

# UNOFFICIAL COPY

STATE OF ILLINOIS )  
 ) SS.  
COUNTY OF Will )

Doc#: 2307533382 Fee: \$98.00  
Karen A. Yarbrough  
Cook County Clerk  
Date: 03/16/2023 01:47 PM Pg: 1 of 3

## AFFIDAVIT RE: DECEASED JOINT TENANT

NOW COMES THE AFFIANT,

Cynthia J. Sebahar,  
being first duly sworn on oath, states as follows:

1. That the affiant, Cynthia J. Sebahar  
Was the wife of the Decedent,  
Gerald M. Sebahar.
2. That the Decedent Gerald M. Sebahar  
Died on November 8, 2022, as evidenced  
By Attached Death Certificate, EXHIBIT A.
3. That the Decedent Gerald M. Sebahar,  
At the time of his/her death was one of the owners  
Of the land in Cook County, Illinois.

Legal Description: See Attachment, EXHIBIT B  
Commonly known as: 19237 Wildwood Avenue

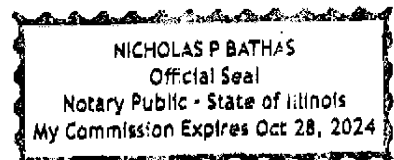
PIN. NO. Lansing, IL 60438  
33-06-413-009-0000

4. That the total value of the estate of said Decedent  
Gerald M. Sebahar, is not subject to State of  
Illinois Inheritance Tax and Federal Estate Tax.

Further the Affiant, Cynthia J. Sebahar, saith naught.

Prepared By and Mail To:  
Nicholas P. Bathas  
1304 Dunrobin Road  
Naperville, IL 60540

Subscribed and Sworn to before me  
The 10<sup>th</sup> day of February, 2023  
Nicholas P. Bathas  
Notary Public



## UNOFFICIAL COPY

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 345588



EXHIBIT A

Local No 004546

EDR No 000011459032

State No 2022-063434

1. Decedent's Legal Name (First, Middle, Last) <b>Gerald M. Sebahar</b>				1a. Maiden Name (if female)		2. Gender <b>Male</b>	3. Time Of Death <b>05:58 PM</b>	4. Date Of Death (Month/Day/Year) <b>11/08/2022</b>			
5. Social Security Number <b>■■■■■</b>	8a. Age - Yrs <b>82</b>	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) <b>12/17/1939</b>		8. Birthplace (City and State or Foreign Country) <b>Chicago, Illinois</b>			
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 type="checkbox"/> Inpatient <input checked="" 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) <b>Franciscan Health Munster</b>											
12. City Or Town, State, And Zip Code <b>Munster, Indiana</b>					13. County Of Death <b>Lake</b>		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 <b>Cynthia Sebahar</b>			15a. Last Name Before First Marriage <b>Iwan</b>		16. Decedent's Usual Occupation <b>Technician</b>		17. Kind Of Business/Industry <b>Telecommunications</b>				
18. Residence - State <b>IL</b>		18a. County <b>Cook</b>		18b. City Or Town <b>Lansing</b>		18c. Street And Number <b>19237 Wildwood Avenue</b>		19d. Apt. No.	19e. Zip Code <b>60438</b>	19f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>High School graduate or GED completed</b>		20. Decedent Of Hispanic Origin <input type="checkbox"/> Not Spanish/Hispanic/Latino		21. Decedent's Race <b>White</b>		22. Parent's Name (First, Middle, Last) <b>Edward Sebahar</b>		23. Parent's Name (First, Middle, Last) <b>Pauline Sebahar</b>		23a. Parent's Last Name Before First Marriage <b>Duzmal</b>	
24. Informant's Name <b>Cynthia Sebahar</b>		24a. Relationship To Decedent <b>Wife</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>19237 Wildwood Avenue, Lansing, IL, 60438</b>		25. Place 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 Of Cemetery, Crematory, Other Place) <b>Holy Cross Catholic Cemetery</b>		25c. Location - City, Town, And State <b>Calumet City, IL</b>	
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Einwood Chapel Ltd 11300 W 97th Lane, Sain (John), Indiana, 46373</b>					27a. Funeral Home License Number: <b>FH19900052</b>		27b. Signature Of Indiana Funeral Service Licensee: <b>Donald F. Srackitano</b>		27c. License Number (Of Licensee): <b>FD20900052</b>
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.								Approximate Interval: Onset To Death			
Immediate Cause (Final Disease Or Condition Resulting In Death)								A. <b>Congestive heart failure</b>		few weeks	
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. <b>Cardiopulmonary arrest</b>		few hours	
								C. <b>atrial fibrillation</b>		years	
								D. <b>hypotension</b>		few weeks	
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			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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			
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 checked="" type="checkbox"/> No		38. 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			
39. Location Of Injury - State		39a. City Or Town		39b. Street & Number		39c. Apt. No.		39d. 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)			
41. Signature, Of Person Certifying Cause Of Death: <b>Asif H. Farooqi</b>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		NOT VALID UNLESS			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Asif H. Farooqi 9222 Indianapolis Blvd C, Highland, IN 46322</b>						44. License Number <b>01063801A</b>		45. Date Certified <b>11/14/2022</b>			
46. Additional Funeral Service Provider: <b>Schroeder-Lauer Funeral Home 3227 Ridge Road, Lansing, IL 60438</b>						47. Alias:					
48. Signature of Local Health Officer: <b>Chandana Varilala</b>						49. For Registrar Only: Date Filed (Month/Day/Year): <b>11/15/2022</b>					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											

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GERALD M. SEBAHAR  
CYNTHIA J. SEBAHAR  
19237 Wildwood Avenue  
LANSING, IL 60438  
PIN. NO. 33-06-413-009-0000

EXHIBIT B  
LEGAL DESCRIPTION

LOT ONE HUNDRED NINETY SIX (196) IN OAKWOOD ESTATES UNIT NO. 8, BEING A SUBDIVISION OF THE NORTH HALF (1/2) OF THE WEST HALF (1/2) OF THE SOUTHWEST QUARTER (1/4) OF THE SOUTHEAST QUARTER (1/4) OF SECTION 6, TOWNSHIP 35 NORTH, RANGE 15; ALSO THE NORTH HALF (1/2) OF THE EAST HALF (1/2) OF THE SOUTHWEST QUARTER (1/4) OF THE SOUTHEAST QUARTER (1/4) OF SECTION 6, TOWNSHIP 35 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS, ON FEBRUARY 19, 1970, AS DOCUMENT NUMBER 2492324.