



Doc#: 1532015064 Fee: \$66.25
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 11/16/2015 02:16 PM Pg: 1 of 3

Prepared by:
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3331 W. Big Beaver, Ste. 109
Troy, MI 48084
Licensed in IL, Bar ID No. 6280331

Return to:
Title Source, Inc.
662 Woodward Avenue
Detroit, MI 48226

DECEASED JOINT TENANT AFFIDAVIT OF DEATH

State of ILLINOIS)
County of COOK) ss.

Order No.: 60841164 - 3188503

Affiant, **DAVID GARCIA**, being duly sworn, states that he resides at 6850 Ridge Point Drive, 3A, Oak Forest, IL 60452. That he was acquainted with **CHRISTINE NANCY GARCIA**, Deceased, who at the time of her death was one of the owners of the land described and referred to herein, located in Cook County, Illinois, and described as:

See Exhibit A attached hereto and made a part hereof

That the deceased died November 27, 2008, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven Will should be filed with the Clerk of the Probate Division of the Circuit Court of Cook County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois about _____.

When Recorded Return to:
Indecomm Global Services
As Recording Agent Only
1260 Energy Lane
St. Paul, MN 55108

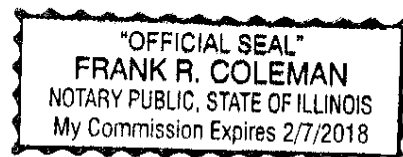
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of death of the deceased, does not exceed the sum of \$100,000.00 dollars.

Affiant makes this affidavit for that purpose of inducing the **Title Source, Inc.** to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said **DAVID GARCIA**.

By: [Signature]
DAVID GARCIA

This 30th day of OCTOBER, A.D. 2015
Frank R. Coleman
Notary Public Frank R. Coleman



S ✓
P 3
S ✓
M ✓
SC ✓
E ✓
INT ✓

STATE OF ILLINOIS UNOFFICIAL COPY CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.0**

LOCAL FILE NUMBER

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) Christine Nancy Garcia			2. SEX Female	3. DATE OF DEATH (Month/Day/Year) (Spell Month) November 27, 2008
4. COUNTY OF DEATH Cook	5a. AGE AT LAST BIRTHDAY (Years) 50	5b. UNDER 1 YEAR Months _____ Days _____	5c. UNDER 1 DAY Hours _____ Minutes _____	6. DATE OF BIRTH (Month/Day/Year) November 23, 1958
7a. CITY OR TOWN Oak Lawn		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) Advocate Christ Medical Center		
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): _____		
8. BIRTHPLACE (City and State or Foreign Country) Chicago, IL	9. SOCIAL SECURITY NUMBER [REDACTED]	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) David Garcia
12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
13a. RESIDENCE (Street and Number) 6850 Ridge Point Drive		13b. APT. NO.	13c. CITY OR TOWN Oak Forest	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13e. COUNTY Cook	13f. STATE IL	13g. ZIP CODE 60452	14. FATHER'S NAME (First, Middle, Last) Walter Wolniakowski	
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Virginia Kulpa				
16a. INFORMANT'S NAME David Garcia		16b. RELATIONSHIP Husband	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 60452 6850 Ridge Point Dr. Oak Forest, IL	
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) Maple Lakes Crematory		19. LOCATION - CITY, TOWN AND STATE Justice, IL
20. DATE OF DISPOSITION (Month/Day/Year) December 2, 2008				
21a. FUNERAL HOME NAME John J. Minich		STREET AND NUMBER 10732 S.St.Louis		CITY OR TOWN Chicago, IL
STATE IL		ZIP 60655-2614		
21b. FUNERAL DIRECTOR'S SIGNATURE <i>John J. Minich</i>		John J. Minich		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-011151
22. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) DEC 02 2008		

Based on the 2003 U.S. Standard Certificate)

Illinois Department of Public Health - Division of Vital Records

VR200 (Rev. 1/08)

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.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 7 YRS
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Breast cancer Due to (or as a consequence of): _____			
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. _____ Due to (or as a consequence of): _____			
c. _____ Due to (or as a consequence of): _____			
PART II. Enter other significant conditions contribut'na to death but not resulting in the underlying cause given in PART I. malignant pleural effusion			
25. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	26. 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 a 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	27. 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	
28. DATE OF INJURY (Month/Day/Year)	29. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	30. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area)	31. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
32. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code			
33. DESCRIBE HOW INJURY OCCURRED:			34. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)
35. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 11/26/08		36. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. DATE PROCLAIMED (Month/Day/Year) November 27, 2008
38. TIME OF DEATH 5:43 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.			
39. 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.			
40. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) JAMES HANWILLIAN 4400W 95TH ST OAK LAWN, IL 60452			41. PHYSICIAN'S LICENSE NUMBER 036065039
42. TITLE OF CERTIFIER Physician		43. DATE CERTIFIED (Month/Day/Year) November 30, 2008	44. SIGNATURE OF CERTIFIER <i>Dr. James Hanwillian M.D.</i>
45. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or		46. DECEDENT OF HISPANIC ORIGIN? - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino.	
		47. DECEDENT'S RACE - Check one or more races to indicate what the decedent considered himself or herself to be.	

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.

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

DEC 02 2008

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 a 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

UNOFFICIAL COPY

EXHIBIT A

The following described property:

Unit 5-3a in Ridge Point Condominiums as delineated on a survey of the following described real estate:

Lot 1 in Murden Meadows, being a subdivision of the North 5 acres of the South 10 acres of the North 20 acres of the East half of the Northwest quarter of Section 18, Township 36 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Which survey is attached as Exhibit "A" to the Declaration of Condominium recorded as Document Number 98-725017, as amended from time to time, together with its undivided percentage interest in the common elements, in Cook County, Illinois.

Assessor's Parcel No: 28-18-101-044-1057



U05588421

1632 11/6/2015 80127815/1

Property of Cook County Clerk's Office