UNOFFICIAL COPY
DECEASED JOINT TENANT AFFIDAVIT!

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		Doc#: 0535347064 Fee: \$26.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 12/19/2005 11:59 AM Pg: 1 of 2
STATE OF ILLINOIS } SS. COUNTY OF }		
Order No. Mr. Karl Brelz being duly sworn states that he	For Recorder'	- u1u
resides at 671 Manistee Av in the City of Columet	cquainted with Edith death was one of the	Bre / 2 deceased
Let 9 in Block 21 in Ford Call of the West 1376.16 feet of P.I.N. 30-07-327-209 Common Address: 671 Manister Av	the South nalfof the	Idition, a Subdivision Southwest guarter of Section 7
That the deceased died Decever certified copy of the death certified the deceased died:	1her 25, 2004 , a	s evidenced by a
Leaving no Last Will & T Leaving a Last Will & Te The original of the unproven wi Probate Division of the Circuit	stament, a copy of whic ll should be filed with Court of	the Clerk of the County, Illinois.
Leaving a Last Will & Te box of the Probate Division of County, Ill That the total value of t and personal property owned by	the Circuit Court of inois about	ed, Oncluding both real
tenancy at the time of the deat	h of the deceased, does	not exceed the sum of
Affiant makes this affida to the above-mentioned.	vit for that purpose of issue its Title Insura	inducing nce Policy, describing
AFFIANT		
Subscribed and sworn to before Kurl Bretz this day of	as affiant	"OFFICIAL SEAL" N. J. Corona Notary Public, State of Illinois My Commission Exp. 09/16/2008
NOTARY PUBLIC		24, 07, 07, 07, 07, 07, 07, 07, 07, 07, 07

STATE OF ILLINOIS
County of Cook

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UND TO FRICTIA COPY DEC 2 9 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.

Land On

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DECEDENT'S BIRTH NO.	REGISTRATION 16.0		STATE OF ILLINOIS		STATE FILE NUMBER	
	REGISTERED NUMBE'	MEDICAL	CERTIFICATE	OF DEATH		
Type or Print in PERMANENT INK See Funeral Directors,	1 6 EV	TRST MIDDLE	BRETZ	SEX DATE OF DEA' 2. FEMALE 3. 12	TH (MONTH, DAY, YEAR)	
Hospital, or Physicians Handbook for INSTRUCTIONS	AGE-LAST BIRTHDAY (YRS) MOS. DAYS HOURS MIN. 5a. 86 5b. 5c. May 6, 1918 CITY, TOWN, TWP, OR POAD STRICT NUMBER AGE-LAST BIRTHDAY (YRS) MOS. DAYS HOURS MIN. 5d. May 6, 1918 CITY, TOWN, TWP, OR POAD STRICT NUMBER AGE-LAST BIRTHDAY (YRS) MOS. DAYS HOURS MIN. 5d. May 6, 1918 IF HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT INEITHER, GIVE STREET AND NUMBER) IF HOSP, OR INST, INDICATE D.O.A.					
A	6a. Calumet City	_{6b.} 67	1 Manistee	(Hospice)	IF HOSP, OR INST, INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY) 6C.	
DECEASED	BIRTHPLACE (CITYANDSTATECH FOREIGN COUNTRY) 7. Austria	MARRIED, NEVER MARRIED, WILLOWED, DIVORCED (SPECIF) Married	NAMEOF SURVIVING SPOU 8b. Karl Bre		WAS DECEASED EVER IN U.S ARMED FORCES? (YES/NO) 9. NO	
B C	social security number 10.354-26-3394	USUALOCCUPATION Diring Room 11a Manager	KNDOEBUSINESSORINDU Tederal 11bReserve Ba	ank 12. 12	LY HIGHEST GRADE COMPLETED) College (1-4 or 5 +)	
D	RESIDENCE (STREET AND NUMBER) 13a. 671 Man	istee 1	rry, rown, rwp, or road distr 3b. Calumet Cit	Y 13c. Yes	COUNTY 13d. COOK	
Ļ		0409 INDIAN, etc.) (3PECIF 14a. Wti	te 14b. 2 NO	☐ YES SPECIFY:	ECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
PARENTS	_{15.} Alexander	MIDDLE LAST Fischera		isabeth P Balzo	<u> </u>	
1	INFORMANT'S NAME (TYPE OR PRINT) 17a. Karl Bretz		Husband 16/1	ADDRESS (STREET AND NO. OR R.F.D. Manistee Alumet City, IL		
2	18. PART I. Enter the shock, o Immediate Cause (Final	diseases, or complications that cause r heart failure. List only one cause	sed the death, Domus enter the mode of on each line.	dying, such as cardiac or respiratory a	BE I WEEN ONSET AND DEATH	
		MIOCARDAL ETO, ORAS A CONSEQUENCE O	NFARCTION	<u></u>	Minutes	
CAUSE	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	HYPERTENSO eto, orașa consequence o	M	TS	YEARS	
5	PARTII. Other significant conditions contrib PARKINSON	uting to death but not resulting in the underly	ring cause given in PART I.	ALITOPSY (YES NO)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YESNO) 19b.	
N	DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.	МС	THREE	ALE, WAS THERE A PREGNANCY IN PAST MONTHS? YES NO X	
	I (DID) (DID NOT) ATTEND THE DECEA AND LAST SAW HIM/HER ALIVE ON 21a. TO THE BEST OF MY KNOWLEDGE, D	12/8/04		EXAMINER NOTIFIED? (YESNO) 21b. 21c CAUSE(S) STATED. DAT	TE SIGNED (MONTH, DAY, YEAR)	
CERTIFIER	22a. SIGNATURE NAME AND ADDRESS OF CERTIFIER	(THEORPRINT)			0. 12/27/2004 NOISLICENSE NUMBER	
	22C. DRAGS TO LECU 1735 N. ASHLAND CALCASO, FL 22d. 056-10375/ NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23. CYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.					
	BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Cremation 24b	eteryorcrematory <i>-name</i> gional Cremat Services	ion _{24c.} Muns	cityontown state ster,Indiana	Dec .30, 2004 24d.	
DISPOSITION	FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITYOR TOWN STATE ZIP 25a. Kompare Funeral Home, 9858 S. Commercial Ave. Chicago, IL. 60617					
L	FUNERAL DIRECTOR'S SIGNATURE 25b	Uleman		_{25c.} 034-01	1043	
	LOCAL MEGISTRAR'S SIGNATURE 26a. ▶	-) 10.	Saf	26b. DEC	EGISTRAR (MONTH, DAY, YEAR) C 2 9 2004	
	VR200 (Rev. 5/89)	-infinis Department of	while Health-Division of Vital Recor	ds (BA	(SED ON 1989 U.S. STANDARD CERTIFICATE)	