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Doc#: 0622817001 Fee: \$30.50
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 08/16/2008 09:17 AM Pg: 1 of 4

Lisa Ormes
Prepared by and after recording return to

Name: Walter R. Huber
Firm/Company: Richmond Title Services
Address: 2901 N. Dallas Parkway
Address 2: Suite 100
City, State, Zip: Plano, Texas 75093
Phone: 214-291-8808
GF#: 1033826

AFFIDAVIT OF DEATH - JOINT TENANT

STATE OF ILLINOIS

COUNTY OF COOK

Walter R. Huber, of legal age, being first duly sworn, deposes and says:

1. That Shirley L. Huber, the decedent mentioned in the attached copy of Certificate of Death, is the same person as Shirley L. Huber named as one of the parties in that certain Warranty Deed Joint Tenancy dated June 21, 1991, executed by Daniel G. Kutinac and Betty J Kutinac to Walter R. Huber and Shirley L. Huber, as joint tenants, recorded as Instrument No. 91306081 on June 24, 1991 in the Office of the County Recorder of the County of Cook, Illinois, covering the following described property situated in the said County, State of Illinois:

Lot 26 in Block 1 in BERWYN TERRACE, a Subdivision of Block 53 to 56 in Circuit Court Partition of Section 31 and 32, Township 39 North, Range 13 and part of Section 6, Township 38 North, Range 13, section 1, Township 38 North, Range 12, and Section 12, Township 38 North Range 12 East of the Third Principal Meridian, in Cook County, Illinois.

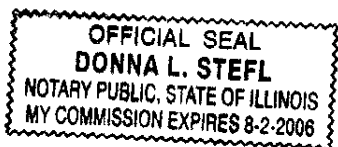
Affiant knows that RICHMOND TITLE SERVICES, its affiliates and their respective underwriter(s) are relying on the statements contained herein to be true and correct and without the true facts contained herein said RICHMOND TITLE SERVICES its affiliates and their respective underwriter(s) would not issue its policy.

FURTHER AFFIANT SAYETH NOT.

Walter R. Huber

AFFIANT
Walter R. Huber

Subscribed and Sworn to before me this 28 day of June, 2006 by Walter R. Huber.



Donna L. Stefl
Notary Public Commissioned for said County and State
Donna L. Stefl



U32883503-01RD04
AFF/DEATH/JT TNT
LOAN# 2003840160
US Recordings

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record for the person named 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

DATE: JAN 15 2002

SIGNED: Robert C. Beckhaus

AT: BERWYN, ILLINOIS

OFFICIAL TITLE: REGISTRAR

The original record is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of this record by the Department of Public Health or the local registrar shall be prima facie evidence in all courts and places of the facts therein.

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

DECEDENT'S BIRTH NO. _____

REGISTRATION DISTRICT NO. **16-21**

REGISTERED NUMBER **47**

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER _____

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME: **Shirley Huber** FIRST MIDDLE LAST

SEX: **Female**

DATE OF DEATH (MONTH, DAY, YEAR): **3 January 14, 2002**

CITY, TOWN, TWP OR ROAD DISTRICT NUMBER: **BERWYN**

AGE LAST BIRTHDAY (YES) (MOS) (DAYS) (HOURS) (MIN): **53**

DATE OF BIRTH (MONTH, DAY, YEAR): **5d JULY 26, 1948**

HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER OF THESE CATEGORIES, INDICATE D.O.A. OPERATOR, I.M. INPATIENT (SPECIFY)) **Vanguard Health System Macneal Hospital**

