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DECEASED JOINT TENANCY AFFIDAVIT

Doc# 1927322080 Fee \$88.00

RHSP FEE: \$9.00 RPRF FEE: \$1.00

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 09/30/2019 11:13 AM PG: 1 OF 3

State of Illinois)
) SS.
County of Cook)

I, **LORRAINE GAWLE**, being duly sworn, state that I reside at 8543 N. Ozark Avenue in the Village of Niles, County of Cook, State of Illinois.

I was acquainted with **EDWIN GAWLE**, deceased, who at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 74 (except for the South Nine (9) feet thereof) and Lot 75 (except for the North One (1) foot thereof) in the Sixth Addition to Grennan Heights, a subdivision of the West Half (1/2) of the Southeast Quarter (1/4) of the Northwest Quarter (1/4) of Section 24, Township 41 North, Range 12, East of the Third Principal Meridian, situated in the County of Cook, State of Illinois.

Permanent Real Estate Index Number: 09-24-110-046-0000
Commonly known as: 8543 N. Ozark Avenue, Niles, Illinois 60714

That the deceased, **EDWIN GAWLE**, died on **July 25, 2019**, as evidenced by a certified copy of death certificate of the deceased attached hereto.

- 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.

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, did not exceed the minimal requirements to generate a federal estate tax return.

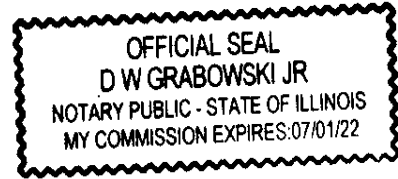
Affiant makes this affidavit for that purpose of inducing an Illinois registered title insurance company to issue its Title Insurance Policy describing the above mentioned property.


Lorraine Gawle
LORRAINE GAWLE

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SUBSCRIBED and SWORN to before me
this 7TH day of September, 2019




Notary Public

Prepared by & Return to:
Donald Grabowski P.C.
5858 N. Milwaukee Ave.
Chicago, IL 60646

Property of Cook County Clerk's Office

UNOFFICIAL COPY

CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 0059466

DATE ISSUED 7/30/2019

DECEDENT'S LEGAL NAME EDWIN GAWLE		SEX MALE	DATE OF DEATH JULY 25, 2019																															
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 89 YEARS		DATE OF BIRTH JULY 03, 1930																															
CITY OR TOWN PARK RIDGE		HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE LUTHERAN GENERAL HOSPITAL																																
PLACE OF DEATH INPATIENT																																		
BIRTHPLACE DUDLEY MA	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME LORRAINE WISINSKI	EVER IN U.S. ARMED FORCES? NO																														
RESIDENCE 8543 N OZARK AVE		APT. NO.	CITY OR TOWN NILES	INSIDE CITY LIMITS? YES																														
COUNTY COOK	STATE IL	ZIP CODE 60714	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION PETER GAWLE	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CATHERINE LASKOWSKI																														
INFORMANT'S NAME LORRAINE GAWLE		RELATIONSHIP WIFE	MAILING ADDRESS 8543 N OZARK AVE NILES, IL 60714																															
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION MONTROSE CEMETERY CO.	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION JULY 30, 2019																														
FUNERAL HOME SKAJA TERRACE FUNERAL HOME 7812 N. MILWAUKEE AVENUE NILES, IL, 60714																																		
FUNERAL DIRECTOR'S NAME JOHN ROBERT SKAJA			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014764																															
LOCAL REGISTRAR'S NAME KAREN A. YARBROUGH			DATE FILED WITH LOCAL REGISTRAR JULY 29, 2019																															
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">CAUSE OF DEATH</td> <td style="width: 10%;">PART I</td> <td colspan="3">CARDIO RESPIRATORY ARREST</td> </tr> <tr> <td>IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small></td> <td>a.</td> <td colspan="3">Due to (or as a consequence of)</td> </tr> <tr> <td></td> <td>b.</td> <td colspan="3">CARDIOGENIC SHOCK (CARDIOMYOPATHY)</td> </tr> <tr> <td></td> <td></td> <td colspan="3">Due to (or as a consequence of)</td> </tr> <tr> <td></td> <td>c.</td> <td colspan="3">ACUTE INFERIOR STEMI</td> </tr> <tr> <td></td> <td></td> <td colspan="3">Due to (or as a consequence of)</td> </tr> </table>					CAUSE OF DEATH	PART I	CARDIO RESPIRATORY ARREST			IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a.	Due to (or as a consequence of)				b.	CARDIOGENIC SHOCK (CARDIOMYOPATHY)					Due to (or as a consequence of)				c.	ACUTE INFERIOR STEMI					Due to (or as a consequence of)		
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PART II: Enter other significant conditions contributing to death 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 JULY 25, 2019	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 01:26 PM																														
CERTIFIER PHYSICIAN			DATE CERTIFIED JULY 29, 2019																															
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MAHJABEEN KHAN, 3880 SALEM LAKE DR, LONG GROVE, ILLINOIS, 60047			PHYSICIAN'S LICENSE NUMBER 036-138961																															

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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.

Karen A. Yarbrough
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

1026121