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Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 06/17/2003 12:24 PM Pg: 1 of 2

DECEASED JOINT TENANCY AFFIDAVIT

MARY JO VEVERKA, being duly sworn, states that she resides at 3346 N. Southport, in the City of Chicago, Illinois.

That she was acquainted with **ARTHUR B. HALLENBERG** deceased, who, at the time of his death, was one of the owners of the land in Oak Park, Cook County, Illinois, described as:

LOT 15 IN BLOCK 1 IN SALINGER AND HUBBARD'S KENILWORTH BOULEVARD ADDITION TO OAK PARK, BEING A SUBDIVISION OF THE EAST HALF OF THE NORTH WEST QUARTER OF SECTION 6, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

PIN: **16-06-106-011-0000**

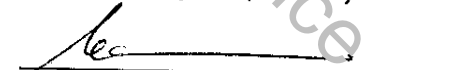
COMMONLY KNOWN AS: **1230 N. Grove, Oak Park, Illinois 60302**

That the deceased died December 4, 2000, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- 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 January, 2001.

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 Five Hundred Thousand Dollars (\$500,000.00).

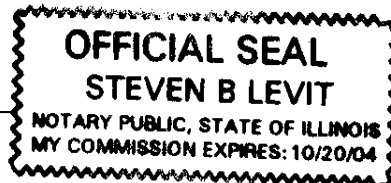


MARY JO VEVERKA

Subscribed and sworn to before me
this 26th day of December, 2002.



Notary Public



Certified Copy of a Death Record

UNOFFICIAL COPY

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <u>16-92</u>		STATE OF ILLINOIS		STATE FILE NUMBER	
		REGISTERED NUMBER <u>1619</u>		MEDICAL CERTIFICATE OF DEATH			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
A.....		<u>Arthur B. Hallenberg</u>		<u>Male</u>	<u>December 4, 2000</u>		
B.....		COUNTY OF DEATH		AGE - LAST BIRTHDAY (YRS)		DATE OF BIRTH (MONTH, DAY, YEAR)	
C.....		<u>COOK</u>		5a. <u>94</u>		5d. <u>March 20, 1906</u>	
D.....		CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATE D.O.A. OR EMER. RM. INPATIENT (SPECIFY)	
E.....		<u>Northlake</u>		<u>Vencor Hospital Northlake</u>		<u>Inpatient</u>	
DECEASED		BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
B.....		<u>Chicago, IL</u>		<u>Married</u>		<u>Mary R. O'Laughlin</u>	
C.....		SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY	
D.....		<u>312-03-4305</u>		<u>Owner</u>		<u>Advertising</u>	
E.....		RESIDENCE (ST, SET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
		<u>1230 North Grove</u>		<u>Oak Park</u>		12. <u>6</u> Elementary/Secondary (0-12) College (1-4 or 5+)	
		STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	
		<u>Illinois</u>		<u>60302</u>		<u>White</u>	
		FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
PARENTS		<u>John Hallenberg</u>		<u>Anna</u>		<u>NO</u> <input type="checkbox"/> YES SPECIFY:	
1.....		INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	
2.....		<u>Vencor Hospital Northlake</u>		<u>N/A</u>		<u>365 North Ave, Northlake IL 60164</u>	
3.....		18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
CAUSE		Immediate Cause (Final disease or condition resulting in death)		(a) <u>Cerebrovascular Accident</u>			
4.....		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF			
5.....		PART II. Other significant conditions contributing to death but not resulting in the underlying cause, given in PART I.		(c) DUE TO, OR AS A CONSEQUENCE OF			
N.....		<u>Resp failure, Atrial Fibrillation, sepsis</u>		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
P.....		DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		19a. <u>NO</u> 19b. <u></u>	
		20a. <u></u>		20b. <u></u>		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
		I (DID) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
		21a. <u>Last seen alive on 12/1/00</u>		21b. <u>NO</u>		21c. <u>4:30 AM</u> M.	
		TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR)		ILLINOIS LICENSE NUMBER	
CERTIFIER		22a. SIGNATURE <u>Anu Mani</u>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22b. <u>12/4/00</u>	
				<u>365 E. North Ave., Northlake, IL</u>		22c. <u>ANU MANI VENCOR NORTHLAKE</u>	
		22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		22d. <u>BMB530655</u>		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
		23. <u>Billie Broadview, Illinois 60153</u>		23. <u></u>			
DISPOSITION		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE	
		24a. <u>Burial</u>		24b. <u>Queen of Heaven</u>		24c. <u>Hillside, Illinois</u>	
		FUNERAL HOME		NAME STREET AND NUMBER OR R.F.D.		DATE (MONTH, DAY, YEAR)	
		25a. <u>Drechsler, Brown & Williams</u>		<u>203 S. Marion St., Oak Park, Illinois 60302</u>		24d. <u>Dec 6, 2000</u>	
		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
		25b. <u>Charles M. Williams</u>		25c. <u>034-012154</u>			
		LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
		26a. <u>Richard J. Billie</u>		26b. <u>December 5, 2000</u>			

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE DEC 5 2000 SIGNED Richard J. Billie

AT Broadview, Illinois 60155, Illinois OFFICIAL TITLE Local Registrar of Vital Statistics

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.