DECEASED

1. COUNTY OF DEATH: **COOK**

2. SOCIAL SECURITY NUMBER: **10 350 40 6332**

3. RESIDENCE (STREET AND NUMBER): **13a. 7841 W 45th STREET**

4. STATE: **ILLINOIS**

5. ZIP CODE: **13b. 60534**

6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **8a. MARRIED**

7. CITY, TOWN, TWP OR ROAD DISTRICT NUMBER: **BERWYN**

8. NAME OF SURVIVING SPOUSE (MARRIAGE NAME IF WIFE): **WALTER HUBER**

9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): **9. NO**

PARENTS

10. FATHER-NAME: **ANDREW WELLERTS**

11. MOTHER-NAME: **LORRAINE RENK**

12. FATHER-MIDDLE: **WALTER**

13. MOTHER-MIDDLE: **LORENE**

14. FATHER-LAST: **WELLERTS**

15. MOTHER-LAST: **RENK**

16. MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP): **7841 W 45th STREET LYONS, IL. 60534**

17. PART I. IMMEDIATE CAUSE (Final disease or condition resulting in death): **Pneumonia**

18. PART II. OTHER SIGNIFICANT CONDITIONS (Include all deaths but not resulting in the underlying cause given in PART I.): **Insulin - diabetes mellitus, morbid obesity**

19. DATE OF OPERATION, IF ANY: **1/11/02**

20. MAJOR FINDINGS OF OPERATION: **morbid obesity**

21. TO THE BEST OF YOUR KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22. SIGNATURE OF CERTIFIER: **Jason Britton**

23. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **Jason Britton 3222 Hickory Avenue IL 60534**

24. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): _____

25. BURIAL, CREMATION, REMOVAL (SPE. CITY): **24b. MONTROSE**

26. CEMETERY OR CREMATION NAME: **CHICAGO, ILLINOIS**

27. LOCATION: **CHICAGO, ILLINOIS**

28. CITY OR TOWN: **CHICAGO, IL.**

29. STATE: **CHICAGO, IL.**

30. ZIP: **60657**

31. FUNERAL HOME: **LAKE VIEW FUNERAL HOME 1458 W. BELMONT AVE CHICAGO, IL.**

32. FUNERAL DIRECTOR'S SIGNATURE: **Robert C. Beckhaus**

33. NAME AND ADDRESS OF FUNERAL HOME: **1458 W. BELMONT AVE CHICAGO, IL. 60657**

34. DATE RECEIVED: **JAN 15 2002**

35. ILLINOIS LICENSE NUMBER: **036092404**

36. DATE SIGNED: **1/15/02**

37. HOUR OF DEATH: **5:28 A.M.**

38. IF AN INQUIRY WAS INVOLVED IN THIS DEATH, THE CORNER OR MEDICAL EXAMINER MUST BE NOTED.

39. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **NO**

40. WERE ANY OTHER FINDINGS AVAILABLE PRIOR TO COMPLETION OF CASE OF DEATH? (YES/NO): **NO**

41. ILLINOIS DEPARTMENT OF PUBLIC HEALTH

42. ILLINOIS DEPARTMENT OF PUBLIC HEALTH

43. ILLINOIS DEPARTMENT OF PUBLIC HEALTH

44. ILLINOIS DEPARTMENT OF PUBLIC HEALTH

45. ILLINOIS DEPARTMENT OF PUBLIC HEALTH

46. ILLINOIS DEPARTMENT OF PUBLIC HEALTH

47. ILLINOIS DEPARTMENT OF PUBLIC HEALTH

48. ILLINOIS DEPARTMENT OF PUBLIC HEALTH

49. ILLINOIS DEPARTMENT OF PUBLIC HEALTH

UNOFFICIAL COPY

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

DATE: JAN 16 2002

SIGNED: Robert C. Beckhaus

AT: BERWYN, ILLINOIS

OFFICIAL TITLE: REGISTRAR

The original record is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of this record by the Department of Public Health or the local registrar shall be prima facie evidence in all courts and places of the facts therein.

