

UNOFFICIAL COPY

DECEASED JOINT TENANCY
AFFIDAVIT



Doc#: 0431750076
Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 11/12/2004 09:19 AM Pg: 1 of 2

STATE OF ILLINOIS)
COUNTY OF COOK)

GERTRAUD M. SELCK

being duly sworn states
that he resides at 112 N
Reuter in the Village
Arlington Heights, Il
60005

That she was acquainted with **HOLGER I. SELCK**, deceased, who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as follows:

Lot 8 in Block 6 in Reuter's Westgate Unit No. 1, being a subdivision of part of the south west 1/4 of Section 30, Township 42 North, Range 11 East of the Third Principal Meridian, in Cook County, Illinois.

P.I.N 03--30-313-020

Address: 112 North Reuter, Arlington Heights, Il. 60005

That the deceased died **July 17, 2004**, as evidenced by a certified copy of death certificate of the deceased attached hereto.

The deceased died: leaving **NO** Last Will and Testament.

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 750,000.00.

Subscribed and sworn to before me by the said **GERTRAUD M. SELCK**, this 14th day of **OCTOBER 2004**

Horst R. Seyferth
Notary Public

Gertraud M. Selck
Affiants signature

MAIL TO

THIS INSTRUMENT WAS PREPARED BY:

Horst R. Seyferth
4003 N. Elston Avenue
Chicago, Il 60618

Horst R. Seyferth
4003 N. Elston Avenue
Chicago, Il. 60618

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

UNOFFICIAL COPY

JUL 20 2004

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.

David Orr
COUNTY CLERK

BIRTH NO.		REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH					
1. DECEASED-NAME FIRST MIDDLE LAST Holger I. Selck		SEX 2. Male		DATE OF DEATH (MONTH, DAY, YEAR) 3. July 17, 2004			
4. COUNTY OF DEATH Cook		AGE-LAST BIRTHDAY (YRS) 5a. 65		UNDER 1 YEAR MOS. DAYS		UNDER 1 DAY HOURS MIN.	
5d. DATE OF BIRTH (MONTH, DAY, YEAR) August 24, 1938		6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER Arlington Heights		6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 112 North Reuter		6c. IF HOSP. OR INST. INDICATE D.O.A. OR EMER. RM. INPATIENT (SPECIFY)	
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Germany		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Gertraud M. Butzko		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) No	
10. SOCIAL SECURITY NUMBER 319-42-5392		11a. USUAL OCCUPATION Parts Manager		11b. KIND OF BUSINESS OR INDUSTRY Automotive		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+) 12	
13a. RESIDENCE (STREET AND NUMBER) 112 North Reuter		13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO. Arlington Heights		13c. INSIDE CITY (YES/NO) Yes		13d. COUNTY Cook	
13e. STATE Illinois		13f. ZIP CODE 60005		14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White		14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
15. FATHER-NAME FIRST MIDDLE LAST Ernst Selck		16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST Elli Meyer		17. INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) Gertraud M. Selck Wife 112 N. Reuter, Arlington Hts., IL 60005			
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) Glioblastoma multiforme brain tumor		1 1/2 years					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) (b) DUE TO, OR AS A CONSEQUENCE OF							
(c) DUE TO, OR AS A CONSEQUENCE OF							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO) 19a. No		19b. WERE ALL AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)			
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 checked="" type="checkbox"/>			
21a. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) July 7 2004		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) No		21c. HOUR OF DEATH 10:50A M.			
22a. SIGNATURE Ronald J. Shade, MD		22b. DATE SIGNED (MONTH, DAY, YEAR) July 20, 2004		22c. ILLINOIS LICENSE NUMBER 036088755			
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Ronald J. Shade 121 S. Wilke Rd. #310		23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Arlington Hts IL 60005		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		24b. CEMETERY OR CREMATORY-NAME Memory Gardens Cemetery		24c. LOCATION CITY OR TOWN STATE Arlington Heights, IL		24d. DATE (MONTH, DAY, YEAR) July 20, 2004	
25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP Lauterburg & Oehler Funeral Home 2000 E. Northwest Hwy. Arlington Heights, IL 60004		25b. FUNERAL DIRECTOR'S SIGNATURE <i>Joseph J. Ewald</i>		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-011659			
26a. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) July 20, 2004					