



Doc# 2220788013 Fee \$93.00

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

KAREN A. YARBROUGH
COOK COUNTY CLERK

DATE: 07/26/2022 12:20 PM PG: 1 OF 2

SPECIAL NOTICE:

This form is **NOT** required by law, nor the Cook County Clerk's Office. Clerk's Office employees **CANNOT** assist with the preparation of this, or **ANY LEGAL FORM.**

PREPARED BY:

Robin Philip Jesk/Robin Philip Jesk & Associates

4849 W. 167th Street, Suite 102

Oak Forest, IL 60452

← MAIL TO

SURVIVING TENANT AFFIDAVIT

I, Barbara H. Kellogg the surviving tenant of the tenancy created by the deed with the document number: 03007279 do hereby declare under oath that the tenant August L. Kellogg died on 04/06/2005 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

LOT 259 AND THE NORTH 11 FEET OF LOT 258 IN THIRD ADDITION TO BREMENSHIRE ESTATES, BEING A SUBDIVISION OF PART OF THE NORTHWEST 1/4 OF SECTION 14, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, NORTH OF THE INDIAN BOUNDARY LINE (EXCEPT THEREFROM THE SOUTH 40 ACRES OF THE NORTH 60 ACRES OF THE WEST 1/4 OF THE NORTHWEST 1/4 OF SAID SECTION 14, TOWNSHIP 36 NORTH, RANGE 13), IN COOK COUNTY, ILLINOIS.

PROPERTY IDENTIFICATION NUMBER (PIN)

2 8 - 1 4 - 1 0 7 - 0 3 9 - 0 0 0 0

COMMONLY KNOWN ADDRESS:

15249 S. Lawndale

Midlothian, IL 60445

NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

Barbara H. Kellogg

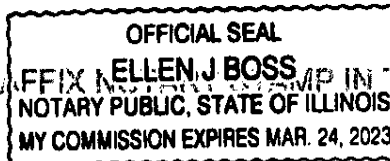
Barbara H. Kellogg

Affiant Signature:

July 21, 2022

On the Following Date:

Ellen J. Boss
Notary Public



HIS SECTION

S
P
S
SC
INT

PERMANENT CERTIFICATE
 TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. 49.71
 REGISTERED NUMBER 194

STATE OF ILLINOIS
UNOFFICIAL COPY
 MEDICAL EXAMINER'S - CORONER'S
 CERTIFICATE OF DEATH

STATE FILE NUMBER

Type, or print in PERMANENT INK See Coroner's or Funeral Directors Handbook for INSTRUCTIONS

1. August		DECEASED - NAME FIRST MIDDLE LAST Kellogg		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. April 6, 2005
COUNTY OF DEATH 4. Lake		AGE - LAST BIRTHDAY (YRS) 5a. 53	UNDER 1 YEAR MOS DAYS	UNDER 1 DAY HOURS MIN	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. November 1, 1951
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. Lake Forest		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. Southbound Interstate 94 at Mile 58			IF HOSP. OR INST. INDICATE D.O.A., OPIUMER. RM. INPATIENT (SPECIFY) 6c.
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chicago, Illinois		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Barbara H. Smith		9. No
SOCIAL SECURITY NUMBER 10. 337-48-4030		USUAL OCCUPATION 11a. Transporter	KIND OF BUSINESS OR INDUSTRY 11b. Automotive	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) ELEMENTARY/SECONDARY (0-12) COLLEGE (1+ OR 5+) 12. 2	
RESIDENCE (STREET AND NUMBER) 13a. 15249 Lawndale Avenue		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. Midlothian		INSIDE CITY YES/NO 13c. Yes	COUNTY 13d. Cook
STATE: 13e. Illinois	ZIP CODE 13f. 60445	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes SPECIFY:		
FATHER - NAME FIRST MIDDLE LAST 15. David Kellogg		MOTHER - NAME FIRST MIDDLE LAST (MAIDEN) 16. Barbara Mohr		INFORMANTS NAME (TYPE OR PRINT) 17a. Barbara H. Kellogg	
RELATIONSHIP 17b. Wife		MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 15249 Lawndale Ave., Midlothian, Illinois 60445			
18. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death) (a) Multiple Traumatic Injuries					Sudden
DUE TO, OR AS A CONSEQUENCE OF (b) Blunt Force Trauma					Sudden
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (c) Semi vs. Truck Collision					Sudden
PART II. Other significant condition contributing to death but not resulting in the underlying cause given in PART I.					AUTOPSY (YES/NO) 19a. No
NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY) 20a. Accident					WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.
DATE OF INJURY (MONTH, DAY, YEAR) 20b. 4/6/2005		HOUR 20c. 10:38 PM	HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18) 20d. Semi left roadway and struck truck		
INJURY AT WORK (YES/NO) 20e. No	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) 20f. Road	LOCATION (CITY, VIL. OR TOWN, OR TWP.; OR RD. DIST. NO., COUNTY, STATE) 20g. Vernon Hills, Lake County, Illinois		IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20h. YES <input type="checkbox"/> NO <input type="checkbox"/>	
I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED AND THAT			THE DECEDENT WAS PRONOUNCED DEAD ON MONTH DAY YEAR 21b. April 6, 2005		AT 21c. 11:50 PM
CORONER'S MEDICAL EXAMINER'S SIGNATURE 22a.				DATE SIGNED (MONTH, DAY, YEAR) 22b. June 2, 2005	
CORONER'S PHYSICIAN'S NAME (Type or Print) 23a.				DATE SIGNED (MONTH, DAY, YEAR) 23b.	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY/CREMATORY-NAME 24b. Christ Lutheran Cemetery		LOCATION CITY OR TOWN STATE 24c. Orland Park	DATE (MONTH, DAY, YEAR) 24d. 4/11/2005	
FUNERAL HOME 25a. McKenzie Funeral Home, 15618 South Cicero Avenue, Oak Forest, IL 60452					
FUNERAL DIRECTOR'S SIGNATURE 25b.				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-0010222	
LOCAL REGISTRAR'S SIGNATURE 26a.				DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. June 6, 2005	

A. DECEASED

B.
C.
D.
E.

PARENTS

1.
2.
3.
4.
5.

CAUSE

N.
P.
H.G.
RIF
UNK

CERTIFIER

DISPOSITION

VR202 (Rev. 5/89)

I HEREBY CERTIFY that the foregoing is a true and correct copy of the death record for the decedent named Item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths, and deaths.

DATE: June 15, 2005

SIGNED:

AT: Lake Forest, Illinois

OFFICIAL TITLE: Local Registrar