

UNOFFICIAL COPY

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2001-09-21 16:22:30
Cook County Recorder 25.50



DECEASED JOINT
TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) ss.
COUNTY OF COOK)

DOLORES M. RUSCH, being duly sworn
states that she resides at 112 Sherwood in the Village of
Streamwood, Illinois 60107.

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

LOT 2043 IN WOODLAND HEIGHTS UNIT 5, BEING A SUBDIVISION IN SECTIONS
23, 24, AND 25, ALL IN TOWNSHIP 41 NORTH, RANGE 9 EAST OF THE THIRD
PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED IN
RECORDER'S OFFICE MARCH 8, 1963 AS DOCUMENT 18737474 IN COOK
COUNTY, ILLINOIS.

That the deceased died 7-13, 2001, 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 Cook County, Illinois
about _____

0010885767

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 160
 REGISTERED NUMBER

DECEASED-NAME: **John Richard Rusch** SEX: **Male** DATE OF DEATH: **July 13, 2001**

COUNTY OF DEATH: **Cook** AGE LAST BIRTHDAY (YRS): **76** UNDER 1 YEAR: **0** MONTHS: **0** DAYS: **0** HOURS: **0** MIN: **0** SEC: **0**
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **St. Alexius Medical Center** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET #, A, ID NUMBER)

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **St. Paul, MN** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married** NAME OF SURVIVING SPOUSE (LAST, FIRST, MIDDLE, IF WIFE): **Dolores Mueller**
 SOCIAL SECURITY NUMBER: **477-14-6899** USUAL OCCUPATION: **Sales Rep.** KIND OF BUSINESS OR INDUSTRY: **Electric Co.**

RESIDENCE (STREET AND NUMBER): **412 Sherwood Drive** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Streamwood** EDUCATION (SPECIFY GRADE COMPLETED): **12**
 STATE: **IL** ZIP CODE: **60107** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): **White** (IF HISPANIC ORIGIN? (SPECIFY) OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)

FATHER-NAME: **Charles A. Rusch** MOTHER-NAME: **Marcella Lillian Brown**
 INFORMANT'S NAME (TYPE OR PRINT): **Dolores M. Rusch** RELATIONSHIP: **Wife** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **412 Sherwood Dr. Streamwood, IL**

18. PART I. Immediate Cause (Final disease or condition resulting in death): **Multiple myeloma**
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **Multiple myeloma** DUE TO, OR AS A CONSEQUENCE OF (b) **Multiple myeloma** DUE TO, OR AS A CONSEQUENCE OF (c) **Multiple myeloma**

19. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
 DATE OF OPERATION, IF ANY: **None** MAJOR FINDINGS OF OPERATION: **None**

20a. (I)(D) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER A WEEK ON: **7/13/01** WAS CONSUMER OF MEDICAL EXAMINER (NOTIFIED) (YES/NO): **NO**
 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE OF PHYSICIAN: **David L. Giesburg** NAME AND ADDRESS OF CERTIFIER: **David L. Giesburg, 1575 Racine, St. Paul, MN 55116**
 NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): **None** ILLINOIS LICENSE NUMBER: **22d. 3653285**

23. BURIAL, CREMATION, REMOVAL (SPECIFY): **Burial** CEMETERY OR CREMATORY-NAME: **Lakewood Cemetery** LOCATION: **Minneapolis, MN**
 FUNERAL HOME: **Country'side Funeral Home** STREET AND NUMBER OR R.F.D.: **1640 Greenmeadows Blvd. Streamwood, IL 60107**

25a. Country'side Funeral Home, 1640 Greenmeadows Blvd, Streamwood, IL 60107
 FUNERAL DIRECTOR'S SIGNATURE: **Paula J. Giesburg** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **113222**

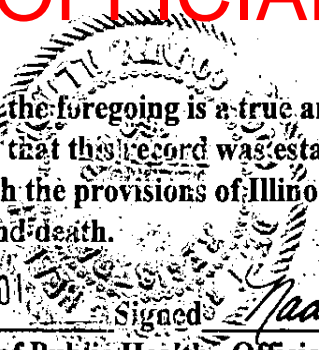
25b. LOCAL REGISTRAR SIGNATURE: **Maarit Lehto** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **July 16, 2001**
 REGISTRAR

26a. REGISTRAR: **Maarit Lehto** DATE: **July 16, 2001**

26b. REGISTRAR: **Maarit Lehto** DATE: **July 16, 2001**

26c. REGISTRAR: **Maarit Lehto** DATE: **July 16, 2001**

26d. REGISTRAR: **Maarit Lehto** DATE: **July 16, 2001**



I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statutes relating to the registrar of birth, stillbirth and death.

Date: **AUG 28 2001**
 Signed: **Nadine Mc Curry**
 At Cook County Department of Public Health Official Title Deputy Registrar
 1010 Lake Street Suite 300 Oak Park, Illinois 60301