

UNOFFICIAL COPY DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

Nancy A. Laird being duly sworn states that she resides at 10532 Ridge Cove Dr, Unit 25A, Chicago Ridge, IL 60415

That she was acquainted with John R. Laird deceased who, at the time of death, was one of the owners of the land in Cook County, Illinois, described as:

That the deceased died March 11, 2022, as evidence 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 Cook 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 _____ dollars.

Affiant makes this affidavit for the purpose of inducing Chicago Title Company, LLC 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.

Nancy A. Laird
Signature

11/29/2022
Date

Nancy A. Laird
Print Name

Subscribed and sworn to before me this 29th of November, 2022.

[Signature]
Notary Public



Doc# 2327257016 Fee \$53.00

RHSP FEE:\$18.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 09/29/2023 01:16 PM PG: 1 OF 2

UNOFFICIAL COPY

**COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2022 0027321

DATE ISSUED 3/18/2022

DECEDENT'S LEGAL NAME JOHN R LAIRD		SEX MALE	DATE OF DEATH MARCH 11, 2022	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 69 YEARS	DATE OF BIRTH MARCH 22, 1952	
CITY OR TOWN PALOS HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME PROMEDICA SKILLED NURSING PHE		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE ELGIN, IL	SOCIAL SECURITY NUMBER 352-44-8073	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME NANCY KREV	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 10532 RIDGE COVE DRIVE	APT. NO.	CITY OR TOWN CHICAGO RIDGE	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60415	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ROBERT W LAIRD	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION DOROTHY ANNE OLSCHESWSKE
INFORMANT'S NAME NANCY LAIRD		RELATIONSHIP WIFE	MAILING ADDRESS 10532 RIDGE COVE DRIVE, CHICAGO RIDGE, IL, 60415	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION MAPLE LAKES CREMATORIUM	LOCATION - CITY OR TOWN AND STATE JUSTICE, IL	DATE OF DISPOSITION MARCH 15, 2022	
FUNERAL HOME DAMAR-KAMINSKI FUNERAL HOME & CREMATORIUM, 7861 S 88TH AVE, JUSTICE, IL, 60458				
FUNERAL DIRECTOR'S NAME MARK A KAMINSKI SR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014496	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR MARCH 16, 2022	
CAUSE OF DEATH - PART I: SEVERE PROTEIN CALORIE MALNUTRITION				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH UNKNOWN UNKNOWN UNKNOWN UNKNOWN
		b. CROHNS DISEASE Due to (or as a consequence of)		
		c. _____ 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			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE			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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 12:45 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED MARCH 14, 2022	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH KIM BATTLEMILLER, 2000 SPRINGER DRIVE, LOMBARD, IL, 60148			PHYSICIAN'S LICENSE NUMBER 036089483	

2112354



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.

Karen A. Yarbrough
Karen A. Yarbrough
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE EMBOSSED STATE AND COUNTY SEALS AT BOTTOM