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

DECEASED'S BIRTH NO. 16.21
REGISTRATION DISTRICT NO. 47
REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED-NAME: Shirley Huber
COUNTY OF DEATH: COOK
CITY, TOWN, TWP OR ROAD DISTRICT NUMBER: BERWYN
AGE - LAST BIRTHDAY (YRS): 53
UNDER 1 YEAR: 2
UNDER 1 DAY: 14
DATE OF BIRTH (MONTH, DAY, YEAR): 3 January 14, 2002
DATE OF DEATH (MONTH, DAY, YEAR): 14, 2002

HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER ONE, STREET AND NUMBER): Vanguard Health System In Macneal Hospital
NAME OF SURVIVING SPOUSE (INCLUDE NAME, IF WIFE): WALTER HUBER
EDUCATION (SPECIFY HIGHEST GRADE COMPLETED): 12
HIGHEST GRADE COMPLETED (Range 1-4 or 5-12): 12
WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): No

BIRTHPLACE (CITY AND STATE OR COUNTY, IL): CHICAGO, IL
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
BOOK KEEPER
CITY, TOWN, TWP OR ROAD DISTRICT NUMBER: LYONS
DECEASED'S BIRTH NO.: 16.21
REGISTRATION DISTRICT NO.: 47
REGISTERED NUMBER: 47

DECEASED: 1. NAME: Shirley Huber, SEX: Female, DATE OF BIRTH: 3 January 14, 2002, DATE OF DEATH: 14, 2002
2. COUNTY OF DEATH: COOK
3. CITY, TOWN, TWP OR ROAD DISTRICT NUMBER: BERWYN
4. AGE - LAST BIRTHDAY (YRS): 53
5. UNDER 1 YEAR: 2, UNDER 1 DAY: 14
6. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER ONE, STREET AND NUMBER): Vanguard Health System In Macneal Hospital
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
8. BOOK KEEPER
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): No
10. SOCIAL SECURITY NUMBER: 350 40 6332
11. RESIDENCE (STREET AND NUMBER): 7841 W 45th STREET
12. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED): 12
13. HIGHEST GRADE COMPLETED (Range 1-4 or 5-12): 12
14. CITY, TOWN, TWP OR ROAD DISTRICT NO.: LYONS
15. DECEASED'S BIRTH NO.: 16.21
16. REGISTRATION DISTRICT NO.: 47
17. REGISTERED NUMBER: 47

PARENTS: 15. FATHER-NAME: ANDREW WELLEERTS, MOTHER-NAME: LORRAINE KENK
17a. INFORMANT'S NAME (TYPE OR PRINT): WALTER HUBER
17b. RELATIONSHIP: HUSBAND
17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 7841 W 45th STREET LYONS, IL. 60534

18. PART I: Immediate Cause (Final disease or condition resulting in death): PNEUMONIA
19. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) AND STATING THE UNDERLYING CAUSE LAST: (a) PNEUMONIA, (b) DUE TO A CONSEQUENCE OF DIET OR A VACCINATION
20. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: Insulin - 29 g/lirins diabetes mellitus, MODERATE, MORBID Obesity, KIDNEY

21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: 1/11/02, 5:28 A.M., 224 OREGON ST, CHICAGO, IL 60657
22. SIGNATURE OF CERTIFIER: [Signature]
23. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): Jason G. Hahn, 37225 Hickory Run Road IL 60546

24. BURIAL, CREMATION, REMOVAL (SPR CITY): MONTRROSE, CHICAGO, ILLINOIS
25. FUNERAL HOME: LAKE VIEW FUNERAL HOME 1458 W. BEIMONT AVE, CHICAGO, IL. 60657
26. FUNERAL DIRECTOR'S SIGNATURE: [Signature]

27. DATE FILED BY: JAN 16 2002
28. DATE OF DEATH: 14, 2002
29. ILLINOIS LICENSE NUMBER: 036092404
30. NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

31. DATE OF BIRTH: 3 January 14, 2002
32. DATE OF DEATH: 14, 2002
33. TIME OF DEATH: 5:28 A.M.
34. SIGNATURE OF CERTIFIER: [Signature]
35. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): Jason G. Hahn, 37225 Hickory Run Road IL 60546

