

UNOFFICIAL COPY



2228710062

Doc# 2228710062 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 10/14/2022 02:24 PM PG: 1 OF 4

Deceased Joint Tenancy Affidavit
Pin # 32-25-409-003-0000
Commonly known as: 2164 E. Sauk Trail, Sauk Village, IL 60411

Karen A. Yarbrough,
Cook County Clerk
Cook County Recorder
118 N. Clark St.,
Chicago, IL 60602

Return to:
Community Title Company
C/O Reece M. Colly Fleener
3870 West 80th Lane
Merrillville, IN 46410

Prepared by:
Community Title Company
29 Heritage Drive
Bourbonnais, IL 60914

Property of Cook County Clerk's Office

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF Arizona

Order No.:

COUNTY OF Maricopa

Alan Richard Alexander

being duly sworn states that He resides at 32104 N 57th Pl in the City of Cave Creek AZ 85331

That Alan Richard Alexander was acquainted with Delbert Eugene Alexander deceased who, at the time of death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 176 in Indian Hill Subdivision Unit #1 according to the Plat of said Subdivision recorded May 28, 1957 as document 16916761, Book 493 of Plats Page 49, in Cook County, Illinois 32-25-409-003-0000

That the deceased died June 15, 2004, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____.

That the total value of the estate of the deceased, 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 \$50,000 dollars.

Affiant makes this affidavit for the purpose of inducing Community Title Company to issue its Title Insurance Policy, describing the above mentioned property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

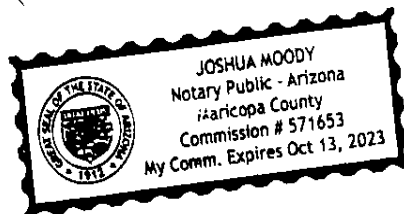
Alan Richard Alexander
Signature

10/3/2022
Date

Alan Richard Alexander
Print Name

Subscribed and sworn to before me this 3rd day of October, 2022.

[Signature]
Notary Public



UNOFFICIAL COPY

Tracking No: 329760

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No: 397

CERTIFICATE OF DEATH

State No: _____

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-110

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED - NAME (First, Middle, Last) Deibert F. Alexander		2. SEX Male	3a. TIME OF DEATH 4:55 P.M.	3b. DATE OF DEATH (Month, Day, Year) June 15, 2004
4. SOCIAL SECURITY NUMBER XXXXXXXXXX	5a. AGE - Last Birthday 70	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Month, Day, Year) April 28, 1924
7. BIRTHPLACE (City and State or Foreign Country) Oskaloosa, Iowa	8a. WAS DECEDENT A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES WWII	9. PLACE OF DEATH (Check only one - See instructions)	
10. FACILITY NAME (If not institution give street and number) Select Specificity Hospital		11. CITY, TOWN, OR LOCATION OF DEATH Hammond	12. COUNTY OF DEATH Lake	
13. MARRIAGE STATUS Married	14. SURVIVING SPOUSE (Last name) Rose Marie Toom	15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Meat Cutter	16. KIND OF BUSINESS/INDUSTRY Retail Store	
17a. RESIDENCE - STATE Ill.	17b. COUNTY Cook	17c. CITY, TOWN, OR LOCATION Sauk Village	17d. STREET AND NUMBER 2164 Sauk Trail	
18. ZIP CODE 60411	19. INSUR. CITY LIMITS No	20. CITIZEN OF WHAT COUNTRY USA	21. WAS DECEDENT OF HISPANIC ORIGIN? No	22. RACE - American Indian, Black, White, etc. White
23. FATHER'S NAME (First, Middle, Last) Alvin C. Alexander		24. MOTHER'S NAME (First, Middle, Maiden, Surname) Mary Taylor		
25. INFORMANT'S NAME (Type/Print) Allan Alexander		26. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4917 Osprey Ct., Lafayette, IN 47909		27. RELATIONSHIP Son
28. METHOD OF DISPOSITION Cremation		29. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) June 17, 2004 Northwest In. Cremation Sr.		30. LOCATION - City or Town, State Crown Point, IN
31. ENBALMERS NAME None		32. EMB. LIC. NO.	33. WAS DEATH REPORTED TO CORONER? No	
34. SIGNATURE OF FUNERAL DIRECTOR <i>L. W. McCoy</i>		35. LICENSE NUMBER 0012612	36. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME McCoy Funeral Chapel 5713 Hohman Ave Hammond, IN 46320 83002877	
37. PART I - IMMEDIATE CAUSE OF DEATH Enter the immediate cause of death. Do not enter, nor specify, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Cardiac arrhythmia DUE TO (OR AS A CONSEQUENCE OF) Hypoxia DUE TO (OR AS A CONSEQUENCE OF) CHF DUE TO (OR AS A CONSEQUENCE OF) Coronary artery disease				
38. PART II - OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but previously stated in Part I.				
39. CERTIFIER HEALTH OFFICER		40. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		41. MEDICAL LICENSE NO. D10516987 NOT VALID UNLESS
42. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/Print) Paul Pickering, M.D. 5500 Logan Ave Suite 2A Hammond, IN 46320				
43. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> THIS IS A TRUE COPY OF _____				
44. MANNER OF DEATH Natural		45. PLACE OF INJURY LAKE COUNTY HEALTH DEPARTMENT		46. DATE PRONOUNCED DEAD JUN 24 2004
47. DATE PRONOUNCED DEAD (Month, Day, Year) June 24, 2004		48. MOTOR VEHICLE ACCIDENT? (Yes or No) No		49. DESCRIBE HOW INJURY OCCURRED
50. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		51. HEALTH OFFICER'S TITLE LAKE COUNTY HEALTH OFFICER		52. LOCATION (Street and Number or Rural Route Number, City or Town, State)

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

RAISED SEAL AFFIXED

UNOFFICIAL COPY

EXHIBIT "A"

LOT 176 IN INDIAN HILL SUBDIVISION UNIT #1 ACCORDING TO THE PLAT OF SAID SUBDIVISION RECORDED MAY 28, 1957 AS DOCUMENT 16916761, BOOK 493 OF PLATS PAGE 49, IN COOK COUNTY, ILLINOIS.

32-25-409-003

Property of Cook County Clerk's Office