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2222816011

Doc# 2222816011 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 08/16/2022 12:17 PM PG: 1 OF 3

RECORDING COVER PAGE

ADDRESS: 17025 S GAYNELLE
TINLEY PARK, ILLINOIS 60477

PIN: 28-29-112-006-0000

LEGAL: Lot 6 in Block 9 in Warren J. Peters Lancaster Highlands Unit #4, a Subdivision in the Northwest ¼ of Section 29, Township 36 North, Range 13, East of the Third Principal Meridian, according to the Plat thereof, registered in the Office of the Registrar of Title of Cook County, Illinois, on January 12, 1970, as Document No. 2487562, in Cook County, Illinois

The below referenced documents are attached hereto and are being submitted to be recorded for record.

1. Affidavit of Heirship for Jay Christopher Remes, dated July 6, 2022
2. Certified Death Certificate for Jay Christopher Remes

Prepared by and mail to:

Daniel W. Witous
Attorney at Law
3135 W 95th St
Evergreen Park, Illinois 60805

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AFFIDAVIT OF HEIRSHIP

I, VALERIE A. REMES, depose and state under oath that I am the mother of the decedent, JAY CHRISTOPHER REMES, who died on July 24, 2006, and that I was acquainted with and have personal knowledge of JAY CHRISTOPHER REMES.

THAT JAY CHRISTOPHER REMES was never married during his lifetime

THAT JAY CHRISTOPHER REMES fathered one (1) child during his lifetime, namely:

1. HANAH MACKENZIE REMES. That Hanah Mackenzie Remes is alive, an adult and under no legal disability

THAT JAY CHRISTOPHER REMES neither legally adopted nor biologically fathered any other children during his lifetime.

THAT the sole Legal Heir of the decedent, JAY CHRISTOPHER REMES, is:

1. HANAH MACKENZIE REMES

Further, Affiant says not.

Valerie A. Remes

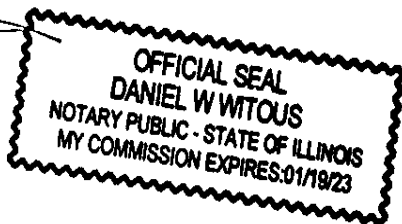
 VALERIE A. REMES

SUBSCRIBED and SWORN

to before me this 6 day
of July, 2022.

[Signature]

 Notary Public



CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

PERMANENT CERTIFICATE
 TEMPORARY CERTIFICATE

REGISTRAR DISTRICT NO. 1677
 REGISTERED NUMBER 339 439 JUN 26 2006 0047360
 MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

Type, or Print in PERMANENT INK. See Coroner's or Funeral Director's Handbook for INSTRUCTIONS.

DECEASED
 A
 B
 C
 D
 E

DECEASED NAME: 1. JAY CHRISTOPHER REMES, 2. MARY
 SEX: MALE
 DATE OF DEATH: JUN 24, 2006
 COUNTY OF DEATH: COOK
 AGE - LAST BIRTHDAY (YRS): 27
 UNDER 1 YEAR: MOE DAYS HOURS MIN
 UNDER 1 DAY: 5d
 DATE OF BIRTH: JULY 28th, 1978
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: 6a. TINKY PARK
 HOSPITAL OR OTHER INSTITUTION: 6b. 6600 OAK FOREST AVE
 BIRTHPLACE: 7. EVERGREEN PK., IL.
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): 8a. NEVER MARRIED
 NAME OF SURVIVING SPOUSE: 8b.
 SOCIAL SECURITY NUMBER: 10. 345 82 0132
 USUAL OCCUPATION: 11a. SETTER
 KIND OF BUSINESS OR INDUSTRY: 11b. MARBLE CO.
 RESIDENCE: 13a. 17025 WAYNEWALK RD
 CITY, TOWN, TWP. OR ROAD DISTRICT NO.: 13b. TINKY PARK
 INSIDE CITY: 13c. YES
 COUNTY: 13d. COOK
 STATE: 13e. ILLINOIS
 ZIP CODE: 13f. 60477
 RACE: 14a. WHITE
 OF HISPANIC ORIGIN? 14b. NO

PARENTS
 15. FATHER: ROBERT REMES
 16. MOTHER: VALERIE LOGAN

INFORMANT'S NAME: 7a. VALERIE REMES
 RELATIONSHIP: 17b. MOTHER
 MAILING ADDRESS: 17c. 14845 STEVEN CT., LEMONT, IL. 60439

CAUSE
 1
 2
 3
 4
 5

1. PART I. Enter the disease, 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.
(a) MULTIPLE INJURIES
(b) TRAIN STRIKING PEDESTRIAN
 2. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
 AUTOPSY: 19a. NO
 NATURE OF INJURY: 20a. ACCIDENT
 DATE OF INJURY: 20b. JUN 24, 2006
 HOUR: 20c. 6:23 A.M.
 HOW INJURY OCCURRED: 20d. TRAIN STRIKING PEDESTRIAN

DISPOSITION
 N
 P
 H.G.
 RIF
 UNK

21. 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:
 21a. JUN 24, 2006
 21b. JUN 24, 2006
 21c. 6:48 A.M.
 22. CORONER'S PHYSICIAN'S NAME: Ponni Arunkumar, M.D.
 DATE SIGNED: JUN 25, 2006
 23. BURIAL OR CREMATION: 24a. BURIAL
 CEMETERY OR CREMATORY: 24b. HOLY SEPULCHRE
 CITY OR TOWN: 24c. WORTH, ILLINOIS
 DATE: 24d. JULY 27, 2006

CERTIFIER
 25
 26

25. FUNERAL HOME: PETKUS LEMONT FUNERAL HOME, 12401 SOUTH ARCHER AVENUE, LEMONT, ILLINOIS 60439
 FUNERAL DIRECTOR'S SIGNATURE: Donald Michael Petkus
 LOCAL REGISTRAR'S SIGNATURE: Gerald J. Hines
 DATE FILED BY LOCAL REGISTRAR: 26. JULY 25, 2006

DISPOSITION
 25
 26

25. FUNERAL HOME: PETKUS LEMONT FUNERAL HOME, 12401 SOUTH ARCHER AVENUE, LEMONT, ILLINOIS 60439
 FUNERAL DIRECTOR'S SIGNATURE: Donald Michael Petkus
 LOCAL REGISTRAR'S SIGNATURE: Gerald J. Hines
 DATE FILED BY LOCAL REGISTRAR: 26. JULY 25, 2006

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

Karen A. Yarbrough
Cook County Clerk



2252934

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE