**NOFFICIAL COPY** 

THIS DOCUMENT PREPARE MAIL TO:

Joel Goldman, Esq. 5105 Tollview Dr., #199 Rolling Meadows, IL 60008

1) HE 24011604 CTIC



Eugene "Gene" Moore Fee: \$28.00 Cook County Recorder of Deeds Date: 08/05/2004 10:27 AM Pg: 1 of 3

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS COUNTY OF C O O K

Robert Warren Deitmer, being duly sworn, states that he resides at 1055 Bishop, in the Village of Palatine, Illinois.

That he was acquainted with Bernice E. Deitmer, deceased, who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

LOT 18 IN BLOCK 2 IN HUNTING RIDGE UNIT NUMBER 1 BEING A SUBDIVISION IN SECTION 21 AND SECTION 28, TOWNSHIP 42 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED JANUARY 12, 1968 AS DOCUMENT 20377710, IN COOK COUNTY, ILLINOIS

P.I.N.: 02-21-408-018-0000

1055 Bishop, Palatine, IL

That the deceased died formy 3, 2004, as evidenced by a certified copy of Death Certificate of the deceased attached hereto.

EEK 333-CTI

0421801176 Page: 2 of 3

2004 COUNTY CLERT'S OFFICE

## **UNOFFICIAL COPY**

That the surviving joint tenant is **Robert Warren Deitmer** and that he survived the deceased by more than thirty (30) days.

Affiant makes this Affidavit for the purpose of spreading of record the death of Bernice E. Deitmer.

Kohl W. Dut

Subscribed and Sworn to

before me this 200 day

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Notary Public

(SEAL)

Joel Goldman
Notary Public, State of Illinois
My Commission Exp. 02/02/2008

## County of Cool OFFICAL COPY

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.

