

UNOFFICIAL COPY



Doc#: 0718640026 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 07/05/2007 09:49 AM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )
) SS
COUNTY OF COOK )

Order No. \_\_\_\_\_

Martha Kern, of Surrogate Guar-, being duly sworn on oath, states that he/she resides at dian Services, Inc., as Plenary Guardian of the Estate 1 S 450 Summit #375, Oakbrook Terrace, IL 60181

That he/she was acquainted with, Irene R. Dahlquist deceased who, at the time of his/her death, was one of the owners of the land in Cook County, Illinois, described as:

See attached legal description . .

That the deceased died 10-8-2006 as evidenced by a certified copy of death certificated of the deceased attached hereto.

That the deceased died:

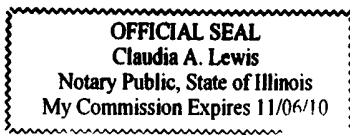
- Leaving no Last Will & Testament.
Leaving a Last Will & Testament, a copy of which is attached hereto. The original of the unproven Will should be filed with the Clerk of the Probate Division of the Circuit Court of Cook County, Illinois.
[X] Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois about 10/23/2006

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 Dollars.

Subscribed and sworn to before me by the said \_\_\_\_\_ this 15 Day of June, A.D. 2007

Claudia A. Lewis
Notary Public

Martha Kern for/by Surrogate
Affiant's Signature Guardian Services
Guardian of Estate for Cecile Dahlquist



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Attorneys' Title Guaranty Fund, Inc
1 S Wacker Dr., STE 2400
Chicago, IL 60603-4650
Attn: Search Department

6609680078

1/3

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## Legal Description:

Lot 19 in Frank Serafine Subdivision, being a subdivision of part of the South half (1/2) of the Southeast Quarter (1/4) of Section 34, Township 42 North, Range 11, East of the Third Principal Meridian, according to the plat thereof registered in the Office of the Registrar of Titles of Cook County, Illinois on January 7, 1954, as Document Number 1501829.

03-34-413-018.

4 N School St mt. Prospect  
IL 600056

Prepared by & Return to.

Kathleen Murphy

16 W Northwest Hwy.

Mt. Prospect IL 60056.

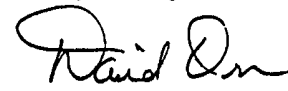
Property of Cook County Clerk's Office

STATE OF ILLINOIS  
County of Cook**UNOFFICIAL COPY**  
DAVID ORR, County Clerk


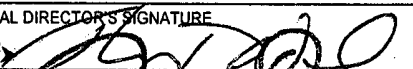

OCT 10 2006

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.



COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.0</b>		STATE OF ILLINOIS		STATE FILE NUMBER		
		REGISTERS NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>				
1. DECEASED NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
Irene		Rita		Dahlquist	2. Female	3. October 8, 2006		
4. COUNTY OF DEATH		AGE - LAST BIRTHDAY (YRS)		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		
Cook		5a. 82	5b.	MOS. DAYS	HOURS MINS	5d. April 23, 1924		
6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		6b. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				6c. IF HOSP. OR INST. INDICATE D.O.A. OR EMER. RM. INPATIENT (SPECIFY)