



1935147151

loc# 1935147151 Fee \$93.00

HSP FEE:\$9.00 RPRF FEE: \$1.00

DWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 12/17/2019 02:28 PM PG: 1 OF 5

SPECIAL NOTICE:

This form is NOT required by law, nor the Cook County Recorder of Deeds (CCRD). CCRD employees CANNOT assist with the preparation of this, or ANY LEGAL FORM.

PREPARED BY:

DEBORAH CRULL

564 GORDON AVE

CALUMET CITY IL

60409

SURVIVING TENANT AFFIDAVIT

I, JAMES D. CRULL the surviving tenant of the tenancy created by the deed with the document number: do hereby declare under oath that the tenant BARBARA J. CRULL

died on 11-26-2019 as evidenced by the attached certified copy of her/his death certificate (see attached).

I also declare that the aforementioned tenant was an owner of property with the following details:

LEGAL DESCRIPTION

PROPERTY IDENTIFICATION NUMBER (PIN):

3 0 - 0 8 - 3 1 0 - 0 2 0 7 - 0 0 0 0

COMMONLY KNOWN ADDRESS:

564 GORDON AVE.

CALUMET CITY IL 60409

NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

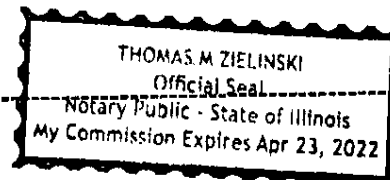
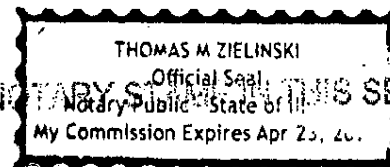
JAMES D. CRULL

Affiant Signature:

On the Following Date:

[Handwritten signature]

AFFIX NOTARY SEAL TO THIS SECTION



UNOFFICIAL COPY

Form No. 29R © Jan. 1995
AMERICAN LEGAL FORMS, CHICAGO, IL (312) 332-1922

QUIT CLAIM DEED JOINT TENANCY Statutory (ILLINOIS) (Individual to Individual)

CAUTION: Consult a lawyer before using or acting under this form. Neither the publisher nor the seller of this form makes any warranty with respect thereto, including any warranty of merchantability or fitness for a particular purpose.



Doc#: 0900857027 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 01/08/2009 09:13 AM Pg: 1 of 3

THE GRANTOR (NAME AND ADDRESS)
JAMES D. CRULL married to
DEBORAH J. CRULL
11290 Sandpiper Street
DeMotte, IN 46310

(The Above Space For Recorder's Use Only)

of the City of DeMotte County
of Jasper County, State of Indiana

for the consideration of TEN AND NO/100----- DOLLARS,
in hand paid. CONVEY and QUIT CLAIM to

JAMES D. CRULL married to DEBORAH J. CRULL, and
BARBARA J. CRULL, a spinster, in Joint Tenancy with rights of survivorship
564 Gordon, Calumet City, Illinois 60409

(NAMES AND ADDRESS OF GRANTEES)

not in Tenancy in Common, but in JOINT TENANCY, all interest in the following described Real Estate situated in the County of Cook in the State of Illinois, to wit: (See reverse side for legal description.) hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois. TO HAVE AND TO HOLD said premises not in tenancy in common, but in joint tenancy forever.

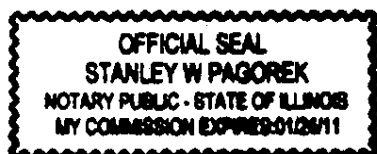
Permanent Index Number (PIN): 30-08-310-020-0000

Address(es) of Real Estate: 564 Gordon, Calumet City, IL 60409

DATED this day of July 20 08

PLEASE PRINT OR TYPE NAME(S) BELOW SIGNATURE(S)
James D. Crull (SEAL) Deborah J. Crull (SEAL)
James D. Crull (SEAL) Deborah J. Crull (SEAL)

State of Illinois, County of Cook ss. I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that



IMPRESS SEAL HERE

James D. Crull married to Deborah J. Crull

personally known to me to be the same persons whose names subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal, this 30th day of July 2008

Commission expires 01-24- 2011

Stanley W. Pagorek
NOTARY PUBLIC

This instrument was prepared by Stanley W. Pagorek, 425 U.S. Highway 30, #124, Dyer, IN 46311
(NAME AND ADDRESS)

UNOFFICIAL COPY

Legal Description

of premises commonly known as 564 Gordon, Calumet City, IL 60409

The Northeast 1/4 of the South 1/2 of Tract No. 24 in F. J. Wahewicz's Park View Gardens, being a subdivision of the Northwest 1/4 of the Northwest 1/4 of the Southwest 1/4 and the Southeast 1/4 of the Northwest 1/4 of the Southwest 1/4 and the Southwest 1/4 of the Northwest 1/4 of the Southwest 1/4 of Section 8, Township 36 North, Range 15, East of the Third Principal Meridian, in Cook County, Illinois. This real estate is not a homestead.

Subject to general real estate taxes for 2007 and subsequent years, and (1) easements, covenants, restrictions and conditions of record. (2) Located private and public utility easements, (3) any special taxes or assessments levied for improvements not yet made; (4) building lines, building and zoning ordinances.

