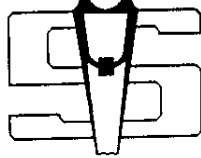


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Sanctity of Contract

Stewart Title Company of Illinois

0020812219

9585/0223 27 001 Page 1 of 2
2002-07-24 13:45:47
Cook County Recorder 43.50



0020812219

22184

DECEASED JOINT TENANCY AFFIDAVIT

STCI File Number: ~~002257~~

STATE OF ILLINOIS)
COUNTY OF) SS.

Elizabeth A. Kommers

being duly sworn states that she resides at 4089 Western Avenue of Western Springs



That she was acquainted with Fred R. Kommers, Jr. deceased who, at the time of death, was one of the sworn of the land in Cook County, Illinois, describes as: Lot 16 in Block 11 in J.C. Caldwell's Subdivision of C.C. Lay's Addition to Western Springs (except Block 15 and the North 2 acres of the East 1/2 of Block 16 inclusive and Half Street) a subdivision of the East part of the Northwest 1/4 of Section 6, Township 38 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

That the deceased died April 18, 1994, as evidenced by a certified copy of death certificate of the deceased attached hereto.



P
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81

- 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 _____ 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.

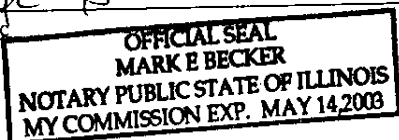
Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

this 16 day of July, A.D. ~~19~~ 2002

Mark E Becker
Notary Public

Elizabeth A. Kommers
(Affiant's Signature)



STEWART TITLE OF ILLINOIS
2 NORTH LA SALLE STREET, SUITE 1920
CHICAGO, IL 60602

STATE OF FLORIDA
UNOFFICIAL COPY
OFFICE OF VITAL STATISTICS

CERTIFIED COPY

0020812219 Page 2 of 2

TYPE OR PRINT IN PERMANENT BLACK INK

**CERTIFICATE OF DEATH
FLORIDA**

1. LOCAL FILE NO.		1. DECEDENT'S NAME		2. SEX	
FREDERICK		RAYMOND KOMMERS JR.		Male	
3. DATE OF DEATH (Month, Day, Year)		4. SOCIAL SECURITY NUMBER		5a. AGE - Last Birthday (years)	
April 18, 1994		359-10-7578		74	
6. DATE OF BIRTH (Month, Day, Year)		7. BIRTHPLACE (City and State or Foreign Country)		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)	
February 29, 1920		Chicago, Illinois		NO	
9a. PLACE OF DEATH (Check only one, see instructions on other side)		9b. INSIDE CITY LIMITS? (Yes or No)			
HOSPITAL - Inpatient <input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> DOA <input type="checkbox"/> OTHER - Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) <input type="checkbox"/>		Yes			
9c. FACILITY NAME (If not institution, give street and number)		9d. CITY, TOWN, OR LOCATION OF DEATH		9e. COUNTY OF DEATH	
Bert Fish Medical Center		New Smyrna Beach		Volusia	
10a. DECEDENT'S USUAL OCCUPATION		10b. KIND OF BUSINESS/INDUSTRY		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	
Employee Relations Executive		Railroad		Married	
12. SURVIVING SPOUSE (If wife, give maiden name)		13a. RESIDENCE - STATE		13b. COUNTY	
Betty Montgomery		Illinois		Cook	
13c. CITY, TOWN, OR LOCATION		13d. STREET AND NUMBER			
Western Springs		4089 Western Avenue			
13e. INSIDE CITY LIMITS? (Yes or No)		13f. ZIP CODE		14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.)	
Yes		60558		No	
15. RACE - American Indian, Black, White, etc. (Specify)		16. DECEDENT'S EDUCATION (Specify only highest grade completed)			
White		Elementary/Secondary (0-12) <input type="checkbox"/> College (4 or 5+) <input type="checkbox"/>			
17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (First, Middle, Maiden Surname)			
Frederick R. Kommers		Lela Palmer			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
Betty Kommers		4089 Western Avenue Western Springs, IL 60558			
20a. METHOD OF DISPOSITION		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		20c. LOCATION - City or Town, State	
Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <input type="checkbox"/>		Cedar Park Cemetery		Chicago, Illinois	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		21b. LICENSE NUMBER (of Lic. 1988)		21c. NAME AND ADDRESS OF FACILITY	
<i>[Signature]</i>		1922		Settle-Wilder Chapel 406 S Orange St New Smyrna Bch, FL 32168	
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated (Signature and Title)		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
<i>[Signature]</i>		4/20/94		3:10 p.	
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23a. 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. (Signature and Title)		23b. DATE SIGNED (Mo., Day, Yr.)	
Charles Schildecker, MD		<i>[Signature]</i>		4/20/94	
23c. MEDICAL EXAMINER'S CASE #		24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)			
527		Charles Schildecker, MD 401 Downing St, New Smyrna Beach, FL 32168			
25. SUBREGISTERED - SIGNATURE AND DATE REGISTERED		25b. LEGAL REGISTRAR - SIGNATURE		25c. DATE REGISTERED	
<i>[Signature]</i>		<i>[Signature]</i>		April 20, 1994	
26. PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. (Use only one cause on each line.)		27a. WAS AN AUTOPSY PERFORMED? (Yes or No)		27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		No		No	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		27c. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No)			
VENTRICULAR TACHYCARDIA DUE TO (OR AS A CONSEQUENCE OF) Atherosclerotic Cardiovascular Disease		No			
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? (YES - NO)		30a. IF SURGERY IS MENTIONED IN PART I OR II ENTER CONDITION FOR WHICH IT WAS PERFORMED	
		NO			
31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined		32a. DATE OF INJURY (Month, Day, Year)		32b. TIME OF INJURY	
Natural					
32c. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify)		32d. INJURY AT WORK? (Yes or No)		32e. DESCRIBE HOW INJURY OCCURRED	
		No			
32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		32g. DATE OF SURGERY (Mo., Day, Year)			

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY *[Signature]* OLIVER H. BOORDE
State Registrar

WARNING: ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW. DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH LINES AND SECURITY WATERMARK ON BACK AND COLORED BACKGROUND AND GOLD EMBOSSED GREAT SEAL OF THE STATE OF FLORIDA ON FRONT. ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

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Property of Cook County Clerk's Office