

# UNOFFICIAL COPY

RECORDING REQUESTED BY:

Robert Clarke  
4120 N Ozark Ave  
Norridge IL 60706

Above Space for Recorder's Use Only

see 1st **AFFIDAVIT OF DEATH OF JOINT TENANT**

59674515-2775042 ①  
Title Order No. 59674515



STATE OF Illinois  
COUNTY OF Cook

Doc#: 1501617000 Fee: \$60.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 01/16/2015 08:26 AM Pg: 1 of 2

I, Robert Clarke, of legal age, being duly sworn, depose and say:

That Frances Clarke, the decedent mentioned in the attached death certificate, is the same person as named as one of the parties in that Deed from Robert Clarke, married to Frances Clarke to Robert Clarke and Francis Clarke, husband and wife, as joint tenants and not as tenants in common, Dated February 28, 1997, Recorded March 7, 1997 in Instrument/Case No. 97155173.

Tax Id Number(s): 12133100310000

Land Situated in the City of Norridge in the County of Cook in the State of IL  
LOT 11 IN BLOCK 4 IN KINSEY'S IRVING PARK BOULEVARD, A SUBDIVISION OF THE SOUTHEAST  
1/4 OF  
THE SOUTHWEST 1/4 (EXCEPT THE EAST 10 FEET THEREOF) OF SECTION 13, TOWNSHIP 40  
NORTH,  
RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.  
NOTE: The Company is prohibited from insuring the area or quantity of the land. The Company does  
not represent that any acreage or footage calculations are correct. References to quantity are for  
identification purposes only.

Commonly known as: 4120 North Ozark Avenue, Norridge, IL 60706

Dated: 12/12/14

Robert Clarke

STATE OF Illinois  
COUNTY OF Cook

Subscribed and sworn to (or affirmed) before me on this 12th day of December, 2014  
by Robert Clarke proved to me on the basis of satisfactory evidence to be the person(s) who appeared  
before me.



Signature

(This area for official notarial seal)

When Recorded Return To:  
Indecomm Global Services  
2925 Country Drive  
St. Paul, MN 55117  
79692169



1632 12/26/2014 79692169/1

S N  
P 2  
S N  
M N  
SC yes  
E yes  
INT out

# UNOFFICIAL COPY

## STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. <b>16.35</b>	LOCAL FILE NUMBER <b>316</b>	STATE FILE NUMBER
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1. DECEDENT'S LEGAL NAME (include AKAs if any) (First, Middle, Last) <b>FRANCES J. CLARKE</b>	2. SEX <b>FEMALE</b>	3. DATE OF DEATH (Month/Day/Year) (Spell Month) <b>JULY 13, 2008</b>
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4. COUNTY OF DEATH <b>COOK</b>	5a. AGE AT LAST BIRTHDAY (Years) <b>73</b>	5b. UNDER 1 YEAR Months _____ Days _____	5c. UNDER 1 DAY Hours _____ Minutes _____	6. DATE OF BIRTH (Month/Day/Year) <b>FEBRUARY 14, 1935</b>
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7a. CITY OR TOWN <b>MELROSE PARK</b>	7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) <b>GOTTLIEB MEMORIAL HOSPITAL</b>
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7c. PLACE OF DEATH (Check only one: see instructions)

IF DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival	IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____
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8. BIRTHPLACE (City and State or Foreign Country) <b>CHICAGO, ILLINOIS</b>	9. SOCIAL SECURITY NUMBER <b>323-30-2030</b>	10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) <b>ROBERT</b>	12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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13a. RESIDENCE (Street and Number) <b>4120 N. OZARK</b>	13b. APT. NO.	13c. CITY OR TOWN <b>NORRIDGE</b>	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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13e. COUNTY <b>COOK</b>	13f. STATE <b>IL.</b>	13g. ZIP CODE <b>60706</b>	14. FATHER'S NAME (First, Middle, Last) <b>AUGUST PAGE</b>	15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>VICTORIA HUTCHINSON</b>
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16a. INFORMANT'S NAME <b>ROBERT CLARKE</b>	16b. RELATIONSHIP <b>HUSBAND</b>	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) <b>4120 N. OZARK, NORRIDGE, IL 60706</b>
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17. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____	18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) <b>ACACIA PARK CREMATORY</b>	19. LOCATION - CITY, TOWN AND STATE <b>CHICAGO, ILLINOIS</b>	20. DATE OF DISPOSITION (Month/Day/Year) <b>JULY 18, 2008</b>
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21a. FUNERAL HOME NAME <b>CUMBERLAND CHAPELS</b>	STREET AND NUMBER <b>8300 W. LAWRENCE</b>	CITY OR TOWN <b>NORRIDGE</b>	STATE <b>ILLINOIS</b>	ZIP <b>60706</b>
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21b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>031-007657</b>
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22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>	23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) <b>July 16, 2008</b>
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### CAUSE OF DEATH (See instructions and examples)

24. 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 etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. 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. <i>Subarachnoid hemorrhage</i>	Due to (or as a consequence of):	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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. <i>Arteriosclerosis</i>	
	c. _____	

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

25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	28. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months	29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation
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30. DATE OF INJURY (Month/Day/Year)	31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area)	33. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code	35. DESCRIBE HOW INJURY OCCURRED:	36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____
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37. (DD) (DD) ATTEND THE DECEASED AND LAST SAW HER ALIVE ON <b>7/13/08</b>	38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	39. DATE PRONOUNCED (Month/Day/Year) <b>JULY 13, 2008</b>	40. TIME OF DEATH <b>7:15</b> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.
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41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.	42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) <b>DR. DALEO 7634 W. BELMONT, CHICAGO, IL 60634</b>	43. PHYSICIAN'S LICENSE NUMBER <b>036-064448</b>
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44. TITLE OF CERTIFIER <b>MEDICAL DOCTOR</b>	45. DATE CERTIFIED (Month/Day/Year) <b>JULY 14, 2008</b>	46. SIGNATURE OF CERTIFIER <b>X</b> <i>[Signature]</i>
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This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

*[Signature]*  
*[Signature]*

**JUL 16 2008**