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Doc#: 0506133007
Eugene "Gene" Moore Fee: \$46.00
Cook County Recorder of Deeds
Date: 03/02/2005 07:23 AM Pg: 1 of 2



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

} ss.

Order No. _____

Barbara Huegel being duly sworn
states that she resides at 353 Juniper Circle, in the City of
Streamwood, State of Illinois

That she was acquainted with Peter Huegel
deceased who, at the time of his death, was one of the owners of the land in Cook
County, Illinois, described as:

Lot 15 (except the Southwesterly 50.50 feet thereof)
in Block 4 in Streamwood Green Unit Two-C, being a
Subdivision of part of the East Half of the Northwest Quarter
of Section 24, Township 41 North, Range 9, East of the Third
Principal Meridian, in Cook County, Illinois.

That the deceased died on _____, 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.

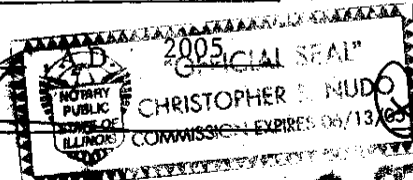
Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Barbara Huegel

this 24 day of February

[Signature]
Notary Public



[Signature]
(affiant's signature)
Barbara Huegel

BOX 333-CP

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named herein 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.

UNOFFICIAL COPY

DATE: February 10, 1994

SIGNED:

Mary Ann Rizzo

at Cook County Department of Public Health

Official Title, Chief Deputy Registrar

REGISTRATION DISTRICT NO. **16.0**
REGISTERED NUMBER **#184 FEB 94**

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

1. DECEASED NAME	PETER		FIRST	MIDDLE	LAST	SEX	2. MALE		DATE OF DEATH (MONTH, DAY, YEAR)	3. FEBRUARY 9, 1994		
4. COUNTY OF DEATH	COOK		AGE - LAST BIRTHDAY (YRS)		5a. 68	5b. 68	5c. 68	5d. 68	FEBRUARY 8, 1926			
6a. CITY, TOWN, TWP. OR ROAD	DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT REGISTERED, GIVE STREET AND NUMBER)		6b. HOFFMAN ESTATES MEDICAL CENTER		6c. HOFFMAN ESTATES MEDICAL CENTER		6d. PETER RM			
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	Yugoslavia		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		8a. Married		8b. Barbara - Reisch		8c. EDUCATION (LIST DEGREE, HIGHEST GRADE COMPLETED)			
10. SOCIAL SECURITY NUMBER	326-30-1027		11a. Manager		11b. Manufacturing		12. 10		13. YES			
13a. RESIDENCE (STREET AND NUMBER)	353 Juniper Circle		13b. Streamwood		13c. Streamwood		13d. Cook		14. YES			
13e. STATE	Illinois		13f. 60107		13g. WHITE		13h. WHITE		14b. X NO			
15. FATHER-NAME	FIRST		MIDDLE		LAST		14c. X NO		14d. X NO			
15. INFORMANT NAME (TYPE OR PRINT)	Not Available		16. Not Available		16. Not Available		16. Not Available		16. Not Available			
17a. 18. PART I	Barbara Huegel		17b. Wife		17c. 353 Juniper, Streamwood, IL 60107		17d. 353 Juniper, Streamwood, IL 60107		17e. 353 Juniper, Streamwood, IL 60107			
<p>Immediate Cause (Final disease or condition resulting in death) → (a) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE</p> <p>CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST</p> <p>(b) _____</p> <p>(c) _____</p> <p>Enter the diseases, injuries, or complications that caused the death. Do not omit the mode of dying, such as cardiac or respiratory arrest, stroke, or heart failure. List only one cause on each line.</p>												
<p>PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.</p> <p>19a. AUTOPSY (YES/NO) NO</p> <p>19b. WERE AUTOPSY FINDINGS AVAILABLE FROM TO CORMORATOR (YES/NO) NO</p>												
20a. NATURAL SUICIDE (UNDETERMINED, (SPECIFY))	DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18)		20c. M		20d. 20d		20e. 1994	
20b. NATURAL INJURY AT WORK	20f. 20f		20g. 20g		20h. 20h		20i. 20i		20j. 20j		20k. 20k	
<p>21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INFORMATION THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT _____</p> <p>21b. FEBRUARY 9, 1994</p> <p>21c. 8:05 A M.</p> <p>21d. 21d</p> <p>21e. 21e</p> <p>21f. 21f</p> <p>21g. 21g</p> <p>21h. 21h</p> <p>21i. 21i</p> <p>21j. 21j</p> <p>21k. 21k</p> <p>21l. 21l</p> <p>21m. 21m</p> <p>21n. 21n</p> <p>21o. 21o</p> <p>21p. 21p</p> <p>21q. 21q</p> <p>21r. 21r</p> <p>21s. 21s</p> <p>21t. 21t</p> <p>21u. 21u</p> <p>21v. 21v</p> <p>21w. 21w</p> <p>21x. 21x</p> <p>21y. 21y</p> <p>21z. 21z</p>												
22a. 22b. 22c. 22d. 22e. 22f. 22g. 22h. 22i. 22j. 22k. 22l. 22m. 22n. 22o. 22p. 22q. 22r. 22s. 22t. 22u. 22v. 22w. 22x. 22y. 22z.	<p>22a. BARRY LIFSCHULTZ M.D.</p> <p>22b. James R. Ahlgren</p> <p>22c. James R. Ahlgren</p> <p>22d. James R. Ahlgren</p> <p>22e. James R. Ahlgren</p> <p>22f. James R. Ahlgren</p> <p>22g. James R. Ahlgren</p> <p>22h. James R. Ahlgren</p> <p>22i. James R. Ahlgren</p> <p>22j. James R. Ahlgren</p> <p>22k. James R. Ahlgren</p> <p>22l. James R. Ahlgren</p> <p>22m. James R. Ahlgren</p> <p>22n. James R. Ahlgren</p> <p>22o. James R. Ahlgren</p> <p>22p. James R. Ahlgren</p> <p>22q. James R. Ahlgren</p> <p>22r. James R. Ahlgren</p> <p>22s. James R. Ahlgren</p> <p>22t. James R. Ahlgren</p> <p>22u. James R. Ahlgren</p> <p>22v. James R. Ahlgren</p> <p>22w. James R. Ahlgren</p> <p>22x. James R. Ahlgren</p> <p>22y. James R. Ahlgren</p> <p>22z. James R. Ahlgren</p>											
23a. 23b. 23c. 23d. 23e. 23f. 23g. 23h. 23i. 23j. 23k. 23l. 23m. 23n. 23o. 23p. 23q. 23r. 23s. 23t. 23u. 23v. 23w. 23x. 23y. 23z.	<p>23a. Funeral Home</p> <p>23b. Funeral Home</p> <p>23c. Funeral Home</p> <p>23d. Funeral Home</p> <p>23e. Funeral Home</p> <p>23f. Funeral Home</p> <p>23g. Funeral Home</p> <p>23h. Funeral Home</p> <p>23i. Funeral Home</p> <p>23j. Funeral Home</p> <p>23k. Funeral Home</p> <p>23l. Funeral Home</p> <p>23m. Funeral Home</p> <p>23n. Funeral Home</p> <p>23o. Funeral Home</p> <p>23p. Funeral Home</p> <p>23q. Funeral Home</p> <p>23r. Funeral Home</p> <p>23s. Funeral Home</p> <p>23t. Funeral Home</p> <p>23u. Funeral Home</p> <p>23v. Funeral Home</p> <p>23w. Funeral Home</p> <p>23x. Funeral Home</p> <p>23y. Funeral Home</p> <p>23z. Funeral Home</p>											
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REG-2 (Rev. 5-89) Illinois Department of Public Health - Division of Vital Records