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Doc#: 0602632062 Fee: \$28.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 01/26/2006 03:50 PM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

} ss.

Order No. _____

RADY KREFFT being duly sworn
states that I resides at 5651 N CLARK in the City of
CHICAGO

That I was acquainted with SHARON KREFFT
deceased who, at the time of her death, was one of the owners of the land in COOK
County, Illinois, described as:

That the deceased died JULY 29 2002, 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



Anna Romanyk
Notary Public

[Signature]
(affiant's signature)

1	328	324	011	7101	3490553
AREA	SUB-AREA	BLOCK	PARCEL	CODE	WARRANT

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OFFICE OF THE CLERK OF COOK COUNTY, ILLINOIS
PERMANENT REAL ESTATE INDEX NUMBER AND LEGAL DESCRIPTION

VOLUME [REDACTED]
[REDACTED]
359

AREA SUB-AREA BLOCK PARCEL TAX CODE 71033

13-29-324-11

SEC. 28 TOWN 40 RANGE 13

HOWSERS SUB SW 1/4 SW 1/4

LOT SUB-LOT LOT BLOCK

35 5

AREA	SUB-AREA	BLOCK	PARCEL	CODE	WAR-RANT	ITEM	FIRST SUFFIX	SECOND SUFFIX	THIRD SUFFIX	CARD
0	0	0	0	0	0	0	0	0	0	0
46	47	48	49	50	51	52	53	54	55	56
57	58	59	60	61	62	63	64	65	66	67
68	69	70	71	72	73	74	75	76	77	78
79	80	81	82	83	84	85	86	87	88	89
90	91	92	93	94	95	96	97	98	99	00
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9

Property of Cook County Clerk's Office

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
 611292

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO
 JUL 26 2002

I, JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

DECEASED-NAME: Sharon
 COUNTY OF DEATH: Cook
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Chicago

FIRST: Sharon
 MIDDLE: J.
 LAST: Kreffft

AGE-LAST BIRTHDAY (YRS): 47
 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER):
 DATE OF BIRTH (MONTH, DAY, YEAR): 28, 1955

SEX: 2. Female
 DATE OF DEATH (MONTH, DAY, YEAR): 24, 2002

6a. Chicago
 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Chicago, Ill.
 MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): 8a. Married
 SOCIAL SECURITY NUMBER: 338-56-2992
 USUAL OCCUPATION: 11a. Homemaker
 NAME OF SURVIVING SPOUSE (MARRIAGE NAME, IF WIFE): 8b. RANDY HREBT
 KIND OF BUSINESS OR INDUSTRY: 11b. Own Home
 EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): 12. College (1-4 or 5-1)
 INSIDE CITY (YES/NO): 13c. Yes
 COUNTY: 13d. Cook

10. 551 N. Ozark
 RESIDENCE (STREET AND NUMBER):
 CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Chicago
 OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.):
 ZIP CODE: 60631
 FACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): White
 MOTHER-NAME FIRST MIDDLE LAST: Marie

11. Randy
 FATHER-NAME FIRST MIDDLE LAST: King
 MOTHER-NAME FIRST MIDDLE LAST: Marie
 RELATIONSHIP: 17b. Husband
 MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 5651 N. Ozark, Chicago, Ill., 60631

18. 181811
 Immediate Cause (Final disease or condition resulting in death): Lung CA
 CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF: (b)
 STATE THE UNDERLYING CAUSE LAST: (c)

20. 200.
 DATE OF OPERATION, IF ANY: MAJOR FINDINGS OF OPERATION:
 (MONTH, DAY, YEAR): 6-20-02

22a. SIGNATURE: [Signature]
 NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT):
 22c. Dr. Joshi, 7447 Talcott Ave, Chicago, Ill., 60631
 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

23. 23.
 BURIAL, CREMATION, REMOVAL (SPECIFY):
 24a. Cremation
 CEMETERY OR CREMATORY-NAME: Acacia Park Cemetery
 LOCATION: Chicago, Illinois
 STREET AND NUMBER OR R.F.D.:
 CITY OR TOWN: STATE: ZIP: 60631

25a. G. L. Hills Funeral Home, 745 Graceland Ave. Des Plaines, Ill., 60016
 FUNERAL DIRECTOR'S SIGNATURE: [Signature]
 ILLINOIS LICENSE NUMBER: 034-012258
 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): JUL 26 2002

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.



CITY OF CHICAGO
 DEPARTMENT OF PUBLIC HEALTH