

# UNOFFICIAL COPY

STATE OF ILLINOIS     )  
                                  ) SS  
COUNTY OF C O O K     )



Doc#: 0326744098  
Eugene "Gene" Moore Fee: \$28.50  
Cook County Recorder of Deeds  
Date: 09/24/2003 11:24 AM Pg: 1 of 3

## JOINT TENANCY AFFIDAVIT

RICHARD H. KAHLE, hereby referred to as the affiant, states under oath that the affiant resides at 8284 W. Strong, in the City of Norridge, Illinois; that the affiant was acquainted with HENRY KAHLE, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property, located in Cook County, Illinois, and legally described as per the attached.

Address of Property: 7400 W. Winnemac, Harwood Heights, IL 60706  
P.I.N. 12-12-416-030-0000

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on November 14, 1966, as evidenced by a certified copy of his death certificate attached hereto, leaving no last will and testament;

That the Illinois Estate Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full.

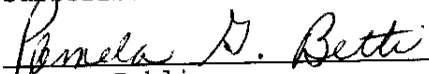
That the affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. to issue its policy of title insurance on the above described property.

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Attorneys' Title Guaranty Fund, Inc. harmless and to reimburse The Fund for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which The Fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

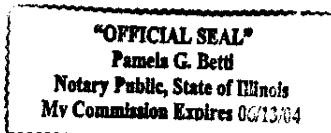
1. Claims against the estate of HENRY KAHLE, the decedent;
2. Illinois Estate Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

 (SEAL)  
RICHARD H. KAHLE

Subscribed & Sworn to before me this 4TH day of September, 2003.

  
Notary Public

This Affidavit Prepared by and Return to:  
MICHAEL J. CORNFIELD  
6153 N. Milwaukee Ave., Chicago, IL 60646



# UNOFFICIAL COPY

Legal Description:

PARCEL 2:

The West 82.05 feet of the East 328.21 feet of that part of the South 18.16 acres of the East 31.86 acres of the West half (1/2) of the South East quarter (1/4) of Section 12, Township 40 North, Range 12, East of the Third Principal Meridian, lying North of the center line of alley, extended East, in Block Thirteen (13) of Oliver Salinger and Company's Lawrence Manor Subdivision, in Cook County, Illinois.

Property of Cook County Clerk's Office

# BOARD OF HEALTH - CITY OF CHICAGO

# UNOFFICIAL COPY



NOVEMBER 26, 1963

STATE OF ILLINOIS }  
COUNTY OF COOK } SS  
CITY OF CHICAGO }

I, Samuel L. Andelman, M.D., Local Registrar of Vital Statistics of 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 the accompanying certificate on this sheet is a true copy of a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID  
Only When Original BLUE  
SEAL AND BLUE SIGNATURE  
Are Affixed.

*Samuel L. Andelman M.D.*

WITH TYPEWRITER OR TYPE-SETTING

## STATE OF ILLINOIS

### MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16.10 REGISTRATION NUMBER 81358

2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)  
a. STATE Illinois  
b. COUNTY Cook  
c.  INSIDE corporate limits and in City, Village, or Incorporated Town

3. PLACE OF DEATH  
a. COUNTY Cook  
b. STATE Illinois  
c.  INSIDE corporate limits and in City, Village, or Incorporated Town

4. LENGTH OF STAY  
a.  OUTSIDE corporate limits and in Township name  
b.  INSIDE corporate limits and in City, Village, or Incorporated Town  
c.  OUTSIDE corporate limits and in Township name  
d.  INSIDE corporate limits and in City, Village, or Incorporated Town  
e. LENGTH OF RESIDENCE At 1/2 or 24  
f. LENGTH OF STAY 14 years

5. NAME OF HOSPITAL OR INSTITUTION  
a. NAME Northwest Hospital  
b. If not in hospital or institution, give Street & No. or R.F.D. and Post Office

6. Did decedent reside on a farm?  
a. YES  b. NO

7. NAME OF DECEASED  
a. FIRST Henry  
b. MIDDLE John  
c. LAST Kahle

8. DATE OF BIRTH  
a. DATE 12-13-1901  
b. PLACE (City, Village, or foreign country) Chicago, Illinois  
c. CITIZENSHIP USA

9. AGE (In years, months, and days)  
a. AGE 61  
b. SEX Male

10. USUAL OCCUPATION  
a. OCCUPATION Machinist  
b. KIND OF BUSINESS OR INDUSTRY Auto

11. FATHER'S FULL NAME Gustav Kahle

12. MOTHER'S FULL NAME Susan Holtman

13. Was decedent ever in U.S. Armed Forces? (If no, see only one code per line for (A), (B), and (C))  
a. YES  b. NO

14. SOCIAL SECURITY NUMBER 322 12 4128

15. MEDICAL CAUSE OF DEATH  
PART I. DEATH WAS CAUSED BY: (Enter only one code per line for (A), (B), and (C))  
a. IMMEDIATE CAUSE (A) CEREBRAL HEMORRHAGE  
b. CAUSE (B) HYPERTENSION  
c. CAUSE (C) 4 HOURS

16. SIGNATURE OF INFORMANT  
a. SIGNATURE Clark M...  
b. ADDRESS 5645 W. Addison St.

17. RELATIONSHIP TO DECEASED  
a. RELATIONSHIP Clerk  
b. MEDICAL RECORDS Medical Records

18. INTERVAL BETWEEN ONSET AND DEATH 4 HOURS

19. DATE OF CREMATION, IF ANY  
a. DATE 11/14/63  
b. NAME OF CREMATOR Alfredo...

20. AUTOPSY  
a. YES  b. NO

NOTE: If an injury was involved in this death, the Coroner must be notified.  
21. I hereby certify that I attended the deceased from 11/14/63 to 11/14/63, that I last saw the deceased alive on 11/14/63 and after account for 5:15 P.M. from the coroner and on the date stated above.  
Signature Alfredo... License Number 36-375-2-2 Date 11/14/63  
Address 3218 W. 70th St. Chicago, Ill. Phone HU 9-1193

22. DISPOSITION  
a. BUREAU OF HEALTH FILE NO. 11/18/63  
b. FUNERAL DIRECTOR Smith &...  
c. SIGNATURE Samuel L. Andelman M.D.  
d. ADDRESS 2800 N. Cicero Chicago, Ill. License Number P. 1013

23. CEMETERY Irving Park  
24. LOCATION Chicago, Illinois  
25. RECEIVED FOR FILING ON NOV 15 1963 (Signed) Samuel L. Andelman M.D. LOCAL REGISTRAR

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CAUSE OF DEATH  
331X

53 & R 200 - BUREAU OF STATISTICS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH

THE AUTHORITY OF ILLINOIS