36. SIGNATURE OF REGISTRAR: [Signature]
37. NAME OF REGISTRAR: Robert C. Beckhaus, 1320 N. Dearborn St., Chicago, IL 60610

38. SIGNATURE OF REGISTRAR: [Signature]
39. NAME OF REGISTRAR: Robert C. Beckhaus, 1320 N. Dearborn St., Chicago, IL 60610

40. SIGNATURE OF REGISTRAR: [Signature]
41. NAME OF REGISTRAR: Robert C. Beckhaus, 1320 N. Dearborn St., Chicago, IL 60610

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

JULY 11, 2006

DAVID ORR, County Clerk

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.

David Orr
COUNTY CLERK

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| DECEASED'S BIRTH NO. | | REGISTRATION DISTRICT NO. 16-21 | | STATE OF ILLINOIS | | STATE FILE NUMBER | |
| | | REGISTERED NUMBER 47 | | MEDICAL CERTIFICATE OF DEATH | | | |
| Type or Print in PERMANENT INK Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS | | DECEASED NAME FIRST MIDDLE LAST Shirley Huber | | SEX Female | | DATE OF DEATH (MONTH DAY YEAR) January 14, 2002 | |
| 4. COUNTY OF DEATH COOK | | AGE-LAST BIRTHDAY (YRS) 5a. 53 | | DATE OF BIRTH (MONTH DAY YEAR) 5b. JULY 26, 1948 | | | |
| 6a. BERWYN | | HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) VanGuard Health System Inc. DBA MacNeal Hospital | | IF HOSP. OR INST. INDICATE D.O.A. OR INPATIENT (SPECIFY) 6c. | | | |
| 7. CHICAGO, IL | | 8a. MARRIED | | 8b. WALTER HUBER | | 9. No | |
| 10. 350 40 6332 | | 11a. BOOK KEEPER | | 11b. RETAIL STORE | | 12. 12 | |
| 13a. 7841 W 45th STREET | | 13b. LYONS | | 13c. YES | | 13d. COOK | |
| 13e. ILLINOIS | | 13f. 60534 | | 14a. WHITE | | 14b. NO | |
| 15. ANDREW WELLERTS | | 16. LORRAINE RENK | | 17a. WALTER HUBER | | 17b. HUSBAND | |
| 18. PART I | | 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. | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | |
| Immediate Cause (Final disease or condition resulting in death) | | (a) Pneumonia | | 2 Weeks | | | |
| CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST | | (b) DUE TO, OR AS A CONSEQUENCE OF | | | | | |
| PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I | | Insulin-requiring diabetes mellitus, MODERATE | | | | | |
| 20a. DATE OF OPERATION, IF ANY | | 20b. MAJOR FINDINGS OF OPERATION | | 20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO | | 20d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED | | 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? NO | | 21c. HOUR OF DEATH 5:28 A.M. | | | |
| 22a. SIGNATURE <i>Jason Griffin</i> | | 22b. DATE SIGNED 1/15/02 | | 22c. ILLINOIS LICENSE NUMBER | | 22d. 036092404 | |
| 23. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) JASON GRIFFIN 3722 Sherman Riverside IL 60546 | | 23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) | | NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. | | | |
| 24a. CREMATION | | 24b. CEMETERY OR CREMATORY - NAME MONTROSE | | 24c. LOCATION CITY OR TOWN STATE CHICAGO, ILLINOIS | | 24d. DATE (MONTH DAY YEAR) JAN. 16, 2001 | |
| 25a. LAKE VIEW FUNERAL HOME 1458 W. BELMONT AVE CHICAGO, IL. 60657 | | 25b. FUNERAL DIRECTOR'S SIGNATURE <i>Ray Stalwell</i> | | 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 011640 | | 25d. DATE FILED BY LOCAL HEALTH DEPARTMENT (MONTH DAY YEAR) JAN 16 2002 | |