

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

FRANK POSCH, being duly sworn that she resides at 5345 Monroe, in the Village of Skokie, County of Cook, and State of Illinois.



Doc#: 0625656003 Fee: \$26.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 09/13/2006 09:52 AM Pg: 1 of 2

That he was acquainted with ELEANOR M. POSCH, deceased, who, at the time of her death, was one of the owners of the land in the Village of Skokie, County of Cook, State of Illinois, described as:

WEST TEN (10) FEET OF LOT ELEVEN (11), ALL OF LOT TWELVE (12), LOT THIRTEEN (13) (EXCEPT THE WEST FIVE (5) FEET THEREOF) IN BLOCK SIX (6) IN MAIN STREET AND LINCOLN AVENUE "L" SUBDIVISION OF PART OF THE WEST HALF (1/2) OF SECTION 21, TOWN 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT RECORDED IN REGISTRAR'S OFFICE JUNE 11, 1925 AS DOCUMENT NUMBER 259780.

PIN: 10-21-315-043 & 10-21-315-049

ADDRESS OF REAL ESTATE: 5345 MONROE, SKOKIE, IL 60077

PREPARED BY AND MAIL TO: BRIAN S. DENENBERG, DENKEWALTER & ANGELO, 5215 OLD ORCHARD RD., SUITE 1010, SKOKIE, ILLINOIS 60077

That the deceased died July 21, 2006, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

Leaving no Last Will and Testament.

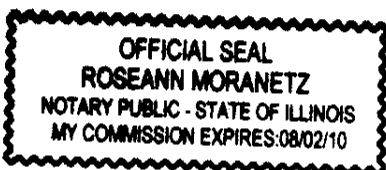
Leaving a Last Will and Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of Cook County, Illinois.

Leaving a Last Will and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois.

Subscribed and sworn to before me by the said FRANK POSCH this 17th day of AUGUST, 2006.

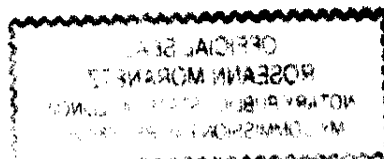
Notary Public

Affiant's Signature



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Property of Cook County Clerk's Office



UNOFFICIAL COPY

STATE FILE NUMBER

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16,36**
REGISTERED NUMBER **24344**

DECEASED-NAME **ELEANOR M. POSCH**

1. DECEASED-NAME **ELEANOR M. POSCH** LAST FIRST MIDDLE
 SEX **FEMALE** DATE OF BIRTH (MONTH, DAY, YEAR) **JULY 21, 2006**
 COUNTY OF DEATH **COOK** UNDER 1 YEAR UNDER 1 DAY UNDER 1 HOUR UNDER 1 MIN. DATE OF DEATH (MONTH, DAY, YEAR)
 4. **COOK** AGE - LAST BIRTHDAY (YRS) **93** HOURS **50** MIN. **54** DATE OF DEATH (MONTH, DAY, YEAR) **December 4, 1912**
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **SKOKIE** HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT NETHER, GIVE STREET AND NUMBER) **inpatient**
 6a. **SKOKIE** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **inpatient**
 6b. **Chicago, IL** MARRIED **inpatient**
 7. **Chicago, IL** SOCIAL SECURITY NUMBER **335-07-5998** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **Frank Posch**
 8. **335-07-5998** USUAL OCCUPATION **Homemaker** KIND OF BUSINESS OR INDUSTRY **own Home**
 9. **Illinois** RESIDENCE (STREET AND NUMBER) **5345 W. MONROE** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **SKOKIE** INSIDE CITY (YES) (NO) **YES**
 10. **Illinois** ZIP CODE **60077** RACE (WHITE, BLACK, AMERICAN INDIAN, (SPECIFY)) **WHITE** COUNTY **COOK**
 11. **Illinois** FATHER-NAME FIRST MIDDLE LAST **FRANK POSCH** MOTHER-NAME FIRST MIDDLE LAST **N.A.**
 12. **Illinois** INFORMANT'S NAME (TYPE POINT) **Frank Posch** RELATIONSHIP **brother** STREET AND NO. OR R.D. CITY OR TOWN, STATE, ZIP **3345 Monroe Skokie, IL 60077**

13. **Illinois** IMMEDIATE CAUSE (Final disease or condition resulting in death) **CEREBRAL INJURIES**
 14. **Illinois** CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) **FALL**
 15. **Illinois** STATING THE UNDERLYING CAUSE LAST. **FALL**
 16. **Illinois** PART II. Other significant conditions contributing to death but not the underlying cause given in PART I. **NEURODEGENERATIVE DISORDER**
 17. **Illinois** NATURAL ACCIDENT, HOMICIDE, SUICIDE (UNDETERMINED) **ACCIDENT**
 18. **Illinois** PLACE OF INJURY (IF HOME, FARM, STREET, FACTORY, OR OTHER (SPECIFY)) **Garage**
 19. **Illinois** HOUR OF INJURY (MONTH, DAY, YEAR) **MAY 27TH 2006**
 20. **Illinois** HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I) **FALL**
 21. **Illinois** DATE OF INJURY (MONTH, DAY, YEAR) **MAY 27TH 2006**
 22. **Illinois** LOCATION (CITY, V.L. OR TOWN, OR TWP., OR RD. DIST. NO., COUNTY, STATE) **SKOKIE COOK, ILLINOIS**
 23. **Illinois** IF FEMALE, WAS THERE A PREGNANCY IN LAST THREE MONTHS? **NO**
 24. **Illinois** I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INFORMATION RECEIVED, THE DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT... **JULY 21, 2006**
 25. **Illinois** CORONERS - NEXT OF KIN'S SIGNATURE **Michelle Jordan**
 26. **Illinois** CORONERS (PRINT NAME (TYPE OF TITLE)) **NICHOLE A. JORDEN, M.D.**
 27. **Illinois** CEMETERY OR CREMATORY - NAME **Bohemian National Cremation**
 28. **Illinois** STREET AND NUMBER OR RFD. **Hines VA Box 41 Hines Illinois 60141**
 29. **Illinois** FUNERAL HOME **Veterans Funeral Service**
 30. **Illinois** FUNERAL DIRECTOR'S SIGNATURE **David C. ...**
 31. **Illinois** LOCAL REGISTRAR'S SIGNATURE **Lowell Huchelberry**
 32. **Illinois** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **JUL 27 2006**

33. **Illinois** ALIEN STATUS (YES) (NO) **NO**
 34. **Illinois** DATE OF DEATH (MONTH, DAY, YEAR) **JULY 21, 2006**
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 50. **Illinois** DATE OF DEATH (MONTH, DAY, YEAR) **JULY 21, 2006**

51. **Illinois** STATE **Illinois**
 52. **Illinois** CITY OR TOWN **Chicago**
 53. **Illinois** COUNTY **Cook**
 54. **Illinois** ZIP CODE **60077**
 55. **Illinois** FUNERAL HOME **Veterans Funeral Service**
 56. **Illinois** FUNERAL DIRECTOR'S SIGNATURE **David C. ...**
 57. **Illinois** LOCAL REGISTRAR'S SIGNATURE **Lowell Huchelberry**
 58. **Illinois** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **JUL 27 2006**
 59. **Illinois** DATE OF DEATH (MONTH, DAY, YEAR) **JULY 21, 2006**
 60. **Illinois** DATE OF BIRTH (MONTH, DAY, YEAR) **JULY 21, 2006**

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

SIGNED **Lowell Huchelberry** DATE **JUL 27 2006**

AT **SKOKIE**, Illinois OFFICIAL TITLE **DIRECTOR OF HEALTH**

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