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Doc#: 1229850038 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 10/24/2012 12:42 PM Pg: 1 of 2

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois }
County of Cook }

Date: 10-18-2012

Evelyn M. Craig, being duly sworn states that she resides at 28 S. Yale Ave., Arlington Heights, Illinois 60005.

That she was acquainted with James D. Craig deceased who, at the time of his death was one of the owners of the land in Cook County, Illinois, described as:

Lot 14 in Unit A, Reuter's Westgate Subdivision No. 2 being a Subdivision in the South West Quarter of Section 30 and in the North West Quarter of Section 31, all in Township 42 North, Range 11 East of the Third Principal Meridian, according to the Plat thereof, recorded as Document #16403229, in Cook County, Illinois

PIN: 03-30-318-013-0000

That the deceased died June 11, 2012, as evidenced by a certified copy of the death certificate of the deceased attached hereto

That the Deceased died leaving a Last Will and Testament dated June 14, 2012 which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois on September 28, 2012.

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 death of the deceased, does not exceed the sum of One Hundred Fifty Thousand Dollars

Affiant makes this affidavit for the purpose of conveying title of the subject premises into a land trust with the Chicago Title Land Trust Company, an Illinois Corporation.

Evelyn M. Craig
Affiant

Subscribed and sworn before me this 18 day of October, 2012

Linda Becker
Notary Public



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COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

DATE ISSUED 06/15/2012

STATE FILE NUMBER 2012 0044533

SEX
MALE

DATE OF DEATH
JUNE 11, 2012

DECEDENT'S LEGAL NAME
JAMES DONALD CRAIG

DATE OF BIRTH
DECEMBER 15, 1935

COUNTY OF DEATH
COOK

AGE AT LAST BIRTHDAY
76 YEARS

CITY OR TOWN
ARLINGTON HEIGHTS

HOSPITAL OR OTHER INSTITUTION NAME
MOORINGS HEALTH CENTER

PLACE OF DEATH
NURSING HOME / LONG TERM CARE FACILITY

SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME
EVELYN MARIE ELY

EVER IN U.S. ARMED FORCES? NO

BIRTHPLACE
CHICAGO, IL

SOCIAL SECURITY NUMBER
360-26-4342

STATUS AT TIME OF DEATH
MARRIED

CITY OR TOWN
ARLINGTON HEIGHTS

INSIDE CITY LIMITS?
YES

RESIDENCE
28 S YALE AVENUE

APT. NO.

CITY OR TOWN
ARLINGTON HEIGHTS

MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION
GERALDYNE NAFTOL

COUNTY
COOK

STATE
IL

ZIP CODE
60005

FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION
JOHN STANLEY CRAIG

MAILING ADDRESS
28 S YALE AVENUE, ARLINGTON HEIGHTS, IL, 60005

INFORMANT'S NAME
EVELYN MARIE CRAIG

RELATIONSHIP
WIFE

LOCATION - CITY OR TOWN AND STATE
ROMEOVILLE, IL

DATE OF DISPOSITION
JUNE 15, 2012

METHOD OF DISPOSITION
CREMATION

PLACE OF DISPOSITION
FOREST CREMATORY

FUNERAL HOME
CREMATION SOCIETY OF ILLINOIS - MOUNT PROSPECT, 1030 EAST NORTHWEST HIGHWAY, MT PROSPECT, IL, 60056

FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
034011165

FUNERAL DIRECTOR'S NAME
GERALD F SULLIVAN

DATE FILED WITH LOCAL REGISTRAR
JUNE 15, 2012

LOCAL REGISTRAR'S NAME
DAVID ORR

CAUSE OF DEATH PART I. PULMONARY FIBROSIS

IMMEDIATE CAUSE
(Final disease or condition resulting in death)

a. _____
Due to (or as a consequence of):

b. _____
Due to (or as a consequence of):

c. _____
Due to (or as a consequence of):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

LYMPHOMA

WAS AN AUTOPSY PERFORMED? NO

WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A

MANNER OF DEATH
NATURAL

FEMALE PREGNANCY STATUS
NOT APPLICABLE

TIME OF INJURY

PLACE OF INJURY

INJURY AT WORK?

DATE OF INJURY

LOCATION OF INJURY

IF TRANSPORTATION INJURY, SPECIFY:

DESCRIBE HOW INJURY OCCURRED:

ATTEND THE DECEASED?
YES

DATE LAST SEEN ALIVE
JUNE 08, 2012

WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO

DATE PRONOUNCED

TIME OF DEATH
12:10 AM

CERTIFIER
PHYSICIAN

DATE CERTIFIED
JUNE 15, 2012

NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH
MURRY SALZMAN, 761 OLD BARN RD, ARLINGTON HEIGHTS, ILLINOIS, 60005

PHYSICIAN'S LICENSE NUMBER
036053951

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

David Orr
David Orr
Cook County Clerk

