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PREPARED BY:



Doc# 2210257015 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 04/12/2022 10:42 AM PG: 1 OF 3

MAIL TO:

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
) SS.
County of COOK)

MARYANN SCHWEITZER hereinafter called Affiant(s) being duly sworn states that he/she they resides at: 411 STATE ST, CALUMET CITY IL. That Affiant(s) was acquainted with THERESA SCHWEITZER, hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in COOK County, Illinois, described as:

SEE ATTACHED

That the Deceased died on NOVEMBER 22 2015, as evidenced by a copy of Deceased's death certificate attached hereto.

That the Deceased, at the time of his/her death, held his/her share of the above-mentioned property as a joint tenant and that the Deceased died leaving no last will & testament.

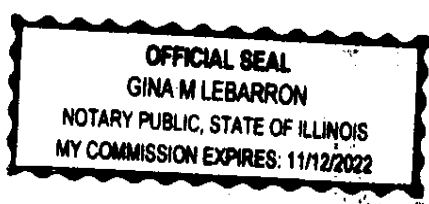
That the total value of the estate of the Deceased, for estate tax purposes, including both real and personal property owned by the Deceased either individually or in joint tenancy at the time of the death of the Deceased, does not exceed the sum of \$ 65,000.00.

Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

Subscribed and sworn before me
this 6th day of April 2022.

Notary Public

Affiant's Signature





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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 72250

Local No 004076

EDR No 00000483345

State No

1. Decedent's Legal Name (First, Middle, Last) THERESA SCHWEITZER				1a. Maiden Name (If female) FALVO		2. Sex FEMALE		3. Time Of Death 08:23 PM		4. Date Of Death (Month/Day/Year) 11/22/2015		
5. Social Security Number 3-12345678		6a. Age - Yrs 95		6b. Under 1 Year Months: Days: Hours: Minutes:		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour		
7. Date of Birth (Month/Day/Year) 09/10/1920		8. Birthplace (City and State or Foreign Country) CALABRIA, IT										
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) ST MARGARET MERCY HEALTHCARE CENTERS-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 checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry DOMESTIC		
18. Residence - State ILLINOIS			18a. County COOK			18b. City Or Town CALUMET CITY			18d. Apt. No.		18e. Zip Code 60409	
18c. Street And Number 411 STATE STREET												
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. Father's Name (First, Middle, Last) TONY FALVO				23. Mother's Name (First, Middle, Last) MARIANNE FALVO				23a. Mother's Maiden Last Name MCURIE				
24. Informant's Name MARYANN SCHWEITZER			24a. Relationship To Decedent DAUGHTER			24b. Mailing Address (Street And Number, City, State, Zip Code) 411 STATE STREET, CALUMET CITY, IL 60409						
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 If Cemetery, Crematory, Other Place) HOLY CROSS CEMETERY			25c. Location - City, Town, And State CALUMET CITY, IL						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility LINCOLN RIDGE FUNERAL HOME, 7607 W. LINCOLN HIGHWAY, CROWN POINT, IN 46307						27a. Funeral Home License Number FH88800070			
27b. Signature Of Indiana Funeral Service Licensee ELI VUJKO, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee) FD01008300						
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 A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. CONGESTIVE HEART FAILURE 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. ATHEROSCLEROTIC CARDIOVASCULAR DISEASE Due to (Or As A Consequence Of): C. VASCULAR DEMENTIA Due to (Or As A Consequence Of): D.												
28. 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 Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No						
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			32. If Female: <input 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 type="checkbox"/> No			
38. Location Of Injury - State			38a. City Or Town			38c. Apt. No.			38d. Zip Code			
39. Describe How Injury Occurred						40. If Transportation Injury Specify: <input type="checkbox"/> Other/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)						
41. Signature, Of Person Certifying Cause Of Death: SUSAN W. BEST, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One): <input type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input checked="" type="checkbox"/> Health Officer						
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: SUSAN W. BEST, 2293 N. MAIN STREET, CROWN POINT, IN 46007						44. License Number 02002150A		45. Date Certified 12/10/2015				
46. Additional Funeral Service Provider:						47. *Akas:						
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): DEC 11 2015						
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												

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Lot 3 (except the East 37 1/2 feet thereof) and Lot 4 (except the West 30 feet thereof) in John G. W. Freitag's Second Subdivision, being a part of the Southeast 1/4 of the Northwest fractional 1/4 and part of the Northeast 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.

Parcel Identification Number: 30-08-115-032-0000

Property Address: 411 State Street, Calumet City, Illinois 60409

Property of Cook County Clerk's Office