

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT



STATE OF ILLINOIS)
) ss.
COUNTY OF COOK)

Doc# 2317422003 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 06/23/2023 09:44 AM PG: 1 OF 2

SHARON NOVAK,
being duly sworn on oath
state that he resided at
18281 Grant Street,
Lansing, IL 60438,

That she was married to TIMOTHY S. NOVAK, deceased, and remained married to him until the time of his death; and that at the time of his death he was one of the owners of the land in Cook County, Illinois, described as:

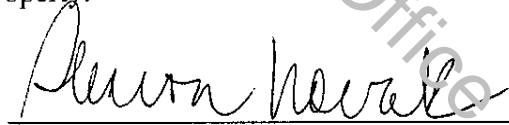
LOTS 18 AND 19 IN RESUBDIVISION OF BLOCK "F" IN LANSING, A SUBDIVISION OF THE WEST ½ OF THE NORTHEAST ¼ OF THE SOUTHWEST ¼ OF SECTION 32, TOWNSHIP 36 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED JUNE 26, 1873 AS DOCUMENT 111083 IN BOOK 5 OF PLAT, PAGE 33, IN COOK COUNTY, ILLINOIS.

**COMMONLY KNOWN AS: 18281 Grant Street, Lansing, IL 60438
PARCEL NUMBER: 30-32-304-012-0000 and 30-32-304-013-0000**

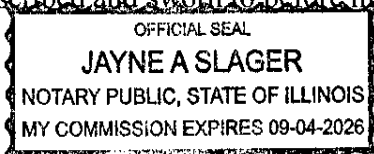
That the deceased died March 10, 2004, as evidenced by a copy of the death certificate of the deceased attached hereto. That the deceased died leaving no Last Will & Testament.

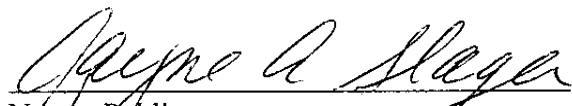
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the lifetime unified exemption equivalent for federal estate tax purposes.

Affiant makes this Affidavit for that purpose of inducing the title company to issue its Title Insurance Policy describing the above-mentioned property.


SHARON NOVAK

Subscribed and sworn to before me this 19th day of June, 2023.




Notary Public

Prepared by and Mail To: Angelo J. Vitiritti, Law Offices of Scott R. Wheaton & Associates
3108 Ridge Road, Lansing, IL 60438

UNOFFICIAL COPY

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

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.

Local No. 603-04

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Timothy S. Novak		2 SEX Male	3a TIME OF DEATH 7:43P M	3b DATE OF DEATH (Month, Day, Yr.) March 10, 2004
4 *SOCIAL SECURITY NUMBER [REDACTED]	5a AGE—Last Birthday (Years) 46	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr.) June 20, 1957
7 BIRTHPLACE (City and State or Foreign Country) Blue Island, IL	8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? Never	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	
9b FACILITY NAME (If not institution, give street and number) The Community Hospital	9c CITY, TOWN OR LOCATION OF DEATH Munster	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Sharon Boguslawski	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Parts manager	12b KIND OF BUSINESS/INDUSTRY Construction Co.	
13a RESIDENCE—STATE Illinois	13b COUNTY Cook	13c CITY, TOWN OR LOCATION Lansing	13d STREET AND NUMBER 18281 Grant St.	
13e ZIP CODE 60438	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) White
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 		18 FATHER'S NAME (First, Middle, Last) Robert John Novak		
19 MOTHER'S NAME (First, Middle, Maiden Surname) Alice Gaghagen		20a INFORMANT'S NAME (Type/Print) Sharon Novak		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 18281 Grant St. Lansing, IL 60438		20c Relationship Wife		
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) March 16, 2004 Heritage Crematory		21c LOCATION—City or Town, State Portage, IN
22a EMBALMER'S NAME Daniel Hillegonds		22b EMBALMER'S LICENSE NO. 11 074-012384	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>George B. Lathrop</i>		24b LICENSE NUMBER (of Licensee) FDO 1600857	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME LaHayne FH19400005 6955 South-eastern Hammond, IN for Schroeder-Lauer FH 3227 Ridge Lansing, IL 60438	
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Acute thrombosis of left anterior descending artery IMMEDIATE CAUSE (Final disease or condition resulting in death) a Acute thrombosis of left anterior descending artery b descending artery c d Interval Between Onset and Death: Unknown				
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a WAS AN AUTOPSY PERFORMED? (Yes or no) Yes	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes	
29a CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input checked="" type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. Chief Deputy CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.				
29b SIGNATURE AND TITLE OF CERTIFIER <i>Jeffrey R. Wells</i> Chief Deputy		29c MEDICAL LICENSE NO. N/A	29d DATE SIGNED (Month, Day, Year) March 15, 2004	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Jeffrey R. Wells, Chief Deputy, 2900 West 93rd Avenue, Crown Point, Indiana 46307				
31 HEALTH OFFICER'S SIGNATURE <i>Susan W. Best, D.O.</i>				
32 DATE FILED (Month, Day, Year) MAR 15 2004		33 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		
34a DATE OF INJURY (Month, Day, Year)		34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	
34d PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34e LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g DATE PRONOUNCED DEAD (Month, Day, Year) March 10, 2004		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.		