

UNOFFICIAL COPY

Affiant makes this affidavit for the purpose of inducing the title company to issue its title insurance policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

MARILYN DECKINGA

this 21st day of January, A.D. 2013.



Notary Public



MARILYN DECKINGA

This Instrument Prepared By:

James E. DeBruyn, Atty.
DeBruyn, Taylor and DeBruyn Ltd.
15252 S. Harlem Avenue
Orland Park, IL 60462

LEGAL DESCRIPTION

Parcel 1: Lot 53 in Greencastle, being a subdivision of part of the South 1/2 of Section 10, Township 36 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Parcel 2: Easement for ingress and egress for the benefit of Parcel 1 as created by Greencastle Declaration of Covenants, Conditions and Restrictions recorded March 21, 1988 as Document No. 88-115783.

Permanent Index Number: **27-10-420-040-0000**

Property Address: **9225 Lakeview Drive, Orland Park, IL 60462**

UNOFFICIAL COPY**CERTIFICATION OF DEATH RECORD**

CITY OF CHICAGO HEIGHTS

**CHICAGO HEIGHTS, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2011 0063657

DATE ISSUED 08/29/2011

DECEDENT'S LEGAL NAME JOHN ALLEN DECKINGA SR		SEX MALE	DATE OF DEATH AUGUST 25, 2011		
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 74 YEARS	DATE OF BIRTH DECEMBER 10, 1936			
CITY OR TOWN CHICAGO HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME FRANCISCAN ST JAMES HEALTH-CHICAGO HEIGHTS			
PLACE OF DEATH INPATIENT					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED] 4327	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME MARILYN BULTHUIS	EVER IN U.S. ARMED FORCES? NO	
RESIDENCE 11009 LOUETTA LANE	APT NO	CITY OR TOWN ORLAND PARK	INSIDE CITY LIMITS? YES		
COUNTY COOK	STATE IL	ZIP CODE 60467	FATHER'S NAME HENRY DECKINGA SR	MOTHER'S NAME PRIOR TO FIRST MARRIAGE JENNIE BOERSMA	
INFORMANT'S NAME MARILYN DECKINGA		RELATIONSHIP WIFE	MAILING ADDRESS 11009 LOUETTA LANE, ORLAND PARK, IL, 60467		
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION CHAPEL HILL GARDENS SOUTH	LOCATION - CITY OR TOWN AND STATE OAK LAWN, IL	DATE OF DISPOSITION AUGUST 30, 2011		
FUNERAL HOME COLONIAL CHAPEL, 15525 S 73RD AVE, ORLAND PARK, IL, 60462					
FUNERAL DIRECTOR'S NAME EDWARD J DAMSTRA			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014329		
LOCAL REGISTRAR'S NAME LORI WILCOX			DATE FILED WITH LOCAL REGISTRAR AUGUST 29, 2011		
CAUSE OF DEATH	PART I	SALIVARY GLAND CARCINOMA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a				UNKNOWN
	b	Due to (or as a consequence of)			
	c	Due to (or as a consequence of)			
		Due to (or as a consequence of)			
PART II Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I			WAS AN AUTOPSY PERFORMED? NO		
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A		
HAD TOBACCO USE CONTRIBUTE TO DEATH?	FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH NATURAL		
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?	
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRED				IF TRANSPORTATION INJURY, SPECIFY	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE AUGUST 24, 2011	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 02:20 AM	
CERTIFIER PHYSICIAN			DATE CERTIFIED AUGUST 27, 2011		
NAME ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH RAKESH K CHUGH MD, 30 E 15TH STREET, CHICAGO HEIGHTS, ILLINOIS, 60411				PHYSICIAN'S LICENSE NUMBER 036085688	

11638

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.

DATE ISSUED: AUG 29 2011

 City Clerk
