

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



Doc#: 0404149274
Eugene "Gene" Moore Fee: \$28.50
Cook County Recorder of Deeds
Date: 02/10/2004 02:33 PM Pg: 1 of 3

RECORDER'S STAMP

Property of Cook County Clerk's Office

JOINT TENANCY AFFIDAVIT

DECEDENT: INGE NAUJOKS

DATE: December 8, 2003

DAVID SMOCK, hereinafter referred to as the affiant deposes and states that the affiant resides at 5430 S. Rutherford, in the City of Chicago;

That the decedent at the time of her 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 August 25, 2003 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 \$1,000,000.00;

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;

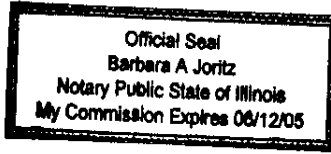
Handwritten mark

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

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

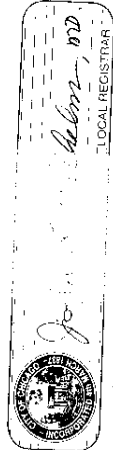
STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

AUG 26 2003

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.

REGISTRATION DISTRICT NO. **16.10**

REGISTERED NUMBER

STATE FILE NUMBER **6123395**

DECEASED-NAME Inge		MIDDLE Neutoks		LAST Neutoks		SEX Female		DATE OF DEATH (MONTH, DAY, YEAR) Aug 25, 2003	
COUNTY OF DEATH Cook		AGE-LAST BIRTHDAY (MOS, DAYS, HOURS, MIN) 78		UNDER 1 YEAR 5d		DATE OF BIRTH (MONTH, DAY, YEAR) Sept 26, 1924		IF HOSP. OR INST. INDICATE D.O.A. OPERMER, RM, INPATIENT (SPECIFY) 6c Hospice	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8b Widowed		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 11a OPERATOR		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9 No	
BIRTHPLACE (CITY AND STATE OR ORIGIN/COUNTRY) GERMANY		KIND OF BUSINESS OR INDUSTRY 11b MANUFACTURING		CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago		INSIDE CITY (YES/NO) 13c YES		COUNTY 13d Cook	
SOCIAL SECURITY NUMBER 3 44-32-1057		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a WHITE		HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b X NO		SPECIFY: FIRST MIDDLE LAST ANNE		(MOTHER) LAST	
RESIDENCE (STREET AND NUMBER) 13a 1624 W. 33RD ST.		RELATIONSHIP 17b Daughter		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c 175400 S. Rutherford Chicago IL		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 years			
FATHER-NAME FIRST MIDDLE LAST Rudolf JACKS		MOTHER-NAME FIRST MIDDLE LAST ANNE		MOTHER'S MIDDLE ANNE		MOTHER'S LAST ANNE			
INFORMANT'S NAME (TYPE OR PRINT) RITA Smeck		RELATIONSHIP 17b Daughter		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c 175400 S. Rutherford Chicago IL		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 years			
IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) carcinoma of the colon		DUE TO OR AS A CONSEQUENCE OF (b)		DUE TO OR AS A CONSEQUENCE OF (c)		AUTOPSY (YES/NO) 19a No		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (a) carcinoma of the colon		DUE TO OR AS A CONSEQUENCE OF (b)		DUE TO OR AS A CONSEQUENCE OF (c)		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		HOUR OF DEATH 21c 3:55 P. M.	
DATE OF OPERATION, IF ANY 20a		MAJOR FINDINGS OF OPERATION 20b		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b No		DATE SIGNED (MONTH, DAY, YEAR) 22b August 26, 2003		ILLINOIS LICENSE NUMBER 22d 036-30462	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED 21a August 25, 2003		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22a Richard Shapiro Chicago 60612		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22c		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		DATE (MONTH, DAY, YEAR) 24c August 30, 2003	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a Burial		CEMETERY OR CREMATORY-NAME 24b ST. MARY		LOCATION 24c EVERGREEN PARK		CITY OR TOWN Chicago		STATE IL	
FUNERAL HOME 24d		STREET AND NUMBER OR R.F.D. 3604 S. Heyde		CITY OR TOWN Chicago		STATE IL		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 60609	
FUNERAL DIRECTOR'S SIGNATURE John L. Wilhelm M.D.		STREET AND NUMBER OR R.F.D. 3604 S. Heyde		CITY OR TOWN Chicago		STATE IL		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 60609	
LOCAL REGISTRAR'S SIGNATURE John L. Wilhelm M.D.		STREET AND NUMBER OR R.F.D. 3604 S. Heyde		CITY OR TOWN Chicago		STATE IL		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 25c 034-011280	
DATE 26a		STREET AND NUMBER OR R.F.D. 3604 S. Heyde		CITY OR TOWN Chicago		STATE IL		DATE 26b AUG 26 2003	