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Doc#: 1310822126 Fee: \$40.00
RHSP Fee: \$10.00 Affidavit Fee:
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 04/18/2013 02:29 PM Pg: 1 of 2

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF MICHIGAN)
)
COUNTY OF OTTAWA)

Diane L. Bailey, being duly sworn, states as follows:

1. She resides at 461 Summer Grove Drive in the Village of Douglas, Allegan County, Michigan.

2. She is the surviving spouse of Richard Dean Bailey, deceased, who, at the time of his death, was one of the owners of land located at 3930 North Pine Grove Avenue, Chicago, Illinois 60613, in Cook County, Illinois, as more fully described as:

UNIT 1806 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN LAKE PARK CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 24769207, AS AMENDED, IN FRACTIONAL SECTION 21, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. 14-21-100-018-1229 Vol. 0485 ✓

3. The deceased died on January 27, 2013, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

Prepared by:
Jennifer L. Remondino
85 E. 8th St., Suite 310
Holland, MI 49423 ✓
616.396.9800

Diane L. Bailey

Diane L. Bailey

Subscribed and sworn to before me this 7th day of March, 2013.

AMY L. DEVISSER
Notary Public, State of Michigan
County of Ottawa
My Commission Expires January 4, 2015
Acting in the County of Ottawa

Amy L. DeVisser

Amy L. DeVisser
Notary Public, Ottawa County, Michigan
My commission expires: January 4, 2015

8979385-1

S ✓/P5
P 2
S NO
M NO
SC ✓/B
E ✓/B
INT ✓/B

STATE OF MICHIGAN
COUNTY OF ALLEGAN
ALLEGAN, MICHIGAN

UNOFFICIAL COPY

Joyce A. Watts, Clerk of Allegan County and Clerk of the Circuit Court for said County, the same being a Court of Record, having a seal, do hereby certify that this a true copy of the record now remaining in my office, and the whole thereof.




IN TESTIMONY WHEREOF: I have hereunto set my hand and official

seal this 30th day of January A.D. 2013

Joyce A. Watts Clerk

By Tadryn A Green Deputy Clerk

LF _____ CF <u>2013-057</u>		 STATE OF MICHIGAN DEPARTMENT OF COMMUNITY HEALTH		STATE FILE NUMBER 202548	
10 cc F		CERTIFICATE OF DEATH			
1. DECEDENT'S NAME (First, Middle, Last) <u>Richard Dean Bailey</u>		2. DATE OF BIRTH <u>July 03, 1947</u>	3. SEX <u>Male</u>	4. DATE OF DEATH <u>January 27, 2013</u>	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS		6a. AGE - Last Birthday (Years) <u>65</u>	6b. UNDER 1 YEAR MONTHS _____ DAYS _____		6c. UNDER 1 DAY HOURS _____ MINUTES _____
7a. LOCATION OF DEATH <u>461 Summer Grove Drive 49406</u>		7b. CITY, VILLAGE OR TOWNSHIP OF DEATH <u>Douglas</u>		7c. COUNTY OF DEATH <u>Allegan</u>	
8a. CURRENT RESIDENCE - STATE <u>Michigan</u>		8b. COUNTY <u>Allegan</u>	8c. LOCALITY <u>Douglas</u>		8d. STREET AND NUMBER <u>461 Summer Grove Drive</u>
8e. ZIP CODE <u>49406</u>		9. BIRTH PLACE <u>Dayton, Ohio</u>		10. SOCIAL SECURITY NUMBER <u>[REDACTED]</u>	
11. DECEDENT'S EDUCATION <u>Bachelor's degree</u>		12. RACE <u>White</u>		13. ANCESTRY <u>Native American</u>	13b. HISPANIC ORIGIN <u>No</u>
14. EVER IN THE U.S. ARMED FORCES? <u>Yes</u>		15. USUAL OCCUPATION <u>Assistant City Manager</u>		16. KIND OF BUSINESS OR INDUSTRY <u>Government</u>	17. MARITAL STATUS <u>Married</u>
18. NAME OF SURVIVING SPOUSE <u>Diane Marek</u>		19. FATHER'S NAME (First, Middle, Last) <u>Grover Bailey</u>		20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) <u>Anita Boyer</u>	
21a. INFORMANT'S NAME <u>Diane Bailey</u>		21b. RELATIONSHIP TO DECEDENT <u>Wife</u>		21c. MAILING ADDRESS <u>461 Summer Grove Drive, Douglas Michigan 49406</u>	
22. METHOD OF DISPOSITION <u>Cremation</u>		23a. PLACE OF DISPOSITION <u>Central Michigan Crematory</u>		23b. LOCATION - City or Village, State <u>Battle Creek, Michigan</u>	
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE <u>Jeffrey Filbrandt</u>		25. LICENSE NUMBER <u>4501006279</u>		26. NAME AND ADDRESS OF FUNERAL FACILITY <u>Filbrandt Family Funeral Home, 1076 s. Bailey Avenue, South Haven Michigan 49090</u>	
27a. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician - In the best of my knowledge, death occurred due to the cause and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause and manner stated. <u>Roger Phillips, Dr.</u>		28a. ACTUAL OR PRESUMED TIME OF DEATH <u>07:30 AM</u>		28b. PRONOUNCED DEAD ON <u>January 27, 2013</u>	
28c. TIME PRONOUNCED DEAD <u>07:30 AM</u>		29. MEDICAL EXAMINER CONTACTED <u>No</u>		30. PLACE OF DEATH <u>Home under Hospice</u>	
31. IF HOSPITAL		32. MEDICAL EXAMINER'S CASE NUMBER		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	
27b. DATE SIGNED <u>January 28, 2013</u>		27c. LICENSE NUMBER <u>47365</u>		34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN <u>Roger Phillips, Dr., 270 Hover Boulevard, Holland, Michigan 49423</u>	
35a. REGISTRAR'S SIGNATURE <u>[Signature]</u>		35b. DATE FILED <u>January 30, 2013</u>			
36. 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. Enter only one cause on line. <u>Amyotrophic Lateral Sclerosis</u>		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		38. 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"/> Unknown if pregnant or not the past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death	
39. MANNER OF DEATH <u>Natural</u>		40a. WAS AN AUTOPSY PERFORMED? <u>No</u>		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <u>Not Applicable</u>	
41a. DATE OF INJURY		41b. TIME OF INJURY		41c. DESCRIBE HOW INJURY OCCURRED	
41d. INJURY AT WORK		41e. PLACE OF INJURY		41f. IF TRANSPORTATION INJURY	
41g. LOCATION					