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JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
)
COUNTY OF COOK) SS



Doc#: 0402334108
Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 01/23/2004 12:47 PM Pg: 1 of 2

DATE: March 1, 2003
DECEDENT: Lester Niemann

Terry L. Niemann, hereinafter referred to as the affiant deposes and states that the affiant resides at 1243 Hickory, Village of Homewood and State of Illinois;

That the decedent at the time of his/her death was one of the owners of the property in Cook County, Illinois, legally described as follows:

Lot 6 in Eame's Subdivision of Lot 5 in Fox's Subdivision of Lot 4 in Assessor's Division of the South East Quarter of the South East Quarter of Section 25, Township 37 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Commonly known as: 12625 Greenwood, Blue Island, Illinois 60406
P.I.N. 24-25-429-006-0000 Volume 247

That said decedent died on October 28, 1999 leaving no Last Will and Testament;

That the total value of the estate of said decedent including his/her taxable interest in the above real estate is \$500.00;

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

That if the decedent had a will it was not a joint or mutual will; nor was the survivor of the joint tenant allowed under said will to elect to take any property in lieu of the joint tenancy property.

Signature: Terry Niemann
Terry L. Niemann

SUBSCRIBED AND SWORN TO
before me this 1 day of
March, 2003.
[Signature]
Notary Public

Mail To:
Robert Salus
Attorney at Law
14300 South Ravinia, Suite 100
Orland Park, Illinois 60462

S-Vts
P-1
S-NO
M-Yts
Kew

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DISTRICT NO. 14
REGISTERED NUMBER 787

MEDICAL CERTIFICATE OF DEATH

VITAL FILE NUMBER

Type of Print in PERMANENT BK See Funeral Director, Hospital, or Physician Handbook for INSTRUCTIONS

A DECEASED
B
C
D
E

PARENTS

CAUSE

CERTIFIER

DISPOSITION

DECEASED-NAME 1. LESTER NIEMANN		SEX 2 MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. OCTOBER 28, 1999
COUNTY OF DEATH 4. COOK		AGE-LAST BIRTHDAY (YRS) 5a. 82	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. JANUARY 29, 1917
BIRTH PLACE (CITY AND STATE OR FOREIGN COUNTRY) 6a. CHICAGO HEIGHTS		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER) 6b. ST JAMES HOSPITAL	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 7. Chicago, Illinois Divorced		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8. none	
SOCIAL SECURITY NUMBER 10. 708-14-3190		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12	
USUAL OCCUPATION 11a. Barber		KIND OF BUSINESS OR INDUSTRY 11. Barber Shop	
RESIDENCE (STREET AND NUMBER) 13a. 12625 Greenwood		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Blue Island	COUNTY 13d. Cook
STATE 13a. Illinois		ZIP CODE 13c. 60406	RACE (WHITE, BLACK, AMERICAN INDIAN, ALA.) (SPECIFY) 14a. White
FATHER-NAME FIRST MIDDLE LAST 17. Peter J. Niemann		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 18. Anna Kammin	
INFORMANT'S NAME (TYPE OR PRINT) 17a. Perry Niemann		RELATIONSHIP 17b. son	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 1243 Hickory Homewood, Illinois 60430
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. (a) Acute renal failure DUE TO, OR AS A CONSEQUENCE OF		19. AUTOPSY (YES/NO) 19a. NO	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) Chronic renal failure DUE TO, OR AS A CONSEQUENCE OF		WHERE AUTOPSY SHOWS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YEAR) 18b.	
DATE OF OPERATION, IF ANY 20a.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO	
11(D) (AND NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. 10-27-99		HOUR OF DEATH 21c. 9:25 PM	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED. 21b. NO		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO	
22a. SIGNATURE Dr. Daniel Brzezanski		DATE SIGNED (MONTH, DAY, YEAR) 10-1-99	
NAME AND ADDRESS OF CERTIFIER (M.D., D.O., M.P.H.) Dr. Daniel Brzezanski 2605 W. Lincoln Highway		ILLINOIS LICENSE NUMBER 036089211	
23. BURIAL, CREMATION, REMOVAL (EMPHY) 24a. Burial		NOTE: IF AN INMATE WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
CEMETERY OR CREMATORY-NAME 24b. Cedar Park		LOCATION OF OR TOWN STATE 24c. Calumet Park, Illinois	
FUNERAL HOME NAME 25a. Ryan Funeral Home		DATE (MONTH, DAY, YEAR) 24d. November 1, 1999	
FUNERAL DIRECTOR'S SIGNATURE Michael T. Ryan		FUNERAL HOME'S ILLINOIS LICENSE NUMBER 25c. 032-011800	
LOCAL REGISTRAR'S SIGNATURE Rachel M. Vega		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) October - November 3, 1999	

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE ABOVE NAMED IN ITEM NO. 1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILL BIRTHS & DEATHS.

DATE: **NOV 02 1999**

SIGNED: **Rachel M. Vega**

AT: **CHICAGO HEIGHTS, IL 60411**

TITLE: **LOCAL REGISTRAR**

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

BASED ON U.S. STANDARD CERTIFICATE