



Doc#: 0428248005  
Eugene "Gene" Moore Fee: \$28.00  
Cook County Recorder of Deeds  
Date: 10/08/2004 10:47 AM Pg: 1 of 3

**JOINT TENANCY AFFIDAVIT**

**BARBARA A. HEIDORN**, hereinafter referred to as the affiant, states under oath that the affiant resides at 216 E. Palmer, Northlake, County of Cook, State of Illinois; that the affiant was acquainted with **WILLIAM H. HEIDORN**, the decedent, and that at the time of death, the decedent was one of the owners of the property by virtue of a properly recorded joint tenancy warranty deed, said property located in COOK COUNTY, ILLINOIS and legally described as follows:

**LEGAL DESCRIPTION:**

LOT 5 IN BLOCK 2 IN SECTION 2 OF COUNTRY CLUB ADDITION TO MIDLAND DEVELOPMENT COMPANY'S NORTHLAKE VILLAGE, A SUBDIVISION IN THE SOUTHWEST 1/4, EXCEPT THE SOUTH 100 RODS IN THE WEST 1/2 OF THE SOUTHEAST 1/4, EXCEPT THE SOUTH 100 RODS IN THE SOUTH 1/2 OF THE NORTHWEST 1/4 AND THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 IN SECTION 32, TOWNSHIP 42 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

**P.I.N. 12-32-105-005**

**Commonly known as: 216 E. PALMER AVENUE, NORTHLAKE, ILLINOIS 60164**

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

The decedent died on June 26, 2004, leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was less than \$ 1,000,000.00 ;  
and

That the value of the above property individually was less than \$ 1,000,000.00 ;

That the affiant makes this affidavit to induce any title company to issue its policy of title insurance on the above described property.

That, **BARBARA A. HEIDORN**, the affiant, hereby covenants and agrees, for himself, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold any title company harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature which the Fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of **WILLIAM H. HEIDORN** the decedent;
2. State and Federal Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights to contribution.

*Barbara A. Heidorn*  
**BARBARA A. HEIDORN**

SUBSCRIBED AND SWORN to before me  
this 5th day of October, 2004.

Notary Public

# UNOFFICIAL COPY

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**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.

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**Prepared By and Return To:**



Barrett F. Pedersen  
9701 W. Grand Avenue  
Franklin Park, IL 60131  
(847) 455-9444

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Property of Cook County Clerk's Office

# UNOFFICIAL COPY

REGISTRATION DISTRICT NO. <b>22.0</b>		STATE OF ILLINOIS				STATE FILE NUMBER
REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>				
DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)			
1. <b>William H. Heidorn</b>		2. <b>Male</b>	3. <b>June 26, 2004</b>			
COUNTY OF DEATH	AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		
4. <b>DuPage</b>	5a. <b>49</b>	5b.	5c.	5d. <b>September 26, 1954</b>		
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)	
6a. <b>Elmhurst</b>		6b. <b>Elmhurst Memorial Hospital</b>			6c. <b>Emer. Rm.</b>	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)			WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
7. <b>Oak Park, IL</b>	8a. <b>Married</b>	8b. <b>Barbara Sheahen</b>			9. <b>No</b>	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)			
10. <b>338-50-0040</b>	11a. <b>Office Manager</b>	11b. <b>Bill Behan Lumber</b>	12. <b>12</b>			
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY	
13a. <b>216 E. Palmer</b>		13b. <b>Northlake</b>		13c. <b>Yes</b>	13d. <b>Cook</b>	
STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)			
13e. <b>Illinois</b>	13f. <b>60164</b>	14a. <b>White</b>	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST				
15. <b>Howard Heidorn Sr.</b>		16. <b>Mary Bissing</b>				
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. <b>Mrs. Barbara Heidorn</b>		17b. <b>Wife</b>	17c. <b>216 E. Palmer; Northlake, IL 60164</b>			
18. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death) → (a) <b>Cardiac arrhythmia</b>						10 <b>minutes</b>
DUE TO, OR AS A CONSEQUENCE OF (b) <b>Coronary artery disease</b>						7 <b>years</b>
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (c) <b>Diabetes mellitus type 1</b>						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. <b>End stage Renal disease</b>						AUTOPSY (YES/NO) 19a. <b>No</b> 19b.
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
20a.		20b.		20c.		
1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
21a.		<b>6-21-04</b>	21b. <b>Yes</b>		21c. <b>2:06 p. M.</b>	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				DATE SIGNED (MONTH, DAY, YEAR)		
22a. SIGNATURE → <b>[Signature]</b>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22b. <b>6-29-04</b>		
22c. <b>Dumore Nephro-med 103 N Addison, Elmhurst, IL</b>		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		22d. <b>030-042339</b>		
23. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.						
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)	
24a. <b>Cremation</b>	24b. <b>Elm Lawn Crematory</b>	24c. <b>Elmhurst Illinois</b>	24d. <b>06/30/2004</b>			
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN	STATE	ZIP
25a. <b>Cuneo-Columbian F.H.</b>		<b>10300 W. Grand Ave.</b>		<b>Franklin Park Illinois</b>	<b>60131</b>	
FUNERAL DIRECTOR'S SIGNATURE			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25b. <b>[Signature]</b>			25c. <b>034-015467</b>			
LOCAL REGISTRAR'S SIGNATURE			DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
26a. <b>[Signature]</b>			26b. <b>JUN 30 2004</b>			

VR200 (Rev. 5/88)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)



**DuPage County Health Department**

111 North County Farm Road  
Wheaton, Illinois 60187

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

*[Signature]*

Local Registrar

Not valid without the embossed seal of DuPage County Health Department