

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 0432808005
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 11/23/2004 09:15 AM Pg: 1 of 3

PREPARED BY AND MAIL TO:

Terrence P. Faloon
JONES, FALOON & KENNEY
5 S. Sixth Ave.
La Grange, Illinois 60525

SARA N. EIFERT, being duly sworn states that she resides at 1514 Cleveland Avenue, La Grange Park, Cook County, State of Illinois. 3

That she was acquainted with DONALD W. EIFERT, deceased, who, at the time of his death, was one of the owners of the land in Cook County, State of Illinois, described as:

LOT 9 IN BLOCK 2 IN CHICAGO TITLE AND TRUST COMPANY RESUBDIVISION OF THE WEST HALF OF THE WEST 122.02 ACRES OF THE SOUTHWEST QUARTER OF SECTION 27, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Tax No.: 15-27-301-021-0000

Common Address: 1514 Cleveland, La Grange Park, IL 60526

That the deceased died September 25, 2004, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:



Leaving no Last Will and Testament.



Leaving a Last Will and 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 Cook County, Illinois.

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Leaving a Last Will and Testament which was filed with the Probate Division of the Circuit Court of Cook County, Illinois on _____.

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 Three Hundred Thousand dollars (\$300,000.00).

Sara N. Eifert
SARA N. EIFERT

Subscribed and sworn to before me this
16th day of November 2004.

Susan Jones
NOTARY PUBLIC



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Certified Copy of a Death Record

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>16.92</u>	STATE OF ILLINOIS		STATE FILE NUMBER	
	REGISTERED NUMBER <u>1190</u>	MEDICAL CERTIFICATE OF DEATH			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED—NAME FIRST MIDDLE LAST 1. DONALD W. EIFERT		SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. SEPTEMBER 25, 2004	
	COUNTY OF DEATH 4. COOK		AGE—LAST BIRTHDAY (YRS) 5a. 73	UNDER 1 YEAR 5b. MOS. DAYS	UNDER 1 DAY 5c. HOURS MIN.
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. PROVISO TWP.		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. FOSTER G. MC GAW HOSPITAL		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) 6c. EMER. RM.
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. CHICAGO, IL		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. SARA N. MULLINS	
	SOCIAL SECURITY NUMBER 10. 347-24-0757		USUAL OCCUPATION 11a. TECHNICAL INSTRUCTOR	KIND OF BUSINESS OR INDUSTRY 11b. GOVERNMENT	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12 Elementary/Secondary (0-12) College (1-4 or 5+)
	RESIDENCE (STREET AND NUMBER) 13a. 1514 CLEVELAND AVE.		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. LA GRANGE PARK	INSIDE CITY (YES/NO) 13c. YES	COUNTY 13d. COOK
	STATE 13e. ILLINOIS		ZIP CODE 13f. 60526	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. WHITE	OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTORICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:
	FATHER—NAME FIRST MIDDLE LAST 15. WILLIAM M. EIFERT		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST 16. BESSIE HARAZIN		
	INFORMANT'S NAME (TYPE OR PRINT) 17a. MRS. SARA EIFERT		RELATIONSHIP 17b. WIFE	MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP) 17c. 1514 CLEVELAND AVE. LA GRANGE PARK, IL 60526	
	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) myocardial infarction		2 hours			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.					
(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			
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 21a. 9/13/04		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. YES	HOUR OF DEATH 21c. 3:15 P. M.		
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) 22b. 9/27/04			
22a. SIGNATURE → <i>[Signature]</i>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. 908 N Elm st. suite 207 Hinsdale Ill. 60521			
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.		ILLINOIS LICENSE NUMBER 22d. 036-089741			
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL		CEMETERY OR CREMATORY—NAME 24b. EVERGREEN	LOCATION CITY OR TOWN STATE 24c. EVERGREEN PARK, IL	DATE (MONTH, DAY, YEAR) 24d. SEPT. 29, 2004	
FUNERAL HOME 25a. HITZEMAN FUNERAL HOME, LTD., 9445 W. 31st STREET, BROOKFIELD, IL 60513		FUNDATIONAL DIRECTOR'S SIGNATURE 25b. <i>[Signature]</i>			
FUNDATIONAL DIRECTOR'S SIGNATURE 25b. <i>[Signature]</i>		FUNDATIONAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 34-011424			
LOCAL REGISTRAR'S SIGNATURE 26a. <i>[Signature]</i>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. September 27, 2004			

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE SEP 27 2004 SIGNED Michael A. McDermott
 AT BROADVIEW, ILLINOIS, Illinois OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.