Ward On

FEB 0 4 2004

DECEDENT'S BIRTH NO.	REGISTRATION	<u>~ ~</u>	STATE OF ILLINOIS							STATE PU F		
	DISTRICT NO. 16.U REGISTERED		MEDICAL CERTIFICATE OF DEATH							STATE FILE NUMBER		
T	NUMBER					10/11		···				
Type or Print in PERMANENT INK	DECEASED—'.AME	FIRST		MIDDLE	LA	ST	SEX	<u> </u>	DATE OF DE	ATH (MON	ITH, DAY, YEAR)	
See Funeral Directors, Hospital, or Physicians		<u>nice</u>	<u>Elizal</u>		Deitme			<u>emale</u>	3. Feb	ruarv	3, 2004	
Handbook for	COUNTY OF DEAT?			E-LAST THDAY (YRS)	UNDER 1	YEAR UND	ER 1 DAY	DATE OF B	RTH (MONTH	, DAY, YEAR)		
INSTRUCTIONS	4. Cook		5a.	78	5b.	5c.		5d. Nove	mber 1	9. 192	:5	
	CITY, TOWN, TWP, OR KOA	O JISTRICT N	NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET						ET AND NUMBE	AND NUMBER) IF HOSP, OR INST. INDICATE D.O.A, OP/EMER, RM, INPATIENT (SPECIFY)		
A	6a. Palatine		6b. 1055 Bishop Court								esidence	
DECEACED	BIRTHPLACE (CITY AND STAT FOREIGN COUNTRY)		RRIËD, NEVER M IC WED, DIVORC	ARRIED,	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIF						VAS DECEASED EVER IN U. RMED FORCES? (YES/NO)	
DECEASED	FOREIGN COUNTRY) Chicago LILLINGIS		Married	ED (SPECIFT)						9. NO		
В	SOCIAL SECURITY NUMBER		THE RESERVE AND ADDRESS OF THE PARTY OF THE							PECIFY ONLY HIGHEST GRADE COMPLETED)		
C	10. 349-18-452	7	Coo coo		 	1		Elementar	y/Secondary (0			
D	RESIDENCE (STREET AND NU	/ IIIa JMBER)	Secreta		TOWN TWE	ducatio	STRICT NO	[12.	I.SIDE CITY	2 20111	m.	
5	1055 51 1		(	<b>)</b> /		, or nord b	iondo No		ES/NO)	COUN	IY	
E	13a 1055 Bisho	IZIP CODE	PACE	MHITI , BLACK	Palat:		ODIONO	13	c Yes	13d.	Cook	
Į	13e.Illinois		INDIAN, 6	etc. ) (SPEC' Y)	Litiozai			_	YES-IF YES,SPI	ECIFY CUBAN,	MEXICAN, PUERTO RICAN, 6	
	FATHER-NAME FIRST	13f.6006	7   14a.₩] NDDLE	LAST		14b. X		YES	SPECIFY:			
PARENTS					9/,		1/M/E FIR	.51	MIDDLE		(MAIDEN) LAST	
1	15. Edwald INFORMANT'S NAME (TYP	E OR PRINT)	K	rueger		16.	<u>Ella</u>	~~		(	ersch	
2		•		İ	LATIONSH	//	1055 P	lishon.	C+		OWN, STATE, ZIP)	
3	17a. Mr. Rober			17	Husba	na 137c.	Palat:	ine. T	L 60067	,		
• • • • • • • • • • • • • • • • • • • •	immediate Cause (Final	k, or heart fail	or complications are. List only one	that caused the cause on each	death. Do n ine.	ot enter the mo	of dying,	such as cardi	ac or respirato		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	
*****************	disease or condition resulting in death)	→ (a) N	Motost	atro	Q	st (	$2$ $\sim$ nc	0×			<u> </u>	
	-	1 ———	OR AS A CONSE	DUENCE OF	rreo	G C	-67				1 year	
	CONDITIONS, IF ANY WHICH GIVE RISE TO		JIV NO A CONSE	ADENCE OF			1/4	-,		i	•	
CAUSE	IMMEDIATE CAUSE (a)	(b)	TO, OR AS A CONSEQUENCE OF									
	STATING THE UNDERLYING CAUSE LAST.											
4	PART II. Other significant con	(C)	g to death but not res					(_	)			
5	TACT II. Other significant con	CONTROLLIN	g to death but not res	uiting in the underly	/ing cause giver	n IN PART I.			AL', OPSY (LES/LO)	COMPLETION OF	FINDINGS AVAILABLE PRIOR TO CAUSE OF DEATH? (YES/NO)	
N	DATE OF OPERATION, IF AN	·	OR FINDINGS OF				•••		19a N.O	19b.		
Р	•					IF FEMALE, WAS THERE A PREGNANCY IN PAS INFLES NONTHS?						
	20a.	20b.							20c.	YES 🗌		
	I (DID)((DID NOT) ATTEND T AND LAST SAW HIM/HER ALI	HE DECEASEI VE ON	O (MONTH, DAY	5/14	•		WAS COR	ONER OR M R NOTIFIED	EDICAL HO			
-	21a. TO THE BEST OF MY KNOW	ÆBGE DEAT			TE AND DI A	CE AND DUE	045	NΤΛ	`   ] ] ] ]	TE OLONES	12:40pm M.	
OFFICIED	TO THE BEST OF MY KNOW  22a, SIGNATURE	JQ	J-J-P			CE AND DOE	TO THE CA	JOE(0) 51A1	CD. DA		(MONTH, DAY, YEAR) 4, 2004	
CERTIFIER .	NAME AND ADDRESS OF CERTIFIER (TYPEOR PRINT) 1215 (1)11 0 Pd C10 CM								22b			
	NAME AND ADDRESS OF CERTIFIER (TYPEOR PRINT) 121 S. Wilke Rd, Ste, 605 22c. Robert J. Longo, M.O Arlington Heights, IL									1( ) -</td		
<b>i</b> -	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)									. OS	7997- Y WAS INVOLVED IN THIS	
	(COD & 5)										VER OR MEDICAL EXAMIN	
7	BURIAL CREMATION	CEMETERY	OR CREMATORY	-NAME	LO	CATION	CITY OR TO	VN s	TATE	DATE	(MONTH, DAY, YEAR)	
	REMOVAL (SPECIFY) 24a. Cremation	24b. Elr	n Lawn C	rematory	√ 24	e Elmh	urst		1.	1	2/06/2004	
DISPOSITION	FUNERAL HOME	NAME	. 24	STREET AND N	UMBER OR R.			OR TOWN		STATE	ZIP	
DISPOSITION	25a Ahlgrim & Sons Funeral Home 201 N. Northwest Hwy. Palatine, IL 60067-5359											
1	FUNERAL DIRECTOR'S SIGN	ATURE /							DIRECTOR'S IL	LINOIS LICENS		
	25b.	Wale	<b>3</b> -/		R	. Ahlgr	im	25c.	9946			
į	LOCAL REGISTEAR'S SIGNA	JURY X	LA		₹			DATE FIL	D BY LOCAL R	EGISTRAR	(MONTH, DAY, YEAR)	
	26a > 70000	a C	/VL-	1	$\leq$			26b.	ebru	ary 1	4,2004	
·	VR200 (REV. 5/89)		Illinois Departn	nent of Public He	ealth Divisio	on of Vital Reco	ords				STANDARD CERTIFICATI	