

# UNOFFICIAL COPY



## DECEASED JOINT TENANCY AFFIDAVIT

Doc#: 1512649162 Fee: \$40.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 05/06/2015 03:25 PM Pg: 1 of 2

STATE OF ILLINOIS            )  
  ) SS.  
COUNTY OF COOK            )

**Pamela J. Rogers** being duly sworn states that she resides at 108 S. Benton Street, in the Village of Palatine, State of Illinois.

That she was married to Robert L. Rogers, deceased, who, at the time of his death, was one of the owners in the land in Cook County, Illinois, described as:

**Lot 50 and the North 12.5 feet of Lot 51 in Washington Highlands Addition to Palatine, a Subdivision of part of the North West ¼ of Section 23, Township 42 North, Range 10 East of the Third Principal Meridian according to the Plat thereof recorded June 16, 1925 as Document No. 8,949,307 in Cook County, Illinois.**

Permanent Real Estate Index Number: 07-23-107-033-0000

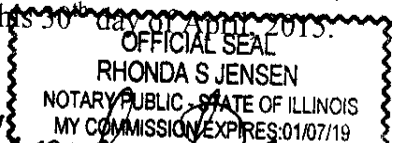
Address of Real Estate: 108 S. Benton Street, Palatine, IL 60067

That the deceased died December 31, 2012, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will and Testament.
- Leaving a Last Will and Testament. The original of the unproven will should be filed with the Clerk of the Probated Division of the Circuit Court of \* County, Illinois.
- Leaving a Last Will and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of \* County, Illinois, about \_\_\_\_\_.

Subscribed and Sworn to before me this 30<sup>th</sup> day of April, 2015.



*Rhonda S. Jensen*  
\_\_\_\_\_  
Notary Public

*Pamela J. Rogers*  
\_\_\_\_\_  
Pamela J. Rogers, Affiant

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**PROVISO TOWNSHIP REGISTRAR  
HILLSIDE, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2012 0098197

DATE ISSUED 1/3/2013

DECEDENT'S LEGAL NAME ROBERT LAWRENCE ROGERS				SEX MALE	DATE OF DEATH DECEMBER 31, 2012
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 62 YEARS		DATE OF BIRTH AUGUST 08, 1950		
CITY OR TOWN PROVISO TWP		HOSPITAL OR OTHER INSTITUTION NAME FOSTER G MC GAW HOSPITAL			
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]-0462	STATUS AT TIME OF DEATH MARRIED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME PAMELA J BROWN	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 108 S BENTON STREET		APT. NO.	CITY OR TOWN PALATINE		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60067	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION STEWART C ROGERS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LENORE A AWSUMB	
INFORMANT'S NAME PAMELA J ROGERS		RELATIONSHIP WIFE		MAILING ADDRESS 108 S BENTON STREET, PALATINE, IL, 60067	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION TWIN PINES CREMATORY		LOCATION - CITY OR TOWN AND STATE EAST DUNDEE, IL	DATE OF DISPOSITION JANUARY 03, 2013
FUNERAL HOME AHLGRIM FAMILY FUNERAL SERVICES, 201 NORTH NORTHWEST HIGHWAY, PALATINE, IL, 60067					
FUNERAL DIRECTOR'S NAME KARL H SCHARMAN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012256		
LOCAL REGISTRAR'S NAME WILLIAM J DAUGHERTY JR			DATE FILED WITH LOCAL REGISTRAR JANUARY 2, 2013		
<b>CAUSE OF DEATH</b>					
PART I. CARDIAC ARREST					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
a. _____ Due to (or as a consequence of):					
b. METASTATIC BLADDER CANCER					
c. _____ Due to (or as a consequence of):					
PART II. Enter other <b>significant conditions contributing to death</b> 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	
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 DECEMBER 26, 2012	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 11:29 AM	
CERTIFIER PHYSICIAN				DATE CERTIFIED DECEMBER 31, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. E. GAYNOR, 2160 SOUTH FIRST AVENUE, MAYWOOD, ILLINOIS, 60153				PHYSICIAN'S LICENSE NUMBER 0360605771	

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

52045

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.

JAN 03 2013

*William J. Daugherty Jr.*  
TOWNSHIP CLERK

