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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 ILLINOIS)
) SS.
COUNTY OF COOK)

That Joseph P. Shultz being duly sworn states that he resides at 5748 S. Massasoit Chicago, Illinois. 7

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 1/2 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 1/2 OF THE WEST 1/2 OF THE NORTHEAST 1/4) ALSO THAT PART OF THE NORTH 3/4 OF THE EAST 1/4 OF THE NORTHEAST 1/4 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.

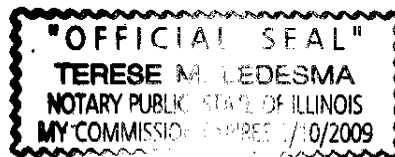
That the deceased died, leaving no Last Will & Testament.

That the total value of the estate of the deceased, including both real and personal 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).

X Joseph P. Shultz
Joseph P. Shultz

Subscribed and sworn to before me this 18th day of May, 2007.

Terese M. Ledesma
Notary Public



DECEASED-NAME Edward FIRST MIDDLE Shultz LAST SEX Male DATE OF BIRTH 10, 1940 DATE OF DEATH 3, 2007

COUNTY OF DEATH Cook CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago

AGE- LAST BIRTHDAY (MRS) 66 UNDER 1 YEAR 0 MOS. 0 DVS. 5c. UNDER 1 DAY 0 HOURS 0 MIN. 5d. DATE OF BIRTH (MONTH, DAY, YEAR) 10, 1940

HOSPITAL OR OTHER INSTITUTION- NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Rush University Medical center IF HOSP. OR INST. (INDICATE D.O.A. OR FEMUR. B.M. INPATIENT (SPECIFY) 6c. Inpatient

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Never Married NAME OF SURVIVING SPOUSE (MADEN NAME, IF WIFE) None

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, IL USUAL OCCUPATION 11a. Shipping and Receiving 11b. Manufacturing KIND OF BUSINESS OR INDUSTRY 8b. None

SOCIAL SECURITY NUMBER 10. RESIDENCE (STREET AND NUMBER) 13a. 5748 S. Massasolet 13b. Chicago CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago

DATE 13b. 5748 S. Massasolet ZIP CODE 131. 60638 14a. White 14b. X NO. 14c. YES SPECIFY: 13c. YES 13d. Cook

FATHER-NAME Samuel FIRST MIDDLE Shultz LAST MOTHER-NAME Mary FIRST MIDDLE Breynahan

DECEASED'S NAME (TYPE OR PRINT) Joseph Shultz RELATIONSHIP 17b. Brother 17c. 5748 S. Massasolet, Chicago IL 60638

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. (a) Pneumothorax (b) Pneumonia (c) Stroke

CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (b) DUE TO OR AS A CONSEQUENCE OF (c) DUE TO OR AS A CONSEQUENCE OF

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION 20b. March 3, 2007

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

WAS AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. 22d. ILLINOIS LICENSE NUMBER 36092425

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. Dr. David Buyer 1653 W. Congress Pkwy Chg 1160612

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial CEMETERY OR CREMATORY-NAME 24b. Holy Sepulchre

FUNERAL HOME 25a. Blake-Lamb Funeral Home 5800 W. 63rd Street Chicago Illinois 60638

LOCAL REGIS. SEALS SIGNATURE 25b. LOCAL REGIS. SEALS SIGNATURE 25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) MAR 06 2007

25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) MAR 06 2007

25e. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) MAR 06 2007

25f. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) MAR 06 2007

25g. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) MAR 06 2007

25h. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) MAR 06 2007

25i. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) MAR 06 2007

25j. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) MAR 06 2007

25k. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) MAR 06 2007

25l. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) MAR 06 2007

25m. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) MAR 06 2007

MAR 06 2007

JERRY MASON M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR THE CITY OF CHICAGO AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO. THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN OBLIVANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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