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Doc#: 0422246176
Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 08/09/2004 02:00 PM Pg: 1 of 2

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

{ ss.

Order No. _____

ILEENE SCHABES

being duly sworn

states that SHE resides at 8538 S. LOCKWOOD AVE in the City of BURBANK, ILLINOIS

That SHE was acquainted with KENNETH B. SCHABES deceased who, at the time of HIS death, was one of the owners of the land in COOK County, Illinois, described as:

That the deceased died JUNE 4, 1992, 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 deceased, does not exceed the sum of _____ dollars.

Subscribed and sworn to before me by the said

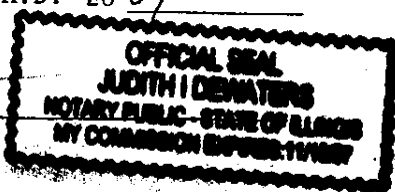
ILEENE SCHABES

this 9 day of AUGUST .A.D. 2004

NOTARY PUBLIC

Ileene Schabes

(affiant's signature)



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STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0
REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST Kenneth Schabes		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) June 04, 1992
COUNTRY OF DEATH Cook		DATE OF BIRTH (MONTH, DAY, YEAR) MARCH 26, 1929	
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER Oak Lawn		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Christ Hospital & Medical Center	
AGE-LAST BIRTHDAY (YRS) MOS. DAYS HOURS MIN. 63 63		DATE OF BIRTH (MONTH, DAY, YEAR) MARCH 26, 1929	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) LEENE KUCPAL	
SOCIAL SECURITY NUMBER 318-22-8461		KIND OF BUSINESS OR INDUSTRY HEATING	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 9 ND
RESIDENCE (STREET AND NUMBER) 8538 LOCKWOOD		CITY, TOWN, TWP, OR ROAD DISTRICT NO. BURBANK	INSIDE CITY (YES/NO) YES
STATE IL		ZIP CODE 60459	COUNTY COOK
FATHER-NAME FIRST MIDDLE LAST HENRY SCHABES		MOTHER-NAME FIRST MIDDLE LAST GLADYS GEHRING	(MAIDEN) LAST
INFORMANT'S NAME (TYPE OR PRINT) LEENE SCHABES		RELATIONSHIP WIFE	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 8538 LOCKWOOD BURBANK IL 60459
IMMEDIATE CAUSE (Final disease or condition resulting in death) UGI bleedng / Aneurysm		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 wks	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. UGI bleedng / Aneurysm		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 wks	
PART II. Other significant conditions contributing to death, or resulting in the underlying cause given in PART I. UGI bleedng / Aneurysm		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 wks	
DATE OF OPERATION, IF ANY 6/3/92		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO	
WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO		HOUR OF DEATH 12:20 A M.	
NAME AND ADDRESS OF CERTIFIER Dr. V. Martine 10448 S. Plaski Oaklawn I.		DATE SIGNED 6/4/92	
NAME OF STATE LICENSING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Dr. V. Martine 10448 S. Plaski Oaklawn I.		ILLINOIS LICENSE NUMBER 036-06155	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
CEMETERY OR CREMATORY-NAME CREMATION		DATE (MONTH, DAY, YEAR) 24d 6-6-92	
STREET AND NUMBER OR R.F.D. LACK & SONS 11028 SW HWY		CITY OR TOWN FOREST PARK, IL	
FURNERAL DIRECTOR'S SIGNATURE John E. Scott, M.D.		FURNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 60465	
LOCAL REGISTRAR'S SIGNATURE John E. Scott, M.D.		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) June 5, 1992	

At Cook County Department of Public Health Official Title Chief Deputy Registrar 1500 S. Maybrook Drive, Maywood, Illinois 60153

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in Item I 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, stillbirths and deaths.

Date June 5, 1992 gned John E. Scott