

# UNOFFICIAL COPY

## JOINT TENANCY AFFIDAVIT



Doc#: 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

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:

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, Illinois.

P.I.N.: 30-17-409-008-0000 Address: 131 Elizabeth Street, Calumet City, IL 60409-5213

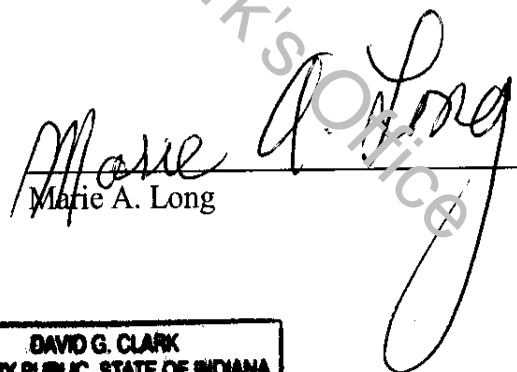
That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interest in property by transfer with retention of a life interest therein or the creation of interest to take effect in possession or enjoyment after death;

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

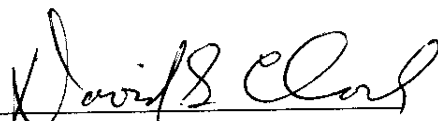
That the total value of decedent's probate estate was \$ 0.00.

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.

  
Marie A. Long (Seal)

Subscribed and sworn to before me this  
22nd day of May, 2012.

  
Notary Public





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## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 003708

EDR No 000000230524

State No 052816

1. Decedent's Legal Name (First, Middle, Last) <b>ROBERT J LONG</b>				1a. Maiden Name (if female)		2. Sex <b>MALE</b>		3. Time Of Death <b>10:33 AM</b>		4. Date Of Death (Month/Day/Year) <b>11/18/2011</b>	
5. Social Security Number <b>314-14-4315</b>		6a. Age - Yrs <b>88</b>	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) <b>10/12/1923</b>		8. Birthplace (City and State or Foreign Country) <b>HAMMOND, IN</b>		
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <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) <b>ST MARGARET MERCY HEALTHCARE CENTERS-HAMMOND</b>											
12. City Or Town, State, And Zip Code <b>HAMMOND, IN, 46320</b>						13. County Of Death <b>LAKE</b>		14. Marital Status At Time Of Death <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 <b>MARIE LONG</b>				15a. (If Wife) Give Maiden Last Name <b>UNAVAILABLE</b>			16. Decedent's Usual Occupation <b>FORKLIFT OPERATOR</b>		17. Kind Of Business/Industry <b>RAND MCNALLY</b>		
18. Residence - State <b>ILLINOIS</b>			18a. County <b>COOK</b>			18b. City Or Town <b>CALUMET CITY</b>					
18c. Street And Number <b>131 ELIZABETH STREET</b>							18d. Apt. No.		18e. Zip Code <b>60409</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education <b>HIGH SCHOOL GRADUATE CREDITS COMPLETED</b>				20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21. Decedent's Race <b>White</b>				
22. Father's Name (First, Middle, Last) <b>GEORGE LONG</b>				23. Mother's Name (First, Middle, Last) <b>EMMA LONG</b>				23a. Mother's Maiden Last Name <b>UNAVAILABLE</b>			
24. Informant's Name <b>LESLEY LONG</b>			24a. Relationship To Decedent <b>DAUGHTER</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>131 ELIZABETH STREET, CALUMET CITY, IL 60409</b>					
25. Place Of Disposition											
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>HEIGHTS CREMATORY</b>				25c. Location - City, Town, And State <b>CHICAGO HEIGHTS, IL</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>CASTLE HILL FUNERAL HOME, 1219 SHEFFIELD AVE, DYER, IN 46311</b>							27a. Funeral Home License Number. <b>FH10900001</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>CHRISTOPHER CHELBANA, BY ELECTRONIC SIGNATURE</b>							27c. License Number (Of Licensee) <b>FD20700033</b>				
<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 Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.											
Immediate Cause (Final Disease Or Condition Resulting In Death)				A. <b>SEPTIC SHOCK</b> <small>Due to (Or As A Consequence Of)</small>							
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				B. <b>ACUTE KIDNEY INJURY</b> <small>Due to (Or As A Consequence Of)</small>							
				C. <b>RESPIRATORY FAILURE</b> <small>Due to (Or As A Consequence Of)</small>							
				D.							
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I							28. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
29. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No											
EMPHYSEMA, SVT, SMALL BOWEL OBSTRUCTION, S/P GASTROJEJUNOSTOMY											
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			32. If Female: <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						33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		
34. Date Of Injury (Month/Day/Year)			35. Time Of Injury			36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, etc.) <b>Home</b>			37. Injury At Work? <input type="checkbox"/> Yes <input 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 <b>AKHTAR PARVAIZ, BY ELECTRONIC SIGNATURE</b>							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: <b>AKHTAR PARVAIZ, 5500 HOHMAN AVE STE 2C, HAMMOND, IN 46320</b>							44. License Number <b>01048363A</b>		45. Date Certified <b>12/02/2011</b>		
45. Additional Funeral Service Provider:							47. *Akas:				
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>							49. For Registrar Only - Date Filed (Month/Day/Year): <b>DEC 05 2011</b>				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											