Line. Add Additional Lines If Necessary.  Intermediate Cause (Final Disease Or Condition I)  Sequentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease The Events Resulting In Death) Last  Int II. Enter Other Significant Conditions Contribution  MPHYSEMA, SVT. SMALL BOWEL OBSTRUCT  Did Tobacco Use Contribute To Death?  I. Yes ☐ Probably M No ☐ Unknown  I. Date Of Injury (Month/Day/Year)  J. Location Of Injury - State  Describe How Injury Occurred  1. Signature, Of Person Certifying Cause Of Doat  KHTAR PARVAIZ , BY ELECTR  3. Name, Address And Zip Code Of Person Certify  KHTAR PARVAIZ , 5500 HOHM  5. Additional Funeral Service Provider.  | E HILL FUNERA  ELECTRONIC SI  es. Injuries, Or Complication William  Resulting in Death)  or The Cause Listed On Or Injury That Initiated  u to Death But Not Resulting in Street Programs Ween Page Not Programs, Stuff Prog | GNATURE  GRATURE  GRATURE  GRATURE  GRATURE  Cause Of Dea  ations - That Directly  rithout Showing The I  A SEPTIC SH  B. ACUTE KII  C. RESPIRAT  D.  In The Underlying Co  INNOSTOMY  TYPOR Pregnant At Ten  and 43 Days To 1 year Before I  RE  C. HAMMOND,  | th (See in the Caused The Detiology, Do No HOCK  DNEY INJURY  CORY FAILURE  CORY FAILURE  COROMN   No HOCK  36. Place Of in 136b. Street &   | dens And Exame e .h. D. Not Enter the 29. Enter Due to  ATT 1 29. 30. t Programt, But Programt William known it Programt William hijury (E.G., Deceden   | Poets) Terminal Events Only One Cause On  Or As A Correspond on On  O  | 100033 | Yet Complete The Death: Hom Not Be Kin, You Be Kin, You John Station Injury, John Station I  | s. S N P Cause Of L Academi Determined L No. Specify: Pedestran (          | Approximate interval: Onsa To Death    Death   |

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal