

UNOFFICIAL COPY

DECEASED JOINT
TENANCY AFFIDAVIT



Doc#: 0625012061 Fee: \$28.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 09/07/2006 12:33 PM Pg: 1 of 3

STATE OF ILLINOIS }
COUNTY OF }

GEORGE OTTO being duly
sworn states that I resides at 1433 W. BIRCHWOOD
in the City of CHICAGO

That I was acquainted MARINA OTTO
deceased who, at the time of
HER death, was one of the owners of the land in
COOK County, Illinois, described as:

P.I.N. 11-29-307-005-0000

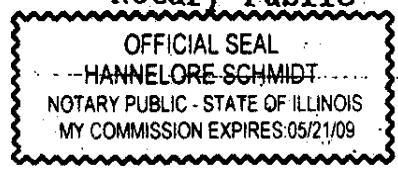
That the deceased died OCT 10, 2001
as evidenced by a certified copy of death certificate of the
deceased attached hereto.

Subscribed and sworn to before me by the said

this 7th day of SEPT., A.D. 2006

Hannelore Schmidt

Notary Public



George Otto
(affiant signature)

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

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

STATE FILE
NUMBER

615857

1 NO. REGISTRATION DISTRICT NO.	16.10
REGISTERED NUMBER	

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

DECEASED-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1.		Maria	BUCHAL	Otto	2. Female	3. October 7, 2001	
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. COOK		5a. 68		5b.	5c.	5d. JANUARY 8, 1933	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				IF HOSP. OR INST. INDICATE D.O.A. OR EMER. RM. INPATIENT (SPECIFY)	
6a. CHICAGO		6b. Northwestern Memorial Hospital				6c. Inpatient	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
7. GERMANY		8a. MARRIED		8b. DR. GEORGE OTTO		9. NO	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. 325-32-3767		11a. ADMINISTRATOR		11b. COLLEGE		12. 5+	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
13a. 1433 W. BIRCHWOOD		13b. CHICAGO		13c. YES		13d. COOK	
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
13e. ILLINOIS		13f. 60626		14a. WHITE		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	

FATHER-NAME	FIRST	MIDDLE	LAST	MOTHER-NAME	FIRST	MIDDLE	LAST
15.	FRANZ		BUCHAL	16.	EMMA		WILDE

INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. Janet Macipric	Medical Record	251 E. Huron Chicago IL 60611

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.

Immediate Cause (Final disease or condition resulting in death)	(a) Sepsis	APPROXIMATE INTERVAL BETWEEN (Y/N) AND DEATH
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b) chronic lymphocytic leukemia	
	(c)	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	AUTOPSY (YES/NO)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
	19a. NO	19b. NO

DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a.	20b.	20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH
21a. OCTOBER 6, 2001	21b. NO	21c. 10:03 AM

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	DATE SIGNED (MONTH, DAY, YEAR)
22a. SIGNATURE <i>Sean Koppe</i>	22b. October 7, 2001

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	ILLINOIS LICENSE NUMBER
22c. Sean Koppe MD 251 E. Huron Chicago IL 60611	22d. 125-043134

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.
23. Steven Newman MD	

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)
24a. CREMATION	24b. MONTROSE CREMATORY	24c. CHICAGO, ILLINOIS			24d. OCT. 11, 2001

FUNERAL HOME	NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP
25a.	DRAKE & SON FUNERAL HOME	5303 N. WESTERN AVE.	CHICAGO, ILLINOIS	60625	

FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. <i>David McKee</i>	25c. 034-014367

LOCAL REGISTRAR'S SIGNATURE	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. <i>John L. Wilhelm, M.D.</i>	26b. OCT 10 2001

