

UNOFFICIAL COPY



DECEASED JOINT TENANCY AFFIDAVIT

Doc#: 0629744053 Fee: \$26.50
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 10/24/2008 12:50 PM Pg: 1 of 2

STATE OF ILLINOIS)
)
COUNTY OF COOK)

KIMBERLY SCHAEFER, being duly sworn states that she resides at 2043 W. Belmont in the City of Chicago, Cook County, Illinois.

That she was acquainted with KEVIN G. SCHAEFER, deceased, who at the time of his death was one of the owners of the land in Cook County, Illinois, described as:

UNIT 3 IN 2043 W. BELMONT CONDOMINIUM, AS DELINEATED ON SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATES: LOT 16 IN OWNER'S SUBDIVISION OF THE EAST 8 ACRES OF OUT LOT 17 AND LOT 1 TO 4 (EXCEPT THE SOUTH 16 FEET) OF LOT 5 OF THE EAST 1/2 OF OUT LOT 17 IN SUPERIOR COURT PARTITION IN SNOW ESTATES SUBDIVISION IN SECTION 30, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ADDRESS: 2043 W. Belmont, Unit 3, Chicago, Illinois 60656
P.I.N.: 14-30-106-099-0000

That the deceased died on September 10, 2006, as evidenced by a certified copy of death certificate of the deceased attached hereto.

Dated: 10/18/06, 2006

Kim P. Schaefer
KIMBERLY P. SCHAEFER

SUBSCRIBED and SWORN to before me

this 19th
day of October, 2006.

Robert K. Brookman
Notary Public State of Illinois
My Commission Expires 12/16/07

Notary Public

**MEDICAL EXAMINER'S - CORONER'S
CERTIFICATE OF DEATH**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

SEP 12 2006

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

DISTRICT NO. **16.10**
REGISTERED NUMBER: **159 Sept 06**
DECEASED-NAME: **Kevlin Gregory**
FIRST: **Schaefer** MIDDLE: **W.** LAST: **Harrierson**
SEX: **Male**
DATE OF DEATH (MONTH, DAY, YEAR): **September 10 2006**

1. **Kevlin Gregory**
COUNTY OF DEATH: **OH**
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **1641 W. Harrierson**
AGE-LAST BIRTHDAY (YRS): **31**
UNDER 1 YEAR: **2** MONTHS **1** DAY
DATE OF BIRTH (MONTH, DAY, YEAR): **September 19, 1974**
HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER):
IF HOSP. OR INST. INDICATE D.O.A., OPERATOR, RN, INPATIENT (SPECIFY):

6a. **Chicago**
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **OH**
7. **Cleveland, OH**
SOCIAL SECURITY NUMBER: **301-66-2943**
11a. **Physician**
11b. **Medicine**
8b. **Kimberly Kovel**
NAME OF SURVIVING SPOUSE (MIDEN NAME, IF WIFE)
KIND OF BUSINESS OR INDUSTRY: **Medicine**
EDUCATION (SPECIFY ON Y. HIGHEST GRADE COMPLETED):
Elementary/Secondary (0-12): **12**
College (13-16): **5+**
13d. **Cook**
COUNTY

10. **2043 West Belmont Road**
RESIDENCE (STREET AND NUMBER)
CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Chicago**
13b. **Chicago**
13c. **Yes**
13d. **Cook**
COUNTY
14a. **White**
RACE (WHITE, BLACK, AMERICAN INDIAN (SPECIFY), ASIAN (SPECIFY))
14b. **XMO**
14c. **Yes**
14d. **Security**
14e. **Yes**
14f. **Yes**
14g. **Yes**
14h. **Yes**
14i. **Yes**
14j. **Yes**
14k. **Yes**
14l. **Yes**
14m. **Yes**
14n. **Yes**
14o. **Yes**
14p. **Yes**
14q. **Yes**
14r. **Yes**
14s. **Yes**
14t. **Yes**
14u. **Yes**
14v. **Yes**
14w. **Yes**
14x. **Yes**
14y. **Yes**
14z. **Yes**
15. **David**
FATHER-NAME FIRST MIDDLE LAST
16. **Riki**
MOTHER-NAME FIRST MIDDLE LAST
17a. **Marvin**
17b. **Schaefer**
17c. **Uncle**
17d. **32100 Fairmount Blvd. Pepper Pike, OH**
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

