

# UNOFFICIAL COPY



Doc#: 1526822093 Fee: \$50.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 09/25/2015 10:47 AM Pg: 1 of 7

Property of Cook County Clerk's Office

## Affidavit of Heirship

ORNTIC File Number: 1562275  
Old Republic National Title  
20 South Clark, Suite 2000  
Chicago, IL 60603  
312/641-7799

1086

CCRD REVIEWER

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## AFFIDAVIT OF HEIRSHIP

STATE OF ILLINOIS )  
 ) ss  
 COUNTY OF Cook )

ESTATE OF Jack  
John J. Carey, Deceased.

And now on this 1<sup>st</sup> day of August, 2015, Barbara J. Babecki, after being first duly sworn under oath, testified and deposes as follows, to wit:

1. My name is Barbara J. Babecki, I am over the age of twenty-one (21) years of age and, to my understanding, am otherwise competent to give testimony.

2. I reside at 16163 S. 84<sup>th</sup> Place, Tinley Park, IL 60487

3. I am his daughter (state relationship to deceased) and knew him/her in his/her lifetime. Jack

4. John J. Carey, owner of the property commonly known as 8610 W. 170<sup>th</sup> Place, Orland Park, IL 60467 (see legal description attached)

died on 01/27/2015 in the City of Palos Heights, County of Cook, State of Illinois.

5. The decedent was married one (1) time(s), to Shirley Carey.

6. Five (5) children were born to the decedent and \_\_\_\_\_, as follows, and are

assumed to be of majority age, unless otherwise noted:

Barbara J. Babecki  
John J. Carey  
Cynthia L. Wilson

James Carey (deceased) (no children)  
Ralph Carey (deceased) (no children)

- ① James Daniel Carey
- ② Patrick Lee Carey
- ③ Joseph Carey
- ④ Samuel Carey
- ⑤ Madeline Taylor
- 5 children

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7. No persons were adopted by the decedent.

8. The parents of the decedent were Maurice + Frances Carvey

\_\_\_\_\_, both said parents are now deceased.

9. a) Pursuant to the Last Will and Testament of N/A, the decedent herein, left N/A his/her entire estate, both real and personal, to \_\_\_\_\_.

b) The decedent died intestate.

10. That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$175,000 dollars.

11. The foregoing is based upon my own personal knowledge and belief, is true, and if called upon as a witness I would competently and consistently testify thereto.

FURTHER AFFIANT SAYETH NOT.

[Signature]  
AFFIANT

SUBSCRIBED AND SWORN TO  
BEFORE ME THIS 1<sup>st</sup> DAY  
OF August 2015

[Signature]  
NOTARY PUBLIC



**UNOFFICIAL COPY**

**COOK COUNTY CLERK VITAL RECORDS  
CHICAGO, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2015 0008300

DATE ISSUED 1/30/2015

DECEDENT'S LEGAL NAME JACK J CAREY		SEX MALE	DATE OF DEATH JANUARY 27, 2015		
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 87 YEARS	DATE OF BIRTH AUGUST 26, 1927			
CITY OR TOWN PALOS HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME PALOS COMMUNITY HOSPITAL			
PLACE OF DEATH INPATIENT					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? YES	
RESIDENCE 16163 SOUTH 84TH PLACE	APT. NO.	CITY OR TOWN TINLEY PARK	INSIDE CITY LIMITS? YES		
COUNTY COOK	STATE IL	ZIP CODE 60487	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MAURICE CAREY	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION FRANCES BAKER	
INFORMANT'S NAME BARBARA BABECKI		RELATIONSHIP DAUGHTER	MAILING ADDRESS 16163 SOUTH 84TH PLACE, TINLEY PARK, IL, 60487		
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION OAK HILL GARDENS SOUTH CEMETERY & FUNERAL HOME	LOCATION - CITY OR TOWN AND STATE OAK LAWN, IL	DATE OF DISPOSITION JANUARY 30, 2015		
FUNERAL HOME LAWN FUNERAL HOME, 17909 SOUTH 94TH AVENUE, TINLEY PARK, IL, 60487					
FUNERAL DIRECTOR'S NAME DANIEL E JARKA			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031009714		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JANUARY 30, 2015		
<b>CAUSE OF DEATH</b>	PART I. HYPOXEMIA			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	Due to (or as a consequence of):			HOURS
	b.	PNEUMONIA			DAYS
	c.	CHRONIC ASPIRATION			WEEKS
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. PNEUMONIA, CARDIOMYOPATHY, PARKINSONS DX			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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 08:45 PM	
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 28, 2015		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JEFFREY SCHIAPPA DO, 19001 SOUTH OLD LAGRANGE ROAD, MOKENA, ILLINOIS, 60448			PHYSICIAN'S LICENSE NUMBER 036069069		

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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.

*David Orr*  
David Orr  
Cook County Clerk



**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**

**UNOFFICIAL COPY**MISSOURI DEPARTMENT OF HEALTH  
AND SENIOR SERVICES  
FEE RECEIPT  
DEATH CERTIFICATIONMO DEPT HEALTH & SENIOR SERVICES  
BUREAU OF VITAL RECORDS  
P.O. BOX 570  
JEFFERSON CITY, MO. 65102-0570

REGISTRANT(S):

CINDY WILSON  
15732 CREEKVIEW DR  
PLAINFIELD IL 60544JAMES CAREY  
D2015-407229  
2 COPY

\*\*\* THIS IS NOT A BILL \*\*\*

**YOUR RECENT REQUEST HAS BEEN ACTED UPON AS INDICATED BELOW:**

MO 580-0698 (2-12)

DATE RECEIVED	TOTAL AMOUNT	AMOUNT THIS REQUEST	PROCESSING FEE REQUIRED	REFUND
05/13/2015	0.00	13.00	0.00	0.00

UNAPPLIED REMITTANCES ONLY VALID FOR ONE YEAR AFTER RECEIPT. When you inquire about your request, please return this receipt. If a refund is indicated, it will be mailed within 30 to 60 days.

**MISSOURI**  
**CERTIFICATION OF DEATH**

DATE FILED: JULY 11, 2013

STATE FILE NUMBER: 124-13-019794

DECEDENT NAME: JAMES CAREY

SEX: MALE

DATE OF  
DEATH: JULY 5, 2013COUNTY  
OF DEATH: HOWELLDATE OF  
BIRTH: MAY 14, 1955MARITAL  
STATUS: DIVORCEDEVER IN  
ARMED FORCES: NOSOCIAL  
SECURITY NUMBER: ██████████RESIDENCE  
ADDRESS: 1353 P R 4010  
WEST PLAINS, MISSOURISURVIVING SPOUSE:  
(IF WIFE, MAIDEN NAME):

FUNERAL HOME: CARTER FUNERAL HOME INC


UNDERLYING CAUSE (ICD CODE): (C109 ) MANNER: NATURAL

OROPHARYNGEAL CANCER

SIG COND: COPD

THIS IS A TRUE CERTIFICATION OF NAME AND DEATH FACTS AS RECORDED BY THE BUREAU OF VITAL RECORDS, JEFFERSON CITY, MISSOURI

DATE ISSUED: MAY 12, 2015

  
 Craig B. Ward  
 State Registrar of Vital Statistics
THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW  
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

STATE OF ILLINOIS  
County of Cook

**UNOFFICIAL COPY**  
DAVID ORR, County Clerk

May 5, 2015

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

DECEASED'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.0</b>		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>					
1. <b>Ralph Carey</b>		FIRST MIDDLE LAST		SEX <b>Male</b>		DATE OF DEATH (MONTH DAY YEAR) <b>3 January 19, 2002</b>	
4. <b>Cook</b>		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		AGE - LAST BIRTHDAY (YRS) MO. DAY		DATE OF BIRTH (MONTH DAY YEAR) <b>5d November 29, 1956</b>	
6a. <b>Orland Park</b>		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 B.O.A. OPERATOR, P.M. INPATIENT (SPECIFY)	
7. <b>Chicago</b>		BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		L. MARRIED, NEVER MARRIED, WIDOWED, OR FORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
10. <b>[REDACTED]</b>		SOCIAL SECURITY NUMBER		USUAL OCCUPATION <b>Support Serv.</b>		KIND OF BUSINESS OR INDUSTRY <b>11b State Govt.</b>	
13a. <b>8921 W. 163rd St.</b>		RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>19 Orland Park</b>		INSIDE CITY (YES/NO) <b>18es</b>	
13b. <b>Illinois</b>		STATE		ZIP CODE <b>60462</b>		FACE (WHITE, BLACK, HISPANIC, WIDOWED, OR FORCED (SPECIFY)) <b>White</b>	
15. <b>John Carey</b>		FATHER - NAME FIRST MIDDLE LAST		MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST <b>Shirley Johnson</b>		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) <b>12 12</b>	
17a. <b>Barbara Carey</b>		INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP <b>17b spouse</b>		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	
18. PART I.		Enter the disease, 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.					
Immediate Cause (Final disease or condition resulting in death)		(a) <b>squamous cell carcinoma of head &amp; neck</b>					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		(c) DUE TO, OR AS A CONSEQUENCE OF					
20a. DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO) <b>19. [X] NO</b>		WAS AUTOPSY PROMISE AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) <b>19b.</b>	
21a. (IF DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>8/17/01</b>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>21b. NO</b>		HOUR OF DEATH <b>21c. 2:00 P.M.</b>		TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	
22a. SIGNATURE <b>[Signature]</b>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>Nanette Gonzalez M.D. 10755 W 143rd St Orland Park IL 60462</b>		DATE SIGNED (MONTH DAY YEAR) <b>22b. 1-22-02</b>		ILLINOIS LICENSE NUMBER <b>22c. 036072012</b>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY - NAME <b>24b. The Lakes Crematory</b>		LOCATION CITY OR TOWN STATE <b>24c. Lake Villa, Illinois</b>		DATE (MONTH DAY YEAR) <b>24d. 01/24/02</b>	
25a. LOCAL REGISTRAR'S SIGNATURE <b>KAREN L. SCOTT, M.D.</b>		FURNERAL HOME NAME <b>25b. Lack Funeral Home</b>		STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP <b>9236 S. Roberts R. Hickory Hills, Illinois 60457</b>		FURNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>25c. 034-010469</b>	
25d. DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) <b>JAN 23 2002</b>		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) <b>25e. JAN 23 2002</b>					

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## LEGAL DESCRIPTION

LOT 327 IN FERNWAY UNIT NO. 5, A SUBDIVISION OF THE WEST HALF OF THE NORTHWEST QUARTER OF SECTION 26, TOWNSHIP 36 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED AUGUST 20, 1959 AS DOCUMENT 17635903, IN COOK COUNTY, ILLINOIS.

Address commonly known as:

8610 W. 170th Place  
Orland Park, IL 60462

PIN#: 27-26-113-007-0000

Property of Cook County Clerk's Office