



UNOFFICIAL COPY
CHICAGO TITLE INSURANCE COMPANY
 505 E. NORTH AVE., CAROL STREAM, IL 60188

CUC DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }
 COUNTY OF } ss.

H23052410
 Order No.: 1408 TEST0000 HE

EVA LAUTERBACH
 being duly sworn states that 1 resides at 1432 S. MOHAWK DR
 in the City of SCHAUMBURG, IL

That 1 was MARRIED acquainted with GUNTHER LAUTERBACH deceased who, at the time of death,
 was one of the owners of the land in COOK County, Illinois, described as:
1432 S. MOHAWK DRIVE, SCHAMBURG, IL



Doc#: 0422242348
 Eugene "Gene" Moore Fee: \$50.00
 Cook County Recorder of Deeds
 Date: 08/09/2004 11:27 AM Pg: 1 of 3

That the deceased died April 7, 1996, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of _____ dollars.

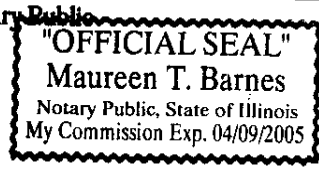
Affiant makes this affidavit for the purpose of inducing Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Eva Lauterbach
 this 3rd day of August, A.D. 2004

Maureen T. Barnes
 Notary Public

Eva Lauterbach
 (Affiant's Signature)



BOX 333-CTI

UNOFFICIAL COPY

19/03 15:28 FAX 630 930 2780

HARVEY BANK ROSELLE

002

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS STATE FILE NUMBER

STATE FILE NUMBER

APR 1 1 1996

Date

Registrar of Birth, Stillbirth and Death

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statutes relating to the Registrar of Birth, Stillbirth and Death.

At Cook County Department of Public Health - Local Registrar
1010 Lake Street - Suite 300 - Oak Park, Illinois 60301
Signed *Madeline The Curry*

REGISTRATION DISTRICT NO. 160	REGISTERED NUMBER	DECEASED NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH	MONTH	DAY	YEAR
		GUNTHER	Hubertus	LAUTERBACH	1701 W. Life	2 MALE	APR 11 7 1996			
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	AGE AT LAST BIRTHDAY (YRS)	UNDER 1 YEAR	1 TO 5 YEARS	5 TO 9 YEARS	10 TO 14 YEARS	15 TO 19 YEARS	20 TO 24 YEARS	25 TO 29 YEARS	30 TO 34 YEARS	35 TO 39 YEARS
COOK	66									
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER ONE, STREET AND NUMBER)	DATE OF BIRTH (MONTH, DAY, YEAR)	DATE OF DEATH (MONTH, DAY, YEAR)	DATE OF DEATH (MONTH, DAY, YEAR)	DATE OF DEATH (MONTH, DAY, YEAR)	DATE OF DEATH (MONTH, DAY, YEAR)	DATE OF DEATH (MONTH, DAY, YEAR)	DATE OF DEATH (MONTH, DAY, YEAR)	DATE OF DEATH (MONTH, DAY, YEAR)	DATE OF DEATH (MONTH, DAY, YEAR)
10. 545-46-7435	66 ALEXIAN BROTHERS MEDICAL CENTER	January 26, 1930								
RESIDENCE (STREET AND NUMBER)	USUAL OCCUPATION	NAME OF SURVIVING SPOUSE (MARRIED NAME IF WIFE)	NAME OF SURVIVING SPOUSE (MARRIED NAME IF WIFE)	NAME OF SURVIVING SPOUSE (MARRIED NAME IF WIFE)	NAME OF SURVIVING SPOUSE (MARRIED NAME IF WIFE)	NAME OF SURVIVING SPOUSE (MARRIED NAME IF WIFE)	NAME OF SURVIVING SPOUSE (MARRIED NAME IF WIFE)	NAME OF SURVIVING SPOUSE (MARRIED NAME IF WIFE)	NAME OF SURVIVING SPOUSE (MARRIED NAME IF WIFE)	NAME OF SURVIVING SPOUSE (MARRIED NAME IF WIFE)
132. 1432 S. Mohawk	11. Programmer/Operator	Eva Breveler	Eva Breveler	Eva Breveler	Eva Breveler	Eva Breveler	Eva Breveler	Eva Breveler	Eva Breveler	Eva Breveler
STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	HAIR (BLACK, BROWN, RED, etc.) (SPECIFY)	HEIGHT (INCHES)	WEIGHT (POUNDS)	EDUCATION (SPECIAL TRAINING, etc.) (SPECIFY)	EDUCATION (SPECIAL TRAINING, etc.) (SPECIFY)	EDUCATION (SPECIAL TRAINING, etc.) (SPECIFY)	EDUCATION (SPECIAL TRAINING, etc.) (SPECIFY)	EDUCATION (SPECIAL TRAINING, etc.) (SPECIFY)
Illinois	60193	White	White	5'11"	136	12	12	12	12	12
FATHER NAME	FIRST	MIDDLE	LAST	MOTHER NAME	FIRST	MIDDLE	LAST	MOTHER NAME	FIRST	MIDDLE
Franz	Franz		Lauterbach	Hertha	Hertha		Ziweier	Ziweier		
INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE ZIP)	ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE ZIP)	ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE ZIP)	ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE ZIP)	ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE ZIP)	ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE ZIP)	ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE ZIP)	ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE ZIP)	ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE ZIP)
Eva Lauterbach	1701 W. Life	1701 W. Life	1701 W. Life	1701 W. Life	1701 W. Life	1701 W. Life	1701 W. Life	1701 W. Life	1701 W. Life	1701 W. Life
172. Eva Lauterbach	1701 W. Life	1701 W. Life	1701 W. Life	1701 W. Life	1701 W. Life	1701 W. Life	1701 W. Life	1701 W. Life	1701 W. Life	1701 W. Life
18. PART I	18. PART I	18. PART I	18. PART I	18. PART I	18. PART I	18. PART I	18. PART I	18. PART I	18. PART I	18. PART I
Immediate Cause (Final disease or condition resulting in death)	Enter the diagnosis, or conditions that caused the death. Do not refer to the mode of dying, such as cardiac or respiratory arrest, shock, or renal failure. List only one cause on each line.	Enter the diagnosis, or conditions that caused the death. Do not refer to the mode of dying, such as cardiac or respiratory arrest, shock, or renal failure. List only one cause on each line.	Enter the diagnosis, or conditions that caused the death. Do not refer to the mode of dying, such as cardiac or respiratory arrest, shock, or renal failure. List only one cause on each line.	Enter the diagnosis, or conditions that caused the death. Do not refer to the mode of dying, such as cardiac or respiratory arrest, shock, or renal failure. List only one cause on each line.	