

# UNOFFICIAL COPY



Doc Prepared by:

**Martin Ptasinski Law**  
8517 S. Archer Ave.  
Willow Springs, IL 60480

Doc#: 1302346103 Fee: \$40.00  
Karen A. Yarbrough RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 01/23/2013 02:55 PM Pg: 1 of 2

## DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois )  
County of Cook )

James M. Stack, hereinafter called Affiant(s) being duly sworn states that he/she/they resides at: 210 Kazwell, Willow Springs, IL 60480. That Affiant(s) was the spouse of Shelley J. Stack, hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

**Lot 24 and 25 in block 2 in Mount Forest, being a subdivision of the southeast ¼ and the southeast ¼ and that part of the east ½ of the southwest ¼ and northeast ¼ (west of land of Joseph Abbitt) and the northwest ¼ of section 33, township 38 north, range 12, east of the third principal meridian, lying south of the Chicago, St. Louis and Alton Railroad, in Cook County, Illinois.**

Permanent Real Estate Index Number: 18-33-205-067-0000 and 18-33-205-008-0000

Property Address: 210 Kazwell Street, Willow Springs, Illinois 60480

That the Deceased died on October 27, 2007, as evidenced by a copy of Deceased's death certificate attached hereto.

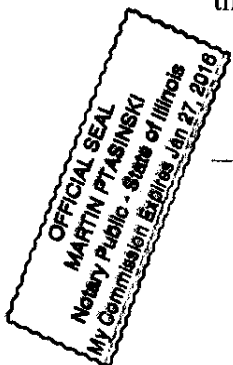
That the Deceased, at the time of his/her death, held his/her share of the above-mentioned property as a joint tenant and that the Deceased died leaving no last will & testament.

Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

Subscribed and sworn before me  
this 18 January 2013.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
James M. Stack, Affiant



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STATE OF ILLINOIS  
County of Cook

**UNOFFICIAL COPY**  
DAVID ORR, County Clerk

NOV 02 2007

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

*David Orr*  
COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.0</b>	STATE OF ILLINOIS				STATE FILE NUMBER
		REGISTERED NUMBER	<b>MEDICAL CERTIFICATE OF DEATH</b>				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)		
	1. Shelley Stack		2. Female		3. October 27, 2007		
	COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
	4. Cook		5a. 53	MOS. 5b.	DAYS 5c.	HOURS 5d.	MIN. 5e. August 13, 1954
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)	
	6a. Willow Springs		6b. 210 Kazwell			6c.	
	BIRTHPLACE (CITY AND STATE OF FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		9. No
	7. Chicago, IL		8b. Married		8b. James M. Stack		9. No
	SOCIAL SECURITY NUMBER		ORIGINAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
	10. 346-48-7042		11a. Bartender		11b. Tavern	12. 12 Elementary/Secondary (0-12) College (1-4 or 5+)	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY		
13a. 210 Kazwell		13b. Willow Springs		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. Illinois		13f. 60480	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. Selby Holler		16. Clara Workman					
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
17a. James Stack		17b. Husband	17c. 210 Kazwell, Willow Springs IL 60480				
18. PART I.		Enter the diseases, 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) End stage lung cancer				6 months	
DUE TO, OR AS A CONSEQUENCE OF		(b)					
DUE TO, OR AS A CONSEQUENCE OF		(c)					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)		
20a.		20b.		21a. No	21b. No		
1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH			
21a. Oct 2007		21b. No		21c. 1:55 a. M.			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR)					
22a. SIGNATURE <i>James Stack</i>		22b. 11/1/07					
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER					
22c. Zafar Jawich, M.D. 1301 Copperfield #206 Joliet IL 60432		22d. 036-092398					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.					
23.							
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)		
24a. Burial	24b. Chapel Hill Gardens South Cemetery	24c. Oak Lawn, Illinois			24d. Oct. 30, 2007		
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN	STATE	ZIP	
25a. Chapel Hill Gardens South Funeral Home 11333 S. Central Ave. Oak Lawn IL 60453							
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER					
25b. <i>Vincent M. Gigg</i>		25c. 034-012014					
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
26a. <i>David Orr</i>		26b. NOV 02 2007					