

DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 0533302295 Fee: \$28.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 11/29/2005 11:42 AM Pg: 1 of 3

RETURN TO:

Stephen W. Taylor, Atty. DeBruyn, Taylor and DeBruyn Ltd. 15252 S. Harlem Avenue Orland Park, IL 60462

NAME/ADDRESS OF TAXPAYER:

Allan L. Busse 15007 South Springfield Avenue Midlothian, IL 60445

STATE OF ILLINOIS)) SS. COUNTY OF COOK)

Allan L. Busse, being duly sworn, states that he resides at 15007 South Springfield Avenue, Midlothian, IL 60445.

That Allan L. Busse was acquainted with EL SIE PENNEY, deceased, who, at the time of her death on April 19, 2000, was one of the owners of the land in Cook County, Illinois, described as:

(SEE REVERSE SIDE FOR LEGAL DESCRIPTION)

Permanent Index No.: 19-15-424-024-0000

Property Address: 6224 South Kildare Avenue, Chicago, IL 60629

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

That the deceased died:

X 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 Cook, Illinois.

Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook, 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 require the payment of Federal or State Inheritance taxes.

1353180

ATG Search 33 N. Dearborn #650 Chicago, Illinois 60602

3

UNOFFICIAL COPY

Affiant makes this affidavit for the purpose of inducing the title company to issue its title insurance policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

ALLAN L. BUSSE

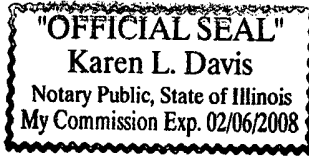
this 1st day of November, A.D. 2005.

Karen L. Davis

Notary Public

Allan L. Busse

ALLAN L. BUSSE



This Instrument Prepared By:

Stephen W. Taylor, Atty.
DeBruyn, Taylor and DeBruyn Ltd.
15252 S. Harlem Avenue
Orland Park, IL 60462

LEGAL DESCRIPTION

Lot 9 in Block 14 in Arthur T. McIntosh's 63rd Street Addition, being a subdivision of the West 1/2 of the South East 1/4 of Section 15, Township 38 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index No.: 19-15-424-024-0000

Property Address: 6224 South Kildare Avenue, Chicago, IL 60629

UNOFFICIAL COPY

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

606368

REGISTRATION DISTRICT NO. **16.10**

REGISTERED NUMBER

DECEASED-NAME

FIRST **Elsie** MIDDLE LAST **Penney**

SEX **2. Female**

DATE OF DEATH (MONTH, DAY, YEAR) **3. April 19, 2000**

COUNTY OF DEATH **1. Cook**

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER **Chicago**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Chicago, Ill.**

SOCIAL SECURITY NUMBER **356-09-6809**

RESIDENCE (STREET AND NUMBER) **a. 6224 South Kildare Avenue**

CITY, TOWN, TWP, OR ROAD DISTRICT NO. **13b. Chicago**

STATE **13f. Illinois**

ZIP CODE **13i. 60629**

RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **14a. White**

DECEASED-NAME FIRST MIDDLE LAST **Adolph Krueger**

DECEASED-NAME FIRST MIDDLE LAST **Dolores Noga**

DECEASED-NAME FIRST MIDDLE LAST **Olga**

DECEASED-NAME FIRST MIDDLE LAST **Daughter**

DECEASED-NAME FIRST MIDDLE LAST **Summerfield**

DECEASED-NAME FIRST MIDDLE LAST **6224 S. Kildare; Chicago, IL 60629**

DECEASED-NAME FIRST MIDDLE LAST

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DECEASED-NAME FIRST MIDDLE LAST

DECEASED-NAME FIRST MIDDLE LAST

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.

(a) **Diffuse Cerebrovascular**
DUE TO, OR AS A CONSEQUENCE OF

(b) **Cardiovascular arteriosclerosis**
DUE TO, OR AS A CONSEQUENCE OF

(c) **arteriosclerosis 7 years**

Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

OPERATION, IF ANY

MAJOR FINDINGS OF OPERATION

ATTEND THE DECEASED

DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

ADDRESS OF CERTIFIER

ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

CEMETERY OR CREMATORY-NAME

LOCATION

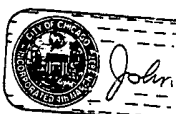
DATE (MONTH, DAY, YEAR)

FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
OCT 15 2

I, JOHN L. WILHELM, REGISTRAR OF VITAL RECORDS FOR THE CITY OF CHICAGO, CERTIFY THAT I AM THE RECORDS OF THE DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE RECORDS OF THE CITY OF CHICAGO. THIS SHEET IS A TRUE COPY OF THE ORIGINAL AS KEPT BY ME IN OFFICE.



THIS CERTIFICATE MULTICOLOR SIGNATURE AFFIXED.

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)