

# UNOFFICIAL COPY



STATE OF ILLINOIS )  
 ) ss  
COUNTY OF COOK )

Doc#: 0532750023 Fee: \$26.00  
Eugene "Gene" Moore RHSP Fee:\$10.00  
Cook County Recorder of Deeds  
Date: 11/23/2005 11:49 AM Pg: 1 of 2

**DECEASED JOINT TENANCY  
AFFIDAVIT**

I, James B. Hanekamp, being duly sworn state that I reside in Glenview, Cook County, Illinois.

That I was married to Linda M. Hanekamp at the time of her death. She was one of the owners of property located in Cook County, Illinois commonly known as 940 Meadowlark, Glenview, Illinois 60025 and legally described as:

Lot 1 in Golf Meadows, a Subdivision of part of Lots 17, 18 and 19 in County Clerk's Division of Section 34, Township 42 North, Range 12 East of the Third Principal Meridian, in Cook County, Illinois.

Real estate index number: 04-34-304-020

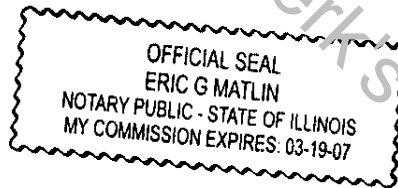
That deceased died October 17, 2005, as evidenced by a certified copy of death certificate of the deceased attached hereto. That the value of all assets passing to the Affiant are free from any federal or state estate taxes.

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

\_\_\_\_\_  
Affiant

Subscribed and Sworn to  
before me this 15 day  
of November 2005.

\_\_\_\_\_  
Notary Public



This document was prepared by (and upon Recordation, mail to):  
Eric G. Matlin, P.C., Attorney at Law  
500 Skokie Boulevard, Suite 350  
Northbrook, Illinois 60062 (847) 849-4800

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 Civil Records Act.

UNOFFICIAL COPY

OCT 19 2005

Lowell Hebbleberry

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_ AT SKOKIE, Illinois OFFICIAL TITLE DIRECTOR OF HEALTH

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 in all courts and places of the facts therein stated.

DECEASED'S BIRTH NO. REGISTRATION DISTRICT NO. 1636 REGISTERED NUMBER 23578 DECEASED-NAME Linda FIRST MIDDLE LAST Hanekamp SEX Female DATE OF DEATH (MONTH, DAY, YEAR) October 17, 2005 STATE OF ILLINOIS STATE FILE NUMBER

DECEASED-NAME Linda FIRST MIDDLE LAST Hanekamp SEX Female DATE OF DEATH (MONTH, DAY, YEAR) October 17, 2005 COUNTY OF DEATH Cook CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Skokie MARRIED (NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)) 8a. Married NAME OF SURVIVING SPOUSE (MAIDEN, MARRIED) 8b. James Hanekamp HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NO.) 8c. Midwest Palliative & Hospice Care Center (c) INPATIENT (SPECIFY) 9. No

DECEASED BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 Park Ridge, IL SOCIAL SECURITY NUMBER 10. 355-38-5709 RESIDENCE (STREET AND NUMBER) 13a. 940 Meadowlark STATE Illinois ZIP CODE 13b. 60025 RACE (WHITE, BLACK, AMERICAN INDIAN, ASIAN, OTHER) 14a. White OF BIRTH (CITY, STATE OR FOREIGN COUNTRY) 13b. Glenview CITY, TOWN, TWP. OR ROAD DISTRICT NO. 12. INSIDE CITY (YES/NO) 13c. Yes COUNTY Cook

PARENTS FATHER-NAME Michael FIRST MIDDLE LAST Dyche RELATIONSHIP 17b. son MOTHER-NAME Jean FIRST MIDDLE LAST Kulpak MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 421 Merganser Ct, Lindenhurst, IL

18. PART I. IMMEDIATE CAUSE (Final disease or condition resulting in death) 18a. Metastatic adenocarcinoma (a) DUE TO, OR AS A CONSEQUENCE OF (b) IMMEDIATE CAUSE (a) STARTING THE UNDERLYING CAUSE LAST (c) CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STARTING THE UNDERLYING CAUSE LAST (c) PART II. Other significant conditions contributing to death (Not including the underlying cause given in PART I.) DATE OF OPERATION, IF ANY (MONTH, DAY, YEAR) 20a. I DID NOT ATTEND THE DEATH AND I JUST SAW HIM/HER ALIVE ON 21a. 10/13/2005 (MONTH, DAY, YEAR) WAS CORNER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO HOUR OF DEATH 21c. 10:15p -M DATE SIGNED (MONTH, DAY, YEAR) 22b. 10/18/2005 ILLINOIS LICENSE NUMBER 22d. 036-066505

22a. SIGNATURE waia nicolosi MD TYPE OR PRINT NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. NAME OF A TENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT) 22e. NAME AND ADDRESS OF CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) 24a. Cremation K&S Crematory 24b. Highland Park, Illinois 24c. October 20, 2005

25a. N.H. Scott & Hebbleberry 1240 Waukegan Rd, Glenview, Illinois 60025 FUNERAL DIRECTOR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) OCT 19 2005 (BASED ON 1998 U.S. STANDARD CERTIFICATE)