

UNOFFICIAL COPY

DECEASED JOINT
TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF COOK)



Doc#: 0334444062
Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 12/10/2003 11:23 AM Pg: 1 of 2

JOHN MUELLER, being duly sworn and for the purpose of attesting to the death of **MARGARET MUELLER**, states:

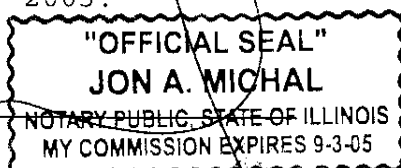
1. That he resides at 3356 w. Berwyn Avenue, Chicago, IL 60625.
2. That he was acquainted with **MARGARET MUELLER**, who died on February 4, 1997, as is evidenced by the attached certified copy of death certificate.
3. That said decedent was one of the joint owners of land in County of Cook, State of Illinois, described as follows:

Lot 24 and the South $\frac{1}{2}$ of Lot 23 in Block 8 in North Park Addition to Chicago, a Subdivision of parts of the Northeast $\frac{1}{4}$ and Southeast $\frac{1}{4}$ of Section 11, Township 40 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois.

Commonly known as 3354-56 W. Berwyn Avenue, Chicago, IL 60625.
PIN
4. That said decedent died leaving no last will and testament.
5. That the total value of the estate of said decedent for State of Illinois inheritance tax and Federal estate tax purposes does not exceed \$100.00.

John Mueller

Subscribed and Sworn to
before me this 4 day
of December, 2003.



Prepared by and mail to:
Jon A. Michal

5576 N. Elston Avenue
Chicago, IL 60630

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY
DAVID ORR, County Clerk

NOV 04 2003

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr
COUNTY CLERK

REGISTRATION DISTRICT NO. **16.18**

STATE OF ILLINOIS STATE FILE NUMBER **602102**

MEDICAL CERTIFICATE OF DEATH

1 DECEASED NAME Margaret Mueller			2 SEX Female			3 DATE OF DEATH (MONTH DAY YEAR) Feb. 4, 1997		
4 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Cook Chicago			5a AGE LAST BIRTHDAY (YRS) MOSS DAYS HOURS MIN 70			5b DATE OF BIRTH (MONTH DAY YEAR) OCTOBER 15, 1926		
6a BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) HUNGARY			7a MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED			8b NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) PETER		
10 SOCIAL SECURITY NUMBER 331-44-4126			11a USUAL OCCUPATION HOME MAKER			11b KIND OF BUSINESS OR INDUSTRY AT HOME		
13a RESIDENCE (STREET AND NUMBER) 3354 W. BERWYN			13b CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO			13c INSIDE CITY (YES/NO) YES		
13e STATE ILLINOIS			13f ZIP CODE 60625			14b RACE (WHITE, BLACK, AMERICAN INDIAN, OR OTHER) (SPECIFY) WHITE		
15 FATHER NAME (FIRST MIDDLE LAST) JOHANN BOHM			16 MOTHER NAME (FIRST MIDDLE LAST) MAGDALENA BACHIS			17c MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP) 5145 N. California Chicago IL 60625		
17a INFORMANT'S NAME (TYPE OR PRINT) Anita Janisch			17b RELATIONSHIP MOTHER			17c MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP) 5145 N. California Chicago IL 60625		
18 PART I Enter the diseases, or complications that caused the death. Do not enter: (1) mode of dying, such as cardiac or respiratory arrest; (2) shock, or heart failure. List only one cause on each line.								
Immediate Cause (Final disease or condition resulting in death)			(a) Sepsis, Clostridium Difficile DUE TO, OR AS A CONSEQUENCE OF				1 month	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST			(b) Colon Carcinoma DUE TO OR AS A CONSEQUENCE OF				3 months	
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in PART I								
20a DATE OF OPERATION IF ANY			20b MAJOR FINDINGS OF OPERATION			19a AUTOPSY (YES/NO) No		
21a TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME DATE AND PLACE AND DUE TO THE CAUSE(S) STATED Feb. 1, 1997			21b WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) No			21c HOUR OF DEATH 5:37 A.M.		
22a SIGNATURE <i>George N. Christopoulos</i>			22b NAME AND ADDRESS OF CERTIFIER George N. Christopoulos M.D. 5131 N. Lincoln Ave. Chicago IL			22c DATE SIGNED (MONTH DAY YEAR) Feb. 4, 1997		
23 BURIAL OR CREMATION REMOVAL (SPECIFY) BURIAL			24a CEMETERY OR CREMATORY NAME MARY HILL CEMETERY			24b LOCATION CHICAGO ILLINOIS		
25a FUNERAL HOME PEAFF FUNERAL HOME			25b FUNERAL DIRECTOR'S SIGNATURE <i>George R. Peaff</i>			25c LOCAL HEALTH DEPARTMENT'S SIGNATURE <i>William ...</i>		