This instrument does not affect to whom the tax bill is to be mailed and therefore no Tax Billing Information Form is required to be recorded with this instrument.

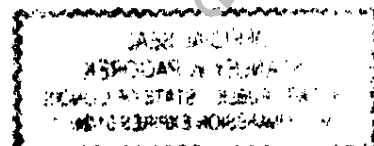
Exempt under Real Estate Transfer Tax Law 35 ILCS 200/31-45 sub par. 4 and Cook County Ord. 93-0-27 par. E.

Dated July 30th 2008

James D. Crull
James D. Crull

REAL ESTATE TRANSFER TAX

36865 10-2-08
James D. Crull
Calumet City • City of Homes \$



SEND SUBSEQUENT TAX BILLS TO:

MAIL TO: { Stanley W. Pagorek
(Name)
425 U.S. Highway 30, Suite 124
(Address)
Dyer, IN 46311
(City, State and Zip)

Barbara J. Crull
(Name)
564 Gordon
(Address)
Calumet City, IL 60409
(City, State and Zip)

OR RECORDER'S OFFICE BOX NO. _____

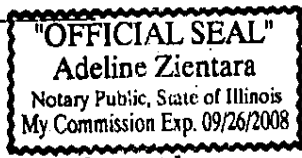
UNOFFICIAL COPY

STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Dated July 30th 2008 Signature: [Signature]
Grantor or Agent

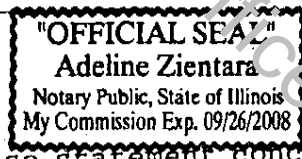
Subscribed and sworn to before me by the said STANLEY PROCKE, III
this 30th day of July, 2008
Notary Public Adeline Zientara



The grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated July 30th 2008 Signature: [Signature]
Grantee or Agent

Subscribed and sworn to before me by the said Stanley W. Procke
this 30th day of July, 2008
Notary Public Adeline Zientara



NOTE: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

(Attach to deed or ABI to be recorded in Cook County, Illinois, if exempt under the provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.)



UNOFFICIAL COPY

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 215171

Local No 904368

EDR No 00000745263

State No 059010

1. Decedent's Legal Name (First, Middle, Last) BARBARA JO CRULL				1a. Maiden Name (If female) CRULL		2. Sex FEMALE	3. Time Of Death 09:30 PM	4. Date Of Death (Month/Day/Year) 11/26/2019				
5. Social Security Number 304-64-9645		6a. Age - Yrs 65	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 08/26/1954		8. Birthplace (City and State or Foreign Country) HAMMOND, IN			
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred in A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)						
11. Facility Name (If Not Institution, Give Street and Number) FRANCISCAN HEALTH (HAMMOND)								12. City Or Town, State, And Zip Code HAMMOND, IN, 46320		13. County Of Death LAKE	14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name				15a. Last Name Before First Marriage		16. Decedent's Usual Occupation SECURITY		17. Kind Of Business/Industry COMMERCIAL				
18. Residence - State ILLINOIS			18a. County COOK		18b. City Or Town CALUMET CITY							
18c. Street And Number 564 GORDON AVENUE						18d. Apt. No.	18e. Zip Code 60409	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White							
22. Parent's Name (First, Middle, Last) DWIGHT L CRULL				23. Parent's Name (First, Middle, Last) MARY LOUISE CRULL		23a. Parent's Last Name Before First Marriage PULLANO						
24. Informant's Name JAMES CRULL		24a. Relation To Decedent BROTHER		24b. Mailing Address (Street And Number, City, State, Zip Code) 11290 SANDPIPER STREET, DEMOTTE, IN 46310								
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CONCORDIA CEMETERY		25c. Location - City, Town, And State HAMMOND, IN							
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS-KISH FUNERAL HOME INC-MUNSTER, 1415 CALUMET AVE, MUNSTER, IN 46321						27a. Funeral Home License Number: FH83004968				
27b. Signature Of Indiana Funeral Service Licensee: EMILY HAGEN, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD21200017						
Cause Of Death (See Instructions And Examples)									Approximate Interval: Onset To Death			
28. 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 The Etiology. Do Not Abbreviate. Enter Only One Cause On This IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT									DEC 04 2019			
Immediate Cause (Final Disease Or Condition Resulting In Death) -			A. ACUTE MYOCARDIAL INFARCTION <small>Due To (Or As A Consequence Of)</small>									
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. UPPER GASTROINTESTINAL BLEED <small>Due To (Or As A Consequence Of)</small>									
			C. DIABETIC KETOACIDOSIS <small>Due To (Or As A Consequence Of)</small>									
			D.									
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Inform The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined							
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury	36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
38. Location Of Injury - State		38a. City Or Town	38b. Street & Number		38c. Apt. No.	38d. Zip Code						
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) NOT VALID UNLESS						
41. Signature, Of Person Certifying Cause Of Death: KARIM MOHAMAD AL-SABEK, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer						
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: KARIM MOHAMAD AL-SABEK, 9696 GORDON DR, HIGHLAND, IN 46322						44. License Number 01079488A		45. Date Certified 12/03/2019				
46. Additional Funeral Service Provider:						47. Akas:						
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only Date Filed (Month/Day/Year): DEC 04 2019						
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												