

# UNOFFICIAL COPY



Doc#: 0326744099  
Eugene "Gene" Moore Fee: \$28.50  
Cook County Recorder of Deeds  
Date: 09/24/2003 11:26 AM Pg: 1 of 3

STATE OF ILLINOIS )  
 ) SS  
COUNTY OF COOK )

**AFFIDAVIT**

**RICHARD H. KAHLE**, of legal age and under no legal disability and residing at 8284 W. Strong, Norridge, Illinois 60706, being duly sworn upon oath, deposes and says as follows:

(1) Affiant states that affiant's mother, **AGNES V. KAHLE** owned the following described real estate duly acquired by Deed recorded as Document No. 14688972 by Trustee's Deed to HENRY KAHLE AND AGNES V. KAHLE recorded February 5, 1949 to wit: SEE ATTACHED.

Permanent Property Tax Numbers 12-12-416-009-0000 and  
12-12-416-030-0000 Vol. 136  
commonly known as 7429 W. Winnemac Harwood Heights, Illinois 60706.

(2) Affiant states that **AGNES V. KAHLE** deceased February 6, 2001, and a certified copy of her Death Certificate is hereto attached.

(3) Affiant states that relative to the demise of **AGNES V. KAHLE** she died testate, leaving a will and the total value of her estate, including the real estate above described, did not exceed the sum of \$675,000.00. There has been no Probate administration of her Estate and no State Estate Tax or Federal Estate Tax is due or payable arising out of her demise, and all her debts, including funeral expenses, have been fully discharged.

(4) Affiant states that **AGNES V. KAHLE**, was married once and once only to **HENRY KAHLE**. Of said marriage there was one (1) child born and one (1) only. The one child being:

(A) RICHARD H. KAHLE, your Affiant herein, of legal age and under no legal disability, and who survived the said **AGNES V. KAHLE**.

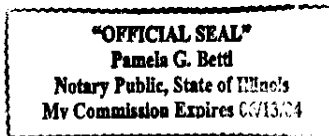
(5) **AGNES V. KAHLE** adopted no children and had no children born out of wedlock.

RICHARD H. KAHLE

Subscribed and Sworn to before me this 4th day of September A.D. 2003.

Notary Public

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



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## Legal Description:

### PARCEL 1:

Lot 71 in Witwicki's Foster-Oketa Gardens Subdivision, a Subdivision in the West 1/2 of the South East 1/4 of Section 12, Township 40 North, Range 12 East of the Third Principal Meridian, in Cook County, Illinois.

### 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

# UNOFFICIAL COPY

## CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

FEB 07 2001

I, JOHN L. WILHELM 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 FOR 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 OBTAINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN  
MULTICOLOR SIGNATURE SEAL IS  
AFFIXED.

STATE FILE NUMBER

601974

### MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

REGISTRATION DISTRICT NO. 16.10

DECEASED-NAME FIRST MIDDLE LAST AGNES V. KAHLE	SEX 2. FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. FEBRUARY 06, 2001
COUNTY OF DEATH COOK	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. JANUARY 15, 1910	IF HOSP OR INST INDICATE D.O.A. OF EMER RM. (INPATIENT) (SPECIFY) 6c. INPATIENT
CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER CHICAGO	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) RESURRECTION MEDICAL CENTER	WAS DECEASED BY VENOUS ARMED FORCES? (YES/NO) 9. NO
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Berlin, Germany	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) None	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (11, 4, 3, 5, 1)
SOCIAL SECURITY NUMBER 323-09-6707	KIND OF BUSINESS OR INDUSTRY OWN HOME	INSIDE CITY (YES/NO) 13c. YES
RESIDENCE (STREET AND NUMBER) 7429 WINNEMAC	CITY, TOWN, TWP. OR ROAD/DISTRICT NO. HARWOOD HEIGHTS	COUNTY 13d. COOK
STATE ILLINOIS	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) WHITE	(MAIDEN) LAST UNAVAILABLE
FATHER-NAME FIRST MIDDLE LAST ERIC SCHREIBER	RELATIONSHIP SON	MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) 8284 STRONG, NORRIDGE, ILLINOIS 60706
INFORMANT'S NAME (TYPE OR PRINT) RICHARD H. KAHLE	MOTHER-NAME FIRST MIDDLE LAST KIMO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 MONTHS
17a. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.		
18. PART I. Immediate Cause (Final disease or condition resulting in death) (a) RENAL FAILURE DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) STATING THE UNDERLYING CAUSE LAST.		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		
DATE OF OPERATION, IF ANY 20b.	MAJOR FINDINGS OF OPERATION 20c.	HOUR OF DEATH 21c.
(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. DID	DATE AND PLACE AND TIME TO THE CAUSE(S) STATED. FEBRUARY 05, 2001	DATE SIGNED (MONTH, DAY, YEAR) 2:54 A. M.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		
22a. SIGNATURE (TYPE OR PRINT) NAME AND ADDRESS OF CERTIFIER ASHOK D. SAWLANI MD 7447 W. TALCOTT CHICAGO, IL 60631		
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		
23. BUREAU OF RECORDS AND IDENTIFICATION BIRTH, DEATH, MARRIAGE, DIVORCE, WIDOWED, DIVORCED, WIDOWED, NEVER MARRIED, MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED	LOCATION CITY OR TOWN CHICAGO, ILLINOIS	DATE (MONTH, DAY, YEAR) FEBRUARY 10, 2001
24a. BURIAL FUNERAL HOME CUMBERLAND CHAPELS	STREET AND NUMBER OR R.F.D. 8300 WEST LAWRENCE AVENUE, NORRIDGE, ILLINOIS 60706	ZIP 60706
25a. FUNERAL DIRECTOR'S SIGNATURE John A. ...	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031-008880	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) FEB 07 2001
25b. LOCAL REGISTRAR'S SIGNATURE John L. Wilhelm, M.D.	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) FEB 07 2001	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) FEB 07 2001

BASED ON 1989'S STANDARD CERTIFICATE