



Doc# 2317322007 Fee \$98.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 06/22/2023 10:30 AM PG: 1 OF 3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF Illinois )
COUNTY OF Cook ) SS.

That David M. Lamping duly sworn states that he resides at 5113 S. Melvina Avenue Chicago, Illinois 60638.

That Patricia B. Lamping was one of the owners of the land at 5113 S. Melvina Avenue Chicago, Illinois 60638 legally described as follows:

THE NORTH 5 FEET OF LOT 41, AND ALL OF LOT 42 IN BLOCK 2 IN BARTLETT HIGHLANDS, BEING A SUBDIVISION OF THE SOUTHWEST QUARTER (EXCEPT THE EAST HALF OF THE EAST HALF THEREOF) OF SECTION 8, TOWNSHIP 38 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N: 19-08-304-061-0000

That the deceased died on August 16, 2020 as evidenced by a copy of a death certificate of the deceased attached hereto as Exhibit A. That the deceased died without leaving a Last Will & Testament. 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 Six Hundred Thousand dollars and 00/100 (\$600,000.00).

Affiant makes this affidavit for that purpose of inducing a licensed Title Insurance Company to issue an owner's policy for the above-referenced property


IN WITNESS WHEREOF, this document was executed on June 15, 2023

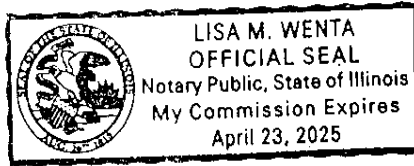
Signature of David M. Lamping
David M. Lamping

# UNOFFICIAL COPY

State of Illinois  
County of Cook ss.

The undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that David M. Lamping personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set forth.

  
\_\_\_\_\_  
Notary Public



This Document prepared by Attorney Michael J. Laird 6537 West Archer Ave. Chicago, Il. 60638

Return Document to: Attorney Michael J. Laird 6537 West Archer Ave. Chicago, Il. 60638

# UNOFFICIAL COPY

## COOK COUNTY CLERK VITAL RECORDS

### CHICAGO, ILLINOIS

#### MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 0076080

MEDICAL EXAMINER'S CASE NUMBER ME2020-09820

DATE ISSUED 8/26/2020

DECEDENT'S LEGAL NAME PATRICIA B LAMPING		SEX FEMALE	DATE OF DEATH AUGUST 16, 2020																				
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 79 YEARS	DATE OF BIRTH MARCH 15, 1941																					
CITY OR TOWN BERWYN		HOSPITAL OR OTHER INSTITUTION NAME MAC NEAL MEMORIAL HOSPITAL																					
PLACE OF DEATH INPATIENT																							
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER <del>6288</del>	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME DAVID M LAMPING	EVER IN U.S. ARMED FORCES? NO																			
RESIDENCE 5113 SOUTH MELVINA AVENUE	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES																				
COUNTY COOK	STATE IL	ZIP CODE 60638	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOHN DUDDY SR	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION HELEN KARPINSKI																			
INFORMANT'S NAME DAVID M LAMPING		RELATIONSHIP SPOUSE	MAILING ADDRESS 5113 SOUTH MELVINA AVENUE, CHICAGO, IL, 60638																				
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION MORAN CREMATION SERVICES	LOCATION - CITY OR TOWN AND STATE NORTHLAKE, IL	DATE OF DISPOSITION AUGUST 21, 2020																				
FUNERAL HOME PARKSIDE CHAPELS & CREMATION SERVICES, 5948 ARCHER AVENUE, CHICAGO, IL, 60638																							
FUNERAL DIRECTOR'S NAME JEFFREY WOLOWIEC			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012263																				
LOCAL REGISTRAR'S NAME ELIZABETH A PECHOUS			DATE FILED WITH LOCAL REGISTRAR AUGUST 18, 2020																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 15%; vertical-align: top;"> <b>CAUSE OF DEATH</b>  IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small> </td> <td style="width: 5%;">PART I</td> <td style="width: 60%;">PNEUMONIA</td> <td rowspan="4" style="width: 10%; text-align: center; vertical-align: middle;">           APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH         </td> <td style="width: 10%;"></td> </tr> <tr> <td>a</td> <td style="text-align: center;"><small>Due to (or as a consequence of)</small></td> <td></td> </tr> <tr> <td>b</td> <td>NOVEL CORONA (COVID-19) VIRAL INFECTION</td> <td></td> </tr> <tr> <td>c</td> <td style="text-align: center;"><small>Due to (or as a consequence of)</small></td> <td></td> </tr> <tr> <td colspan="5" style="text-align: center;"><small>Due to (or as a consequence of)</small></td> </tr> </table>					<b>CAUSE OF DEATH</b>  IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	PART I	PNEUMONIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		a	<small>Due to (or as a consequence of)</small>		b	NOVEL CORONA (COVID-19) VIRAL INFECTION		c	<small>Due to (or as a consequence of)</small>		<small>Due to (or as a consequence of)</small>				
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	c	<small>Due to (or as a consequence of)</small>																					
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PART II: Enter other <b>significant conditions contributing to death</b> but not resulting in the underlying cause given in PART I HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE, DIABETES MELLITUS			WAS AN AUTOPSY PERFORMED? NO																				
FEMALE PREGNANCY STATUS NOT APPLICABLE			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A																				
MANNER OF DEATH NATURAL																							
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?																			
LOCATION OF INJURY																							
DESCRIBE HOW INJURY OCCURRED:				IF TRANSPORTATION INJURY, SPECIFY:																			
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED AUGUST 16, 2020	TIME OF DEATH 08:55 AM																			
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED AUGUST 18, 2020																				
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PONNI ARUNKUMAR MD, 2121 W HARRISON ST, CHICAGO, IL, 60612				PHYSICIAN'S LICENSE NUMBER  <b>1466820</b>																			

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.



Exhibit A

Karen A. Yarbrough  
 Cook County Clerk

