

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

PROPERTY ADDRESS:
6722 W. 115th Street
Worth, Illinois 60482

PIN: 24-19-220-040-0000



Doc# 2022708148 Fee \$88.00

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

EDHARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 08/14/2020 01:33 PM PG: 1 OF 2

The undersigned affiant being first duly sworn and under penalty of perjury on oath states that he resides at the address below.

That he was acquainted with GEORGIA D. MARQUARDT deceased who, at the time of her death, was one of the owners of the land described as:

LOT TEN (EXCEPT THE WEST 30 FEET THEREOF) IN BLOCK THREE (3) IN ARTHUR T. MCINTOSH & COMPANY'S "WORTHSHIRE ACRES" SUBDIVISION OF THE NORTH HALF (1/2) OF SECTION 19, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, COOK COUNTY, ILLINOIS, ACCORDING TO PLAT REGISTERED AS DOCUMENT NUMBER 1281735.

That the deceased died AUGUST 16, 1995, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That from the Estate of the deceased:

No State Inheritance and /or Federal Estate Taxes were due.

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 (\$100,000.00) ONE HUNDRED THOUSAND dollars.

State of Illinois
County Cook

Dated: 4.2.20

John W. Marquardt
JOHN W. MARQUARDT
6722 W. 115th Street
Worth, Illinois 60482

Subscribed and sworn to before me by the said JOHN W. MARQUARDT

this 21 day of April, 2020

Christine M. Caddigan
Notary Public



Prepared by:
The Law Offices of Eileen Kerlin Walsh, P.C., 11301 South Harlem Avenue, Worth, Illinois 60482

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At Cook County Department of Public Health - Local Registrar
1010 Lake Street - Suite 300 - Oak Park, Illinois 60301

Da
AUG 19 1996

in my office in accordance with the provisions of Illinois statutes relating to the
registrar of birth, stillbirth and death.
for the decedent in item 1 and that this record was established and filed

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record

Signed *Juliane McCarney*
Local Registrar

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. *16, D*

REGISTRATION DISTRICT NO.	16, D	DECEASED-NAME	GEORGIA	FIRST MIDDLE LAST	MARQUARDT	SEX	FEMALE	DATE OF DEATH (MONTH, DAY, YEAR)	AUGUST 16, 1996
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	Cook	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	Palos Heights Palos Community Hospital		ROOM	EMER. ROOM	DATE OF BIRTH (MONTH, DAY, YEAR)	May 14, 1949	IF HOSP. OR INST. PATIENT (SPECIFY)
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	Chicago, IL	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Married		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	John Marquardt	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	12	WAS DECEASED EVER IN U.S. ARMY OR NAVY (YES/NO)
SOCIAL SECURITY NUMBER	-4567	USUAL OCCUPATION	11a Teachers Aide		KIND OF BUSINESS OR INDUSTRY	SCHOOL DISTRICT	12	INSIDE CITY (YES/NO)	13c. Yes
RESIDENCE (STREET AND NUMBER)	6722 W. 115th Street	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	13b. Worth, IL		OF HISPANIC ORIGIN? (SPECIFY MOOR YES-# YES, SPECIFY OTHER MEXICAN, PUERTO RICAN, E.C.)	NO	INSIDE COUNTY	13d. Cook	
STATE	Illinois	ZIP CODE	13c. 60482	RACE (WHITE, BLACK, AMERICAN INDIAN, E.C.) (SPECIFY)	14b. YES	SPECIFY:			
FATHER-NAME	George	FIRST MIDDLE LAST	George Tofing	MOTHER-NAME	14c. Eileen	14d. YES			
INFORMANT'S NAME (TYPE OR PART I)	John Marquardt	RELATIONSHIP	17a. Husband	MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP)	17c. 6722 W. 115th Street, Worth, IL 60482				
18. PART I: Immediate Cause (Final disease or condition resulting in death)	Ovarian Cancer								
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(a) DUE TO: Ovarian Cancer								
PART II: Other significant conditions contributing to cause, but not resulting in the underlying cause given in PART I.	(b) DUE TO: Ovarian Cancer								
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION								
20a. DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON	20b. YES								
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	21b. YES								
22a. SIGNATURE OF CERTIFIER	22b. AUGUST 18, 1996								
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PART I)	22d. AUGUST 18, 1996								
22e. NAME OF ATTESTING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PART I)	22f. 12-53 P.M.								
23. BIRTH, CREMATION, REMOVAL (SPECIFY)	23a. AUGUST 19, 1996								
24a. Burial	24b. Holy Sepulchre Cem.								
FUNERAL HOME	24c. Worth, IL								
25a. Blake-Lamb/Becvar Funeral Home	25b. 11201 S. Harlem Avenue								
FUNERAL DIRECTOR'S SIGNATURE	25c. Worth, IL								
25d. LOCAL REGISTRAR SIGNATURE	25e. 60482								
26a. REGISTRAR SIGNATURE	26b. 034-011832								
26b. REGISTRAR SIGNATURE	26c. 19, 1996								

VR200 (Rev. 5/89)

Illinois Department of Public Health - Division of Vital Records

BASED ON 1969 U.S. STANDARD CERTIFICATE