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EUGENE "GENE" MOORE
RECORDER OF DEEDS/REGISTRAR OF TITLE
COOK COUNTY, ILLINOIS

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2002-08-22 14:18:11
Cook County Recorder 23.50

COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
MARKHAM OFFICE



DECEASED JOINT TENANCY AFFIDAVIT
STATE OF ILLINOIS
COUNTY OF COOK

JOHN R. LEBERT

BEING DULY SWORN STATES THAT HE

RESIDES AT 1543 LINDEN DR IN THE CITY OF OAK FOREST

THAT HE WAS ACQUAINTED WITH GERALDINE F. LEBERT THE DECEASED, WHO AT THE TIME OF HER DEATH, WAS ONE OF THE OWNERS OF THE LAND IN COOK COUNTY, ILLINOIS, DESCRIBED AS FOLLOWS:

LOT 19 IN BLOCK 13 IN BRUNO JONIKA'S FORESTVIEW HILLS UNIT NUMBER 6 A SUBDIVISION OF PART OF THE NORTH EAST QUARTER OF SECTION 18 TOWNSHIP 36 NORTH RANGE 13 EAST OF THE THIRD MERIDIAN IN COOK COUNTY, ILL.

THAT THE DECEASED DIED 12/15/73, AS EVIDENCED BY A ORIGINAL CERTIFIED COPY OF THE 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 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 _____.

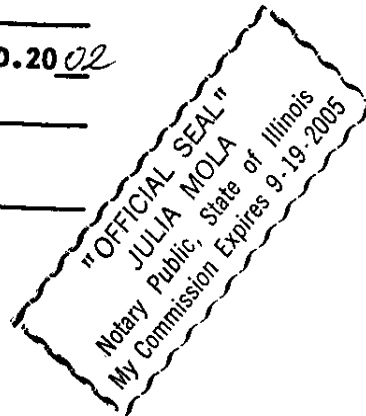
AT THE TOTAL VALUE OF THE ESTATE OF THE DECEASED, INCLUDING BOTH REAL AND PERSONAL PROPERTY OWNED BY THE DECEASED EITHER INDIVIDUALLY OR IN JOINT TENANCY AT THE TIME OF THE DECEASED, DOES NOT EXCEED THE SUM OF _____ DOLLARS.

DESCRIBED AND SWORN TO BEFORE ME BY SAID

THIS 22nd DAY OF August A.D. 2002

John R. Lebert
NOTARY PUBLIC

John R. Lebert
AFFILIANT'S SIGNATURE



THIS WAS PREPARED BY
John R. Lebert
1543 Linden Dr
Oak Forest IL 60452



STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
STATE FILE NUMBER
633689

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER

DECEASED—NAME
GERALDINE FRANCES LEBERT

1. RACE: WHITE
2. AGE—LAST BIRTHDAY (89): 45
3. SEX: FEMALE
4. DATE OF BIRTH: 10-10-1928
5. PLACE OF BIRTH: HOLY CROSS HOSPITAL
6. DATE OF DEATH: DECEMBER 15, 1973
7. PLACE OF DEATH: Cook

7b. BIRTHPLACE (STATE OR FOREIGN COUNTRY): ILLINOIS
8. CITIZENSHIP: U.S.A.
9. SOCIAL SECURITY NUMBER: [REDACTED]
10. OPERATOR: [REDACTED]
11. MARRIED, NEVER MARRIED, WIDOW, WIDOWER, DIVORCED (SPECIFY): MARRIED
12. NAME OF SURVIVING SPOUSE: JOHN LEBERT
13. U.S. WAR VETERAN (YES/NO): NO
14. DATE OF SERVICE: [REDACTED]

15. FATHER—NAME: JOHN
16. MOTHER—MAIDEN NAME: [REDACTED]
17. RESIDENCE: ILLINOIS, COOK COUNTY, CHICAGO
18. DEATH WAS CAUSED BY: [REDACTED]
19. IMMEDIATE CAUSE: [REDACTED]

20. DATE OF OPERATION, IF ANY: [REDACTED]
21. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED IN THIS CERTIFICATE.
22. SIGNATURE: GEORGE W. FETERINZ, M.D.
23. MARRIAGE ADDRESS—CERTIFIED: [REDACTED]

24. BIRTHPLACE (STATE OR FOREIGN COUNTRY): ILLINOIS
25. CITIZENSHIP: U.S.A.
26. SOCIAL SECURITY NUMBER: [REDACTED]
27. OPERATOR: [REDACTED]
28. MARRIED, NEVER MARRIED, WIDOW, WIDOWER, DIVORCED (SPECIFY): MARRIED
29. NAME OF SURVIVING SPOUSE: JOHN LEBERT
30. U.S. WAR VETERAN (YES/NO): NO
31. DATE OF SERVICE: [REDACTED]

32. FATHER—NAME: JOHN
33. MOTHER—MAIDEN NAME: [REDACTED]
34. RESIDENCE: ILLINOIS, COOK COUNTY, CHICAGO
35. DEATH WAS CAUSED BY: [REDACTED]
36. IMMEDIATE CAUSE: [REDACTED]

37. DATE OF OPERATION, IF ANY: [REDACTED]
38. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED IN THIS CERTIFICATE.
39. SIGNATURE: GEORGE W. FETERINZ, M.D.
40. MARRIAGE ADDRESS—CERTIFIED: [REDACTED]

41. BIRTHPLACE (STATE OR FOREIGN COUNTRY): ILLINOIS
42. CITIZENSHIP: U.S.A.
43. SOCIAL SECURITY NUMBER: [REDACTED]
44. OPERATOR: [REDACTED]
45. MARRIED, NEVER MARRIED, WIDOW, WIDOWER, DIVORCED (SPECIFY): MARRIED
46. NAME OF SURVIVING SPOUSE: JOHN LEBERT
47. U.S. WAR VETERAN (YES/NO): NO
48. DATE OF SERVICE: [REDACTED]

49. FATHER—NAME: JOHN
50. MOTHER—MAIDEN NAME: [REDACTED]
51. RESIDENCE: ILLINOIS, COOK COUNTY, CHICAGO
52. DEATH WAS CAUSED BY: [REDACTED]
53. IMMEDIATE CAUSE: [REDACTED]

STATE OF ILLINOIS
COUNTY OF COOK } SS
CITY OF CHICAGO }
December 17, 1973

I, Murray C. Brown, M.D. Local Registrar of Vital Statistics, the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago; that I am accompanying certificate on this sheet is a true copy as a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VAL
Only When Original BL
SEAL AND BLUE SIGNATURE
Are Affixed.
Murray C. Brown
LOCAL REGISTRAR



CHICAGO BOARD OF HEALTH
Chicago Civic Center, Room 105
Chicago, Illinois 60602

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