Enter the diagnosis, or conditions that caused the death. Do not refer to the mode of dying, such as cardiac or respiratory arrest, shock, or renal failure. List only one cause on each line.	Enter the diagnosis, or conditions that caused the death. Do not refer to the mode of dying, such as cardiac or respiratory arrest, shock, or renal failure. List only one cause on each line.	Enter the diagnosis, or conditions that caused the death. Do not refer to the mode of dying, such as cardiac or respiratory arrest, shock, or renal failure. List only one cause on each line.	Enter the diagnosis, or conditions that caused the death. Do not refer to the mode of dying, such as cardiac or respiratory arrest, shock, or renal failure. List only one cause on each line.	Enter the diagnosis, or conditions that caused the death. Do not refer to the mode of dying, such as cardiac or respiratory arrest, shock, or renal failure. List only one cause on each line.	Enter the diagnosis, or conditions that caused the death. Do not refer to the mode of dying, such as cardiac or respiratory arrest, shock, or renal failure. List only one cause on each line.
	(a) Acute Myocardial Infarction	(a) Acute Myocardial Infarction	(a) Acute Myocardial Infarction	(a) Acute Myocardial Infarction	(a) Acute Myocardial Infarction	(a) Acute Myocardial Infarction	(a) Acute Myocardial Infarction	(a) Acute Myocardial Infarction	(a) Acute Myocardial Infarction	(a) Acute Myocardial Infarction
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST	(b) Massive Upper Gastrointestinal Hemorrhage	(b) Massive Upper Gastrointestinal Hemorrhage	(b) Massive Upper Gastrointestinal Hemorrhage	(b) Massive Upper Gastrointestinal Hemorrhage	(b) Massive Upper Gastrointestinal Hemorrhage	(b) Massive Upper Gastrointestinal Hemorrhage	(b) Massive Upper Gastrointestinal Hemorrhage	(b) Massive Upper Gastrointestinal Hemorrhage	(b) Massive Upper Gastrointestinal Hemorrhage	(b) Massive Upper Gastrointestinal Hemorrhage
	(c) Bleeding Pilonidal Abscess	(c) Bleeding Pilonidal Abscess	(c) Bleeding Pilonidal Abscess	(c) Bleeding Pilonidal Abscess	(c) Bleeding Pilonidal Abscess	(c) Bleeding Pilonidal Abscess	(c) Bleeding Pilonidal Abscess	(c) Bleeding Pilonidal Abscess	(c) Bleeding Pilonidal Abscess	(c) Bleeding Pilonidal Abscess
PART II. Other significant conditions contributing to death but not included in Part I.										
Anemia, Hypertension, Metabolic Acidosis, Pulmonary Edema										
DATE OF OPERATION, IF ANY	MAJOR FINDING, NO. OF OPERATION	MAJOR FINDING, NO. OF OPERATION	MAJOR FINDING, NO. OF OPERATION	MAJOR FINDING, NO. OF OPERATION	MAJOR FINDING, NO. OF OPERATION	MAJOR FINDING, NO. OF OPERATION	MAJOR FINDING, NO. OF OPERATION	MAJOR FINDING, NO. OF OPERATION	MAJOR FINDING, NO. OF OPERATION	MAJOR FINDING, NO. OF OPERATION
	20b.	20b.	20b.	20b.	20b.	20b.	20b.	20b.	20b.	20b.
(ADD) (NON) ATTEND THE DECEASED (MARRIED NAME, IF ANY) AND LAST NAME AND ALIVE IN	WAS CONDONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	WAS CONDONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	WAS CONDONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	WAS CONDONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	WAS CONDONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	WAS CONDONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	WAS CONDONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	WAS CONDONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	WAS CONDONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	WAS CONDONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)
21a. <i>Heal</i> 5/21/1996	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
TO THE BEST OF YOUR KNOWLEDGE, DATE, TIME, PLACE AND DATE TO THE CAUSE(S) STATED.	21b.	21b.	21b.	21b.	21b.	21b.	21b.	21b.	21b.	21b.
22a. SIGNATURE <i>Madeline The Curry</i>	DATE SIGNED (MONTH, DAY, YEAR)	DATE SIGNED (MONTH, DAY, YEAR)	DATE SIGNED (MONTH, DAY, YEAR)	DATE SIGNED (MONTH, DAY, YEAR)	DATE SIGNED (MONTH, DAY, YEAR)	DATE SIGNED (MONTH, DAY, YEAR)	DATE SIGNED (MONTH, DAY, YEAR)	DATE SIGNED (MONTH, DAY, YEAR)	DATE SIGNED (MONTH, DAY, YEAR)	DATE SIGNED (MONTH, DAY, YEAR)
	12/30/96	12/30/96	12/30/96	12/30/96	12/30/96	12/30/96	12/30/96	12/30/96	12/30/96	12/30/96
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	ILLINOIS LICENSE NUMBER	ILLINOIS LICENSE NUMBER	ILLINOIS LICENSE NUMBER	ILLINOIS LICENSE NUMBER	ILLINOIS LICENSE NUMBER	ILLINOIS LICENSE NUMBER	ILLINOIS LICENSE NUMBER	ILLINOIS LICENSE NUMBER	ILLINOIS LICENSE NUMBER	ILLINOIS LICENSE NUMBER
850 W. Bosterfield Rd suite 4008 Itt, 60007	036-0668	036-0668	036-0668	036-0668	036-0668	036-0668	036-0668	036-0668	036-0668	036-0668
NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER)	TYPE OF PRINT	TYPE OF PRINT	TYPE OF PRINT	TYPE OF PRINT	TYPE OF PRINT	TYPE OF PRINT	TYPE OF PRINT	TYPE OF PRINT	TYPE OF PRINT	TYPE OF PRINT
22b. SIGNATURE <i>Madeline The Curry</i>	DATE SIGNED (MONTH, DAY, YEAR)	DATE SIGNED (MONTH, DAY, YEAR)	DATE SIGNED (MONTH, DAY, YEAR)	DATE SIGNED (MONTH, DAY, YEAR)	DATE SIGNED (MONTH, DAY, YEAR)	DATE SIGNED (MONTH, DAY, YEAR)	DATE SIGNED (MONTH, DAY, YEAR)	DATE SIGNED (MONTH, DAY, YEAR)	DATE SIGNED (MONTH, DAY, YEAR)	DATE SIGNED (MONTH, DAY, YEAR)
	4/8/96	4/8/96	4/8/96	4/8/96	4/8/96	4/8/96	4/8/96	4/8/96	4/8/96	4/8/96
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY NAME	CEMETERY OR CREMATORY NAME	CEMETERY OR CREMATORY NAME	CEMETERY OR CREMATORY NAME	CEMETERY OR CREMATORY NAME	CEMETERY OR CREMATORY NAME	CEMETERY OR CREMATORY NAME	CEMETERY OR CREMATORY NAME	CEMETERY OR CREMATORY NAME	CEMETERY OR CREMATORY NAME
Funeral Home	Montrose Cemetery	Montrose Cemetery	Montrose Cemetery	Montrose Cemetery	Montrose Cemetery	Montrose Cemetery	Montrose Cemetery	Montrose Cemetery	Montrose Cemetery	Montrose Cemetery
24a. Occupation	24b. Occupation	24b. Occupation	24b. Occupation	24b. Occupation	24b. Occupation	24b. Occupation	24b. Occupation	24b. Occupation	24b. Occupation	24b. Occupation
	24c. Occupation	24c. Occupation	24c. Occupation	24c. Occupation	24c. Occupation	24c. Occupation	24c. Occupation	24c. Occupation	24c. Occupation	24c. Occupation
	Chicago, IL	Chicago, IL	Chicago, IL	Chicago, IL	Chicago, IL	Chicago, IL	Chicago, IL	Chicago, IL	Chicago, IL	Chicago, IL
25a. Barr Funeral Home, Ltd. 6222 N. Broadway, Chicago, IL 60660	25b. Occupation	25b. Occupation	25b. Occupation	25b. Occupation	25b. Occupation	25b. Occupation	25b. Occupation	25b. Occupation	25b. Occupation	25b. Occupation
	Funeral Director (ILLINOIS LICENSE NUMBER)	Funeral Director (ILLINOIS LICENSE NUMBER)	Funeral Director (ILLINOIS LICENSE NUMBER)	Funeral Director (ILLINOIS LICENSE NUMBER)	Funeral Director (ILLINOIS LICENSE NUMBER)	Funeral Director (ILLINOIS LICENSE NUMBER)	Funeral Director (ILLINOIS LICENSE NUMBER)	Funeral Director (ILLINOIS LICENSE NUMBER)	Funeral Director (ILLINOIS LICENSE NUMBER)	Funeral Director (ILLINOIS LICENSE NUMBER)
	34-14478	34-14478	34-14478	34-14478	34-14478	34-14478	34-14478	34-14478	34-14478	34-14478
28a. REGISTRAR	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
	4-11-96	4-11-96	4-11-96	4-11-96	4-11-96	4-11-96	4-11-96	4-11-96	4-11-96	4-11-96
29a. REGISTRAR	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
	4-11-96	4-11-96	4-11-96	4-11-96	4-11-96	4-11-96	4-11-96	4-11-96	4-11-96	4-11-96

7/2000 (Rev. 5/89) Illinois Department of Public Health - Division of Vital Records

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CHICAGO TITLE INSURANCE COMPANY

ORDER NUMBER: 1408 H23052410 HE
STREET ADDRESS: 1432 S MOHAWK DR
CITY: SCHAUMBURG COUNTY: COOK
TAX NUMBER: 07-34-210-010-0000

LEGAL DESCRIPTION:

LOT 28 IN BRANIGAR'S MEDINAH SUNSET HILLS UNIT NO. 2, A SUBDIVISION IN THE NORTHEAST 1/4 OF SECTION 34, TOWNSHIP 41 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PREPARED BY:

MAIL TO:

Harris Bank LLC
3800 Golf Rd. Ste. 300
Rolling Meadows, IL 60008