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PREPARED BY:
THOMAS ALLGOOD, ATTORNEY AT LAW
O/B/O BC LAW FIRM, P.A.
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NEWARK, DE 19713

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 10/04/2022 09:53 AM PG: 1 OF 3

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FILE 1ST

(DECEASED JOINT TENANT OR DECEASED TENANT BY THE ENTIRETY)

Commitment No.

STATE OF ILLINOIS }
COUNTY OF COOK } SS

SHELLIE PETTY STEELE, being duly sworn on oath, states the following:

1. I reside at 10737 S RHODES AVENUE, CHICAGO, IL 60628.
2. I was married to JAMES J. STEELE, the Deceased, who died in LAKE County, Illinois on 7/3/2017, as is evidenced by the death certificate attached hereto.
3. At the time of his/her death, the Deceased and I owned as joint tenants the following described real estate situated in COOK County, Illinois:

Lot 2676 (except the North 25 feet thereof) and the North 10 feet of Lot 2677 in Frederick H. Bartlett's Greater Chicago Subdivision Number 5, being a Subdivision of that part lying West of the right of way of Illinois Central Railroad Company of the East 3/4 of the South 1/2 of the North 1/2 of the Northwest 1/4 of the Southeast 1/4 of section 15, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Address of Property 10737 S RHODES AVENUE, CHICAGO, IL 60628

Permanent Index No. 25-15-403-017-0000

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Affiant makes this affidavit for the purpose of inducing Stewart Title guaranty Company to issue its Title Insurance Policy pursuant to the above-referenced title commitment order number.

Shellie Petty Steele
SHELLIE PETTY STEELE

STATE OF Illinois

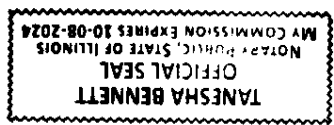
COUNTY OF Cook

Subscribed and sworn to before me by the said SHELLIE PETTY STEELE this 9th day of September, 22, A.D. _____

Janessa Barnes

Signature of Notary Public (Notary Seal)

(Notary Seal)



No title search was performed on the subject property by the preparer. The preparer of this instrument makes no representation as to the accuracy of the legal description, the status of the title nor property use or any zoning regulations concerning the described property herein conveyed nor any matter except the validity of the form of this instrument. Information herein was provided to preparer by Grantor/Grantee and/or their agents, no boundary survey was made at the time of this conveyance.


 INDIANA STATE DEPARTMENT OF HEALTH
 CERTIFICATE OF DEATH

Tracking No. 129880

Local No 002491

EDR No 00000588520

State No 035624

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1. Decedent's Legal Name (First, Middle, Last) JAMES J STEELE			1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 08:03 PM	4. Date Of Death (Month/Day/Year) 07/03/2017	
5. Social Security Number 188-28-4157	6a. Age - Yrs 79	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 03/16/1938		8. Birthplace (City and State or Foreign Country) WINSTON SALEM, NC
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name SHELLIE STEELE			15a. Last Name Before First Marriage PETTY		16. Decedent's Usual Occupation POLICE OFFICER		17. Kind Of Business/Industry LAW ENFORCEMENT	
18. Residence - State ILLINOIS			18a. County COOK		18b. City Or Town CHICAGO			
18c. Street And Number 10737 SOUTH RHODES AVENUE			18d. Apt. No.		18e. Zip Code 60628		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 Black or African American			
22. Parent's Name (First, Middle, Last) AARON STEELE			23. Parent's Name (First, Middle, Last) THELMA STEELE			23a. Parent's Last Name Before First Marriage VANN		
24. Informant's Name SHELLIE PETTY-STEEL			24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 10737 SOUTH RHODES AVENUE, CHICAGO, IL 60628			
25. Place Of Disposition								
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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 Of Cemetery, Crematory, Other Place) OAK HILL CREMATORY		25c. Location - City, Town, And State GARY, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility GUY & ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404					27a. Funeral Home License Number FH83007704	
27b. Signature Of Indiana Funeral Service Licensee: PATRICIAN L. OWENS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08700298		
Cause Of Death (See Instructions And Examples)								
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. CARDIORESPIRATORY ARREST								
Due to (Or As A Consequence Of)								
B. CHRONIC OBSTRUCTIVE PULMONARY DISEASE								
Due to (Or As A Consequence Of)								
C.								
Due to (Or As A Consequence Of)								
D.								
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								
LUNG CANCER								
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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		38b. Street & Number		38c. Apt. No.	
38d. Zip Code			39. Describe How Injury Occurred.					
40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)						NOT VALID UNLESS		
41. Signature, Of Person Certifying Cause Of Death: CHANDANA VAVILALA, 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: CHANDANA VAVILALA, 2900 W. 93RD STREET, CROWN POINT, IN 46307						44. License Number 01057596A		45. Date Certified 07/18/2017
46. Additional Funeral Service Provider: TAYLOR FUNERAL HOME						47. Akas:		
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JUL 20 2017		
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)								