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KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 02/07/2022 02:56 PM PG: 1 OF 3

AFFIDAVIT FOR TRANSFER TO SURVIVOR OF SURVIVING JOINT TENANT

STATE OF ILLINOIS

COUNTY OF Cook, SS:

WILLIAM J. EHRLER, being first duly cautioned and sworn, says that he is the survivor of **PHYLLIS ABT** who died a resident of Cook County, Illinois, on the 10th day of March, 2008 as shown by the official death certificate attached hereto.

That the Deed dated February 17, 1976, acknowledged March 5, 1976 and recorded at **Instrument Number 23421869** of the Deed Records of Cook County, Illinois conveyed to said **WILLIAM J. EHRLER and PHYLLIS ABT**, not as tenants in common but as joint tenants forever, the real estate described as follows:

Situated in Cook County, Illinois, to-wit:

Lot 28 in Block 13 in ORLAND HILLS GARDENS UNIT NUMBER 3 being a subdivision of part of the South West ¼ of Section 9 and part of the North ½ of the North West ¼ of Section 16, Township 36 North, Range 12 East of the Third Principal Meridian according to the plat thereof recorded July 1, 1959 as document number 17585516 in Cook County, Illinois.

Prior Instrument Reference: Instrument Number 23421869
Parcel Number: 27-16-104-028-0000
Property Address: 10208 Hiawatha Trail, Orland Park, Illinois 60462

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INT R

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That this affidavit is made for the purpose of showing **WILLIAM J. EHRLER** to be the sole owner and vested with the entire fee simple title to the above-described real estate, and for the purpose of obtaining a transfer by the County on its tax duplicate as provided by Illinois law; and that the address of said **WILLIAM J. EHRLER** is the address of the property as set forth herein.

William J. Ehrler
WILLIAM J. EHRLER

STATE: IL COUNTY: COOK
Sworn to before me and subscribed in my presence this 07 day of Sept, 2021.



Stella Parhas
Notary Public
Stella Parhas

This document prepared by:
Carl J. Meyer, Esquire, for
Associates Title, Inc.
25 East Waterloo Street
Canal Winchester, Ohio 43110
DOCS: EHRLER - 21-13267 - 8-21

Property of Cook County Clerk's Office

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STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0		STATE FILE NUMBER	
LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) Rhyllis M. Ehrler		2. SEX Female	3. DATE OF DEATH (Month/Day/Year) (Spell Month) March 10, 2008
4. COUNTY OF DEATH Cook	5a. AGE AT LAST BIRTHDAY (Years) 54	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____
6. DATE OF BIRTH (Month/Day/Year) August 24, 1953		7a. CITY OR TOWN Orland Park	
7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) 10208 Hiawatha Trail		7c. PLACE OF DEATH (Check only one; see instructions)	
IF DEATH OCCURRED IN A HOSPITAL <input 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 checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____	
8. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois	9. SOCIAL SECURITY NUMBER 337-48-2852	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) William Ehrler
12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13a. RESIDENCE (Street and Number) 10208 Hiawatha Trail	13b. APT. NO. _____
13c. CITY OR TOWN Orland Park		13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13e. COUNTY Cook	13f. STATE IL	13g. ZIP CODE 60462	14. FATHER'S NAME (First, Middle, Last) Phillip Abt
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Mary Spain		16a. INFORMANT'S NAME William Ehrler	
16b. RELATIONSHIP Husband		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 10208 Hiawatha Trail, Orland Park, IL 60462	
17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input 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) Good Shepherd Cemetery	19. LOCATION - CITY, TOWN AND STATE Orland Park, Illinois
20. DATE OF DISPOSITION (Month/Day/Year) March 14, 2008		21a. FUNERAL HOME NAME Thornridge Funeral Home	
21b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-015648	
22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) MAR 12 2008	
CAUSE OF DEATH (See Instructions and examples)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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, or 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.			5 yrs
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Advanced carcinoma of colon Due to (or as a consequence of): _____			
Sequentially list conditions, if any, leading to the cause listed on line a. b. _____ Due to (or as a consequence of): _____			
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. c. _____ Due to (or as a consequence of): _____			
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I			25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown
28. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past 12 months <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"/> Pregnant at time of death <input type="checkbox"/> Pregnant within one _____ of death but time unknown <input type="checkbox"/> Unknown if pregnant within the last _____ months	29. MANNER OF DEATH <input 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
30. DATE OF INJURY (Month/Day/Year)	31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
34. LOCATION OF INJURY - Street and Number Apartment Number City or Town State ZIP Code		35. DESCRIBE HOW INJURY OCCURRED:	
36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____		37. (Did) (Did NOT) ATTEND THE DECEASED (Month/Day/Year) (AND LAST SAW HIM/HER ALIVE ON: 3/1/08)	
38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) 03/10/08	40. TIME OF DEATH 10:29 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
41. 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.			42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) James Magee, MD, 15300 West Ave., Orland Park, IL 60462
43. PHYSICIAN'S LICENSE NUMBER 036-073528		44. TITLE OF CERTIFIER M.D.	45. DATE CERTIFIED (Month/Day/Year) 03/11/08
46. SIGNATURE OF CERTIFIER <i>[Signature]</i>		47. SIGNATURE OF COUNTY CLERK <i>[Signature]</i>	

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

MAR 12 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

[Signature]
COUNTY CLERK