18. **Part I**
IMMEDIATE CAUSE (Final disease or condition resulting in death)
19. **Essential hypertension**
20. **Multifactorial etiology and other conditions leading to aortic aneurysm**
21. **Dissecting aortic aneurysm**
22. **Dissecting aortic aneurysm**
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99. **Dissecting aortic aneurysm**
100. **Dissecting aortic aneurysm**

20a. **Street**
PLACE OF INJURY (AT HOME, FACTORY, STREET, OFFICE BUILDING, ETC.) (SPECIFY)
20b. **2000 Fairmount Blvd. Pepper Pike, OH**
LOCATION (CITY, VIL, OR TOWN, CH. TWP., OR RD. DIST. NO., COUNTY, STATE)
20c. **Chicago, Cook, Illinois**
20d. **with aortic aneurysm**
20e. **Dissecting aortic aneurysm**
20f. **Dissecting aortic aneurysm**
20g. **Dissecting aortic aneurysm**
20h. **Dissecting aortic aneurysm**
20i. **Dissecting aortic aneurysm**
20j. **Dissecting aortic aneurysm**
20k. **Dissecting aortic aneurysm**
20l. **Dissecting aortic aneurysm**
20m. **Dissecting aortic aneurysm**
20n. **Dissecting aortic aneurysm**
20o. **Dissecting aortic aneurysm**
20p. **Dissecting aortic aneurysm**
20q. **Dissecting aortic aneurysm**
20r. **Dissecting aortic aneurysm**
20s. **Dissecting aortic aneurysm**
20t. **Dissecting aortic aneurysm**
20u. **Dissecting aortic aneurysm**
20v. **Dissecting aortic aneurysm**
20w. **Dissecting aortic aneurysm**
20x. **Dissecting aortic aneurysm**
20y. **Dissecting aortic aneurysm**
20z. **Dissecting aortic aneurysm**

21a. **2000 Fairmount Blvd. Pepper Pike, OH**
LOCATION (CITY, VIL, OR TOWN, CH. TWP., OR RD. DIST. NO., COUNTY, STATE)
21b. **September 10, 2006**
DATE OF DEATH (MONTH, DAY, YEAR)
21c. **13:05 P.M.**
TIME OF DEATH (MONTH, DAY, YEAR)
21d. **Dissecting aortic aneurysm**
21e. **Dissecting aortic aneurysm**
21f. **Dissecting aortic aneurysm**
21g. **Dissecting aortic aneurysm**
21h. **Dissecting aortic aneurysm**
21i. **Dissecting aortic aneurysm**
21j. **Dissecting aortic aneurysm**
21k. **Dissecting aortic aneurysm**
21l. **Dissecting aortic aneurysm**
21m. **Dissecting aortic aneurysm**
21n. **Dissecting aortic aneurysm**
21o. **Dissecting aortic aneurysm**
21p. **Dissecting aortic aneurysm**
21q. **Dissecting aortic aneurysm**
21r. **Dissecting aortic aneurysm**
21s. **Dissecting aortic aneurysm**
21t. **Dissecting aortic aneurysm**
21u. **Dissecting aortic aneurysm**
21v. **Dissecting aortic aneurysm**
21w. **Dissecting aortic aneurysm**
21x. **Dissecting aortic aneurysm**
21y. **Dissecting aortic aneurysm**
21z. **Dissecting aortic aneurysm**

22a. **Dissecting aortic aneurysm**
CORONER'S PHYSICIAN'S NAME (Type or Print)
22b. **Dissecting aortic aneurysm**
DATE SIGNED (MONTH, DAY, YEAR)
22c. **Dissecting aortic aneurysm**
DATE SIGNED (MONTH, DAY, YEAR)
22d. **Dissecting aortic aneurysm**
DATE SIGNED (MONTH, DAY, YEAR)
22e. **Dissecting aortic aneurysm**
DATE SIGNED (MONTH, DAY, YEAR)
22f. **Dissecting aortic aneurysm**
DATE SIGNED (MONTH, DAY, YEAR)
22g. **Dissecting aortic aneurysm**
DATE SIGNED (MONTH, DAY, YEAR)
22h. **Dissecting aortic aneurysm**
DATE SIGNED (MONTH, DAY, YEAR)
22i. **Dissecting aortic aneurysm**
DATE SIGNED (MONTH, DAY, YEAR)
22j. **Dissecting aortic aneurysm**
DATE SIGNED (MONTH, DAY, YEAR)
22k. **Dissecting aortic aneurysm**
DATE SIGNED (MONTH, DAY, YEAR)
22l. **Dissecting aortic aneurysm**
DATE SIGNED (MONTH, DAY, YEAR)
22m. **Dissecting aortic aneurysm**
DATE SIGNED (MONTH, DAY, YEAR)
22n. **Dissecting aortic aneurysm**
DATE SIGNED (MONTH, DAY, YEAR)
22o. **Dissecting aortic aneurysm**
DATE SIGNED (MONTH, DAY, YEAR)
22p. **Dissecting aortic aneurysm**
DATE SIGNED (MONTH, DAY, YEAR)
22q. **Dissecting aortic aneurysm**
DATE SIGNED (MONTH, DAY, YEAR)
22r. **Dissecting aortic aneurysm**
DATE SIGNED (MONTH, DAY, YEAR)
22s. **Dissecting aortic aneurysm**
DATE SIGNED (MONTH, DAY, YEAR)
22t. **Dissecting aortic aneurysm**
DATE SIGNED (MONTH, DAY, YEAR)
22u. **Dissecting aortic aneurysm**
DATE SIGNED (MONTH, DAY, YEAR)
22v. **Dissecting aortic aneurysm**
DATE SIGNED (MONTH, DAY, YEAR)
22w. **Dissecting aortic aneurysm**
DATE SIGNED (MONTH, DAY, YEAR)
22x. **Dissecting aortic aneurysm**
DATE SIGNED (MONTH, DAY, YEAR)
22y. **Dissecting aortic aneurysm**
DATE SIGNED (MONTH, DAY, YEAR)
22z. **Dissecting aortic aneurysm**
DATE SIGNED (MONTH, DAY, YEAR)

23a. **Dissecting aortic aneurysm**
BURIAL, CREMATION, REMOVAL (SPECIFY)
23b. **Dissecting aortic aneurysm**
CEMETERY OR CREMATORY-NAME
23c. **Dissecting aortic aneurysm**
LOCATION
CITY OR TOWN
STATE
DATE (MONTH, DAY, YEAR)
23d. **Dissecting aortic aneurysm**
CEMETERY OR CREMATORY-NAME
23e. **Dissecting aortic aneurysm**
LOCATION
CITY OR TOWN
STATE
DATE (MONTH, DAY, YEAR)
23f. **Dissecting aortic aneurysm**
CEMETERY OR CREMATORY-NAME
23g. **Dissecting aortic aneurysm**
LOCATION
CITY OR TOWN
STATE
DATE (MONTH, DAY, YEAR)
23h. **Dissecting aortic aneurysm**
CEMETERY OR CREMATORY-NAME
23i. **Dissecting aortic aneurysm**
LOCATION
CITY OR TOWN
STATE
DATE (MONTH, DAY, YEAR)
23j. **Dissecting aortic aneurysm**
CEMETERY OR CREMATORY-NAME
23k. **Dissecting aortic aneurysm**
LOCATION
CITY OR TOWN
STATE
DATE (MONTH, DAY, YEAR)
23l. **Dissecting aortic aneurysm**
CEMETERY OR CREMATORY-NAME
23m. **Dissecting aortic aneurysm**
LOCATION
CITY OR TOWN
STATE
DATE (MONTH, DAY, YEAR)
23n. **Dissecting aortic aneurysm**
CEMETERY OR CREMATORY-NAME
23o. **Dissecting aortic aneurysm**
LOCATION
CITY OR TOWN
STATE
DATE (MONTH, DAY, YEAR)
23p. **Dissecting aortic aneurysm**
CEMETERY OR CREMATORY-NAME
23q. **Dissecting aortic aneurysm**
LOCATION
CITY OR TOWN
STATE
DATE (MONTH, DAY, YEAR)
23r. **Dissecting aortic aneurysm**
CEMETERY OR CREMATORY-NAME
23s. **Dissecting aortic aneurysm**
LOCATION
CITY OR TOWN
STATE
DATE (MONTH, DAY, YEAR)
23t. **Dissecting aortic aneurysm**
CEMETERY OR CREMATORY-NAME
23u. **Dissecting aortic aneurysm**
LOCATION
CITY OR TOWN
STATE
DATE (MONTH, DAY, YEAR)
23v. **Dissecting aortic aneurysm**
CEMETERY OR CREMATORY-NAME
23w. **Dissecting aortic aneurysm**
LOCATION
CITY OR TOWN
STATE
DATE (MONTH, DAY, YEAR)
23x. **Dissecting aortic aneurysm**
CEMETERY OR CREMATORY-NAME
23y. **Dissecting aortic aneurysm**
LOCATION
CITY OR TOWN
STATE
DATE (MONTH, DAY, YEAR)
23z. **Dissecting aortic aneurysm**
CEMETERY OR CREMATORY-NAME

24a. **Dissecting aortic aneurysm**
FUNERAL HOME
24b. **Dissecting aortic aneurysm**
STREET AND NUMBER OR R.F.D.
24c. **Dissecting aortic aneurysm**
CITY OR TOWN
STATE
DATE (MONTH, DAY, YEAR)
24d. **Dissecting aortic aneurysm**
CITY OR TOWN
STATE
DATE (MONTH, DAY, YEAR)
24e. **Dissecting aortic aneurysm**
CITY OR TOWN
STATE
DATE (MONTH, DAY, YEAR)
24f. **Dissecting aortic aneurysm**
CITY OR TOWN
STATE
DATE (MONTH, DAY, YEAR)
24g. **Dissecting aortic aneurysm**
CITY OR TOWN
STATE
DATE (MONTH, DAY, YEAR)
24h. **Dissecting aortic aneurysm**
CITY OR TOWN
STATE
DATE (MONTH, DAY, YEAR)
24i. **Dissecting aortic aneurysm**
CITY OR TOWN
STATE
DATE (MONTH, DAY, YEAR)
24j. **Dissecting aortic aneurysm**
CITY OR TOWN
STATE
DATE (MONTH, DAY, YEAR)
24k. **Dissecting aortic aneurysm**
CITY OR TOWN
STATE
DATE (MONTH, DAY, YEAR)
24l. **Dissecting aortic aneurysm**
CITY OR TOWN
STATE
DATE (MONTH, DAY, YEAR)
24m. **Dissecting aortic aneurysm**
CITY OR TOWN
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DATE (MONTH, DAY, YEAR)
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CITY OR TOWN
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DATE (MONTH, DAY, YEAR)
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DATE (MONTH, DAY, YEAR)
24p. **Dissecting aortic aneurysm**
CITY OR TOWN
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DATE (MONTH, DAY, YEAR)
24q. **Dissecting aortic aneurysm**
CITY OR TOWN
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DATE (MONTH, DAY, YEAR)
24r. **Dissecting aortic aneurysm**
CITY OR TOWN
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DATE (MONTH, DAY, YEAR)
24s. **Dissecting aortic aneurysm**
CITY OR TOWN
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DATE (MONTH, DAY, YEAR)
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DATE (MONTH, DAY, YEAR)
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DATE (MONTH, DAY, YEAR)
24v. **Dissecting aortic aneurysm**
CITY OR TOWN
STATE
DATE (MONTH, DAY, YEAR)
24w. **Dissecting aortic aneurysm**
CITY OR TOWN
STATE
DATE (MONTH, DAY, YEAR)
24x. **Dissecting aortic aneurysm**
CITY OR TOWN
STATE
DATE (MONTH, DAY, YEAR)
24y. **Dissecting aortic aneurysm**
CITY OR TOWN
STATE
DATE (MONTH, DAY, YEAR)
24z. **Dissecting aortic aneurysm**
CITY OR TOWN
STATE
DATE (MONTH, DAY, YEAR)

25a. **Dissecting aortic aneurysm**
FUNERAL DIRECTOR'S SIGNATURE
25b. **Dissecting aortic aneurysm**
LOCAL REGISTRAR'S SIGNATURE
25c. **Dissecting aortic aneurysm**
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
25d. **Dissecting aortic aneurysm**
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
25e. **Dissecting aortic aneurysm**
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
25f. **Dissecting aortic aneurysm**
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
25g. **Dissecting aortic aneurysm**
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
25h. **Dissecting aortic aneurysm**
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
25i. **Dissecting aortic aneurysm**
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
25j. **Dissecting aortic aneurysm**
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
25k. **Dissecting aortic aneurysm**
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
25l. **Dissecting aortic aneurysm**
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
25m. **Dissecting aortic aneurysm**
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
25n. **Dissecting aortic aneurysm**
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
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25r. **Dissecting aortic aneurysm**
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
25s. **Dissecting aortic aneurysm**
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25x. **Dissecting aortic aneurysm**
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25y. **Dissecting aortic aneurysm**
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
25z. **Dissecting aortic aneurysm**
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH