UNOFFICIAL CO

DECEASED JOINT **ENANCY AFFIDAVIT**



STATE OF ILLINOIS)) ss. **COUNTY OF WILL**)

Doc#: 0623547163 Fee: \$28.50 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 08/23/2006 11:38 AM Pg: 1 of 3

THE UNDERSIGNED AFFIANT, JO ANN F.

HOFMANN, a widow and not since remarried, residing at 3107 W. 173rd St., Hazel Crest, IL 60429 (County of Cook), being duly sworn states as follows:

- 1. That the Arriant was married to EDWARD H. HOFMANN, deceased. That the deceased died on 4/1/06, as evidenced by a certified copy of his/her death certificate attached hereto.
- 2. That the deceased itel leaving no Last Will & Testament.
- 3. 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, did not exceed the sum of \$600,000. The Affiant inherited all of the deceased's assets by joint tenancy or as a beneficiary thereof.
- 4. That the deceased and the Affiant were busband and wife, and they were the sole owners in joint tenancy of the following land:

LEGAL DESCRIPTION IS TYPED ON THE BACK OF THIS AFFIDAVIT, AND INCORPORATED HEREIN BY THIS REFERENCE.

Address of Real Estate: 3107 W. 173rd St., Haze! Crest, IL 60429.

Permanent Index Numbers: 28-25-318-003-0000.

- 5. Affiant states that he/she was never divorced from the deceased in any state or county, and that the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full.
- 6. Affiant makes this affidavit for the purpose of removing the deceased's name from the title, and transferring the above referenced land into the Affiant's recently established trust.

Subscribed and sworn to before me by said Affiant,

day of JUL

JO ANN F. HOFMANN, on this

2006

otary Public

OFFICIAL SEAL JOHN G. BERGER

NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 4-20-2009

This Instrument Prepared By: John G. Berger, Attorney, 858 Cheyenne Lane, New Lenox, IL 60451.

AFTER RECORDING, RETURN TO:

John G. Berger, Attorney

858 Cheyenne Lane

New Lenox, IL 60451.

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LEGAL DESCRIPTION

Address of Real Estate: 3107 W. 173rd St., Hazel Crest, IL 60429.

Permanent Index Numbers: 28-25-318-003-0000.

LEGAL DESCRIPTION:

Lot 416 in Elmore's Pottawatomie Hills, being a subdivision of the South 60 acres of the West half of the South West quarter and also the East half of the South West quarter of Section 25, Township 36 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois.**

STATE OF ILLINOIS)
County of Cook)

UNOFFICIAL COPY DAVID ORR, County Clerk

APR 0 3 2006

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.

COUNTY CLERK

						·				
DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 46.0		STATE OF ILLINOIS						STATE FILE NUMBER	
	REGISTERED NUMBER	ME	DICAL C	ERTIFIC	CATE	OF DE	ATH			
Type or Print in	DECEASE NA IE	FIRST	MIDDLE	LAST		SEX	DATEO	FDEATH (MON	(TH, DAY, YEAR)	
PERMANENT INK See Funeral Directors,	1. Edward					ř	pril 1, 2006			
Hospital, or Physicians Handbook for	COUNTY OF DEA 'H		AGE-LAST	UNDER 1 YEAR	UNDER	DAY DATE OF		TH, DAY, YEAR)	2000	
INSTRUCTIONS	4. Cook Sa. 86 Sb. Days Hours Min. Sd. March						1020			
1	CITY, TOWN, TWP, OR RO. D. STRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER								P, OR INST, INDICATE D.O.A. ER. RM, INPATIENT (SPECIFY)	
A	6a Hazel Crest	//	6b. South					OP/EME		
DECEASED	BIRTHPLACE (CITY AND STATE OF FOREIGN COUNTRY)	MARRIED, NEVE	R MARRIED, DROED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDENNAME, IF WIFE)						Inpatient was deceased evenings	
DECEASED	7.Chicago, Illinois 8a Morried 8b John F Krieg								ARMED FORCES? (YES/NO)	
В	SOCIAL SECURITY NUMBER	USUAI JCCUPA ACC JI	TION	KINDOEBUSIN IIII			TION (SPEC	IFY ONLY HIGHES	9. NO	
C	10. 326-16-6604	liia. Engli	neer	11b.Centr	lois Pal Rad	Troad a	ry/Secondary (0)-12) Co	(1-4 or 5 +)	
D	RESIDENCE (STREET AND NUMBER	ER)		TOWN, TWP, OR			INSIDE CIT	Y COUN	I Y	
E	_{13a.} 3107 W. 1731	rd Street	13b.	Hazel C	rest		(YES/NO)	, _ ·	Cook	
	STATE ZIP CODE RACE (WHITE O AUX, AMERICAN OF HISPANIC ORIGINAL (SPECIEVAN OR VES 15 V							YES 13d. COOK YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		
Į	13e Illinois 1	13f. 60429	AN, etc.) (SPE(IFY)		b. X NO				es, mexicals, fuent unicals, etc.)	
	FATHER-NAME FIRST	MIDDLE	LAST	14	DTHER-NAM	☐ YES IE FIRST	SPECIFY		(MAIOEN) LACT	
PARENTS	15. William	Нс	fmann				MIDDLE	!	(MAIDEN) LAST	
` `	INFORMANT'S NAME (TYPEORE			16 ELATIGIYSHII.	LAZAD INC	Anna			Goltz	
1	17a Mrs. JoAnn I	•		· / / .	214	ADURESS (SIRES	I AND NO. OR	R.F.D., CITY OR TO	DWN, STATE, ZIP) 60429	
<u></u>				7b.Wife	17c3 11	U/ W. 1/2	ra St	., Haze	l Crest, IL	
2	shock, or hoart failure. List only one cause on each line about the mode of dying, such as cardiac or respiratory arrest, APPROXIMATE INTERVAL APPROXIMATE INTERVAL									
3	Immediate Cause (Final disease or condition	· P · A	~ (
	resulting in death)	DUE TO, OR AS A CON	ISEOLIENCE OF	LANCE		0-			JAINOME	
1 * * * * * * * * * * * * * * * * * * *	CONDITIONS, IF ANY		IOLQUEIIOL OF		,					
CAUSE	WHICH GIVE RISE TO (MMEDIATE CAUSE (a)	(b) DUE TO, OR AS A CON	ISECUENCE OF			1/				
ONUSE	STATING THE UNDERLYING CAUSE LAST.		102402110201			70'				
- ا	PART II. Other significant conditions	(C)	. Minn in the control of the control							
# · · · · · · · · · · · · · · · · · · ·	- I gamen	Commontaing to available that 195	congut the underlying ca	use given in PART f.			AL TOP	COMPLE	UTOPSY FINDINGS AVAILABLE PRIOR TO ETION OF CAUSE OF DEATH? (YES/NO)	
3	DATE OF OPERATION, IF ANY	MAJOR FINDINGS	OCOSED LTION				<u>19</u> a	NO 19b.		
_	,	MAJOR FINDINGS	OFOPERATION				jσ Iτ	FIZM ILE, WAS THE	IERE A PREGNANCY IN PAST	
	20a.	20ь.					2	20c. Y.:S □	NO 🗆	
1 * * * * * * * * * * * * * * * * * * *	I (DID) (DID NOT) ATTEND THE DI AND LAST SAW HIM/HER ALIVE (ECEASED (MONTH, DA	Y, YEAR)		- Jy	VAS CORONER OF XAMINER NOTIFIE	MEDICAL D? (YESMO)	HOUR OF DEA	ТН	
	21a.	7///	<u> </u>		- 13	oth No		21c.	9:22 Р. м.	
	TO THE BEST OF MY KNOWLEDG	JE VEATHOCCURRED	AT THE TIME, DATE	AND PLACE AND D	DUE TO THE	CAUSE(S) STATE).	DATESIGNED	(MONTH, DAY, YEAR)	
CERTIFIER -	22a. SIGNATURE	OBC						22b. Apr	11 3, 2006	
	NAME AND ADDRESS OF CEATIFIER (TYPEORPRINT)							ILLINOISLICE	NSENUMBER	
[-	22c. James Habib, MD 2555 Lincoln Hwy., Olympia Fields, IL 60461							22d (736-051427		
1 '	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)							NOTE: IF AN INJURY WAS INVOLVED IN THIS		
	23.							DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
ſ	BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMAT	TORY-NAME	LOCATI	ON c	CITY OR TOWN	STATE	DAT		
<u></u>	24a Burial 24b Bethania Cemetery 24c Justice Illinois April 5,									
DISPOSITION	FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP									
	25a Tews Funeral Home, Inc. 18230 S. Dixie Hwy., Homewood, Illinois 60430									
1 '	FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER									
	25b. Nover of select /// 250 999						34			
['	LOCAL REGISTMAR'S SIGNATURE DATE FILED BY LOCAL							ONTH, DAY, YEAR)		
يا	26a. ▶ 700	und ()	2/L 1	NY	;	. 26b		APR 03	2006	
V	R200 (Rev. 5/89)	Illinois Di	epartment of Public	Tealth—Division of	Vital Record				U.S. STANDARD CERTIFICATE)	