

MAIL TO: Mark L. LeFevour
KELLEY, KELLEY & KELLEY
P.O. Box 681189
Schaumburg, IL 60168-1189



Doc#: 0404149273
Eugene "Gene" Moore Fee: \$28.50
Cook County Recorder of Deeds
Date: 02/10/2004 02:32 PM Pg: 1 of 3

RECORDER'S STAMP

Property of Cook County Clerk's Office

JOINT TENANCY AFFIDAVIT

DECEDENT: HEINZ NAUJOKS

DATE: December 8, 2003

DAVID SMOCK, hereinafter referred to as the affiant deposes and states that the affiant resides at 5400 S. Rutherford, in the City of Chicago;

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

LOT 56 IN S.J. WALKERS SUBDIVISION OF THE SOUTH 1/2 OF THE NORTHWEST 1/4 OF BLOCK 11 IN CANAL TRUSTEES' SUBDIVISION OF THE EAST 1/2 OF SECTION 31, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PERMANENT TAX NUMBER: 17-31-215-018-0000

ADDRESS OF REAL ESTATE: 1624 West 33rd Street, Chicago, IL 60608

That said decedent died on March 2, 1980 leaving no last will and testament;

That the total value of the estate of said decedent including his taxable interest in the above real estate was less than \$600,000.00;

That the Illinois Inheritance Tax and the 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 and 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;

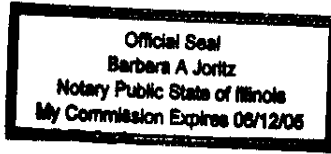
3

UNOFFICIAL COPY

That the affiant makes this Affidavit to induce the Cook County Recorder to record a Quit Claim Deed on the above described property and to clarify chain of title.

David B Smock
DAVID SMOCK

SUBSCRIBED AND SWORN TO
before me this 14th day
of December, 2003



Barbara A Joritz
Notary Public

Note: If the decedent left a Will it will be necessary that the original or a certified copy thereof be presented to us for inspection. A death certificate together with evidence of payment of death taxes, if any, should accompany this Affidavit.

Property of Cook County Clerk's Office

UNOFFICIAL COPY

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
STATE REG. NUMBER 605053

MARCH 3, 1980

STATE OF ILLINOIS
COUNTY OF COOK } SS
CITY OF CHICAGO

I, Hugo H. Muriel, 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 as a record kept by me in pursuance of said laws and ordinances.

1. DECEASED - NAME Hient Henry		FIRST		MIDDLE		LAST		SEX		DATE OF DEATH	
1. NAME (PRINT OR TYPE) White		2. RACE White		3. SEX Male		4. DATE OF BIRTH March 2, 1980		5. COUNTY OF BIRTH Cook		6. CITY OF BIRTH Chicago	
7. STATE OF BIRTH Germany		8. CITIZENSHIP U.S.A.		9. MARRIAGE STATUS Married		10. HOSPITAL OR OTHER INSTITUTION St. Anthony Hospital		11. NAME OF SURVIVING SPOUSE Inge Jacks		12. STATUS Inpatient	
13. SOCIAL SECURITY NUMBER UNAVAILABLE		14. USUAL OCCUPATION Nurse Oper.		15. KIND OF BUSINESS OR INDUSTRY Teledis		16. U.S. MAR. VETERAN No		17. WAR OR DATES OF SERVICE No		18. RESIDENCE STREET AND NUMBER 1624 W. 33rd St.	
19. CITY, TOWN, OR ROAD DISTRICT NO. Chicago		20. INSIDECITY Chicago		21. COUNTY Cook		22. STATE Illinois		23. FATHER - NAME Fritz		24. MOTHER - MAIDEN NAME Helen	
25. FATHER - MIDDLE Naujoks		26. MOTHER - MIDDLE Cook		27. RELATIONSHIP Hospital		28. MAILING ADDRESS 2875 W 19th St Chicago, IL 60623		29. DEATH CAUSED BY INTRAUTERINE FETAL DEATH		30. INTERMEDIATE CAUSE HELLPERSYNDROME	
31. DEATH CAUSED BY HELLPERSYNDROME		32. INTERMEDIATE CAUSE HELLPERSYNDROME		33. DUE TO, OR AS A CONSEQUENCE OF HELLPERSYNDROME		34. DUE TO, OR AS A CONSEQUENCE OF HELLPERSYNDROME		35. DUE TO, OR AS A CONSEQUENCE OF HELLPERSYNDROME		36. DUE TO, OR AS A CONSEQUENCE OF HELLPERSYNDROME	
37. ATTENDED THE DECEASED FROM JAN 10, 1977 TO MAR 2, 1980		38. MONTH, DAY, YEAR		39. MONTH, DAY, YEAR		40. MONTH, DAY, YEAR		41. MONTH, DAY, YEAR		42. HOUR OF DEATH 4:40A.M.	
43. SIGNATURE H. Muriel		44. NAME AND ADDRESS OF CERTIFIER H. Muriel, M.D. 6841 W. Cermak Rd Berwyn, IL 60402		45. ILLINOIS LICENSE NUMBER #36-55475		46. DATE SIGNED 3-2-80		47. ILLINOIS LICENSE NUMBER		48. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	
49. BURIAL, CREMATION, REMOVAL (PRINT)		50. CEMETERY OR CREMATOR NAME St. Mary		51. LOCATION Evergreen Park, Illinois		52. CITY OR TOWN Chicago		53. STATE Illinois		54. DATE Mar. 5, 1980	
55. FUNERAL HOME Friedrichs Funeral Home 1939 W. 35th St. Chicago IL 60609		56. STREET AND NUMBER OR R.F.D. 1939 W. 35th St. Chicago IL 60609		57. CITY OR TOWN Chicago		58. STATE Illinois		59. ZIP 60609		60. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 6367	
61. LOCAL REGISTRAR'S SIGNATURE H. Muriel		62. DATE REC'D. BY LOCAL REGISTRAR MAR 3 1980		63. CHICAGO DEPT. OF HEALTH RICHARD J. BAILEY CENTER, ROOM 111 CONCOURSE LEVEL, CHICAGO 60605		64. DATE REC'D. BY LOCAL REGISTRAR MAR 3 1980		65. CHICAGO DEPT. OF HEALTH RICHARD J. BAILEY CENTER, ROOM 111 CONCOURSE LEVEL, CHICAGO 60605		66. DATE REC'D. BY LOCAL REGISTRAR MAR 3 1980	

This Certified Copy VALID
When MULTICOLOR SEAL
And BLUE SIGNATURE ARE
Affixed

