Doc#: 0714546107 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 05/25/2007 02:21 PM Pg: 1 of 2

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF LLINOIS)
) SS.
COUNTY OF COOK)

That Joseph F. Strultz being duly sworn states that he resides at 5748 S. Massasoit Chicago, Illinois.

That Edward C. Shultz who, at the time of his death, was one of the owners of the land at 5748 S. Massasoit Chicago, Illinois legally described as follows:

THE SOUTH 20 FEET OF LOT 10 AND THE NORTH 10 FEET OF LOT 11 IN BLOCK 61 IN FREDERICK H. BARTLETT'S THIRD ADDITION TO GARFIELD RIDGE, A SUBDIVISION OF THAT PART OF THE EAST ½ OF SECTION 17, TOWNSHIP 38 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF THE INDIANA HARBOR BELT RAILROAD (EXCEPT THE WEST ½ OF THE WEST ½ OF THE NORTHEAST ¼) ALSO THAT PART OF THE NORTH ¾ OF THE EAST 1/4 OF THE NORTHEAST ¼ LYING EAST OF THE RIGHT OF WAY OF SAID INDIANA HARBOR BELT RAILROAD IN COOK COUNTY, ILLINOIS.

P.I.N. - 19-17-220-034-0000

That the deceased died March 3, 2007 as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died, leaving no Last Will & Testament.

That the total value of the estate of the deceased, including both real and remonal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of Six Hundred Thousand dollars and 00/100 (\$600,000.00).

Joseph P. Shultz

Subscribed and sworn to before me this 18th

day of May, 2007.

Notary Public

. "OFFICIAL SEAL"
TERESE M. LÉDESMA
NOTARY PUBLIC STATE DE ILLINOIS
MY COMMISSION DE PRESE 1/10/2009

This Document Prepared by Michael J. Laird 6808 West Archer Avenue Chicago, Il. 60638

FUNERAL DIRECTOR'S SIGNATURE FUNERAL HOME BURIAL CREMATION, REMOVAL (SPECIFY) 24a. Burlal NAME AND ADDRESS OF CERTIFIER LOCAL REGISTER NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER _{22c}Dr. David Buyer 1653 W.Congress Pkwy 7000 (Rev. 5/89) O THE BEST OF MY KNOWLEDG Blake-Lamb Funeral 24b. CEMETERY OR CREMATORY-NAME : DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. Holy Sepulchre TYPE OF PRINT) naon Ku Illinois Department of Public Health-Division of Vital Records Home STREET AND NUMBER OR R.F.D. TYP TOR PRINT! 5800 W. Chg 240 LOCATION 63rdI160612 Street Alsip, CITY OR TOWN CITY OH TOWN Illinors Chicago MAR 0.6 200 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER STATE 034-012014 Illinois NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER 36092425 DATE SIGNED MUST BE NOTIFIED. _{22b.}March 4,2007 (BASED ON 1989 U.S. STANDARD CERTIFICATE) DATE March 60638 (MONTH, DAY, YEAR) (MONTH, DAY, YEAR) 7,2007

MEDICAL CERTIFICATE OF DEATH 603006 STATE FILE NUMBER

STATE OF ILLINOIS

in INK Totors, Totalis

COUNTY OF DEATH

AGE-LAST BIRTHDAY (YRS)

UNDER 1 YEAR

MOS. DAYS

HOURS

Ž

DATE OF BIRTH (MONTH. DAY, YEAR)

5d.

December

10,

OPIEMER. HM, INPATIENT (SPECIFY) 6c Inpatient

66

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MIDDLE

Shultz

SEX Male

DATE OF DEATH (MONTH, DAY, YEAR)

March 3,2007

Edward FIRST

ŝ

Cook

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER

SOCIAL SECURITY NUMBER

Shipping and

Chicago, IL

ESIDENCE ISTREETANO-KIMBERI

5748 S.

Massasoit

BIRTHPLACE (OTYANDSTATE OF FOREIGN COUNTRY)

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

6b.

HÖSPITAL OROTHERINSTITUTION-NAME (FNOTINETHER, GIVE STREET AND NUMBER)

Rush University Medical center

NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)

Never Married

Chicago

H NO.

REGISTRATION DISTRICT NO

NUMBER DECEASED- NAME REGISTERED

MAR 0 6 2007 STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO **TERRY MASON M.D., LOCAL**

FEGISTRAR OF VITAL STATISTICS OF **ACCOMPANYING CERTIFICATE ON THIS** OF ILLINOIS AND THE ORDINANCES OF BY VIRTUE OF THE LAWS OF THE STATE AND DEATHS FOR THE CITY OF CHICAGO CERTIFY THAT I AM THE KEEPER OF LAW AND ORDINANCES. KEPT BY ME IN ORDINANCE OF SAID SHEET IS A TRUE COPY OF A RECORD THE CITY OF CHICAGO; THAT THE THE RECORDS OF BIRTHS, STILLBIRTHS THE CITY OF CHICAGO, DO HEREBY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

0714546107 Page: 2 of 2

HEN-NAME

Illinois

3

60638

14a

RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)

White

14b.

⊠ NO

YES

SPECIFY:

MIDDLE

13b.

CITY, TOWN, TWP, OR ROAD DISTRICT NO

Chicago

OF HISPANIC ORIGIN? (SPECIFY NOOR YES: IF YES, SPECIFY CUBAN, MEXIC, N.). IERTORICAN, BID.

INSIDE CITY
(YES/NO)
13C. Yes

13c

13d. COUNTY

Cook

11b

Manufacturing

12

STGRADE COMPLETED)
College (1-4 or 5 +)

WAS DECEASED EVERINUS ARMED FORCES? (YES/NC)

KIND OF BUSINESS OR INDUSTRY

FORMANT SNAME (TYPE ORPRINT)

Joseph Shultz

Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiral by airest, shock, or heart failure. List only one cause on each line.

17b.

Brother 176 5748 S. Massasoft. Chicago IL 60638

MAILING ADDRESS (STREET AND NO OR R.F.D., CT. YOR TOWN, STATE, ZIP)

Mary FIRST

breynahan

(MAIDEN) LAST

Samuel

Shultz

LAST

MOTHER-NAME

STATING THE UNDERLYING CAUSE LAST.

WHICH GIVE RISE TO ONDITIONS, IF ANY alsoase or condition

DUE TO, OR AS A CONSEQUENCE OF

Pneumothorax

Pneumonia

(a)

DUE TO, OR AS A CONSEQUENCE OF

Stroke

0

rimediate Cause (Final esting in death)

ARTE

Other signs early condenses contracting to death but not resulting in the underlying cause given in PART I

ATE OF OPERATION, IF ANY

MAJOR FINDINGS OF OPERATION

(DID) (DID NOT) ATTEND THE DECEASED NOT LAST SAW HIM: HER ALIVE ON

March 3,2007

WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO

HOUR OF DEATH

YES | NO |

4:15 P

3

(MONTH, DAY, YEAR)

on Mi LOCAL REGISTRAF

AUTOPSY (YESNO) No

WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? LYES NO.

IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?

19b

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

AFFIXED. MULTICOLOR SIGNATURE SEAL IS THIS CERTIFICATE COPY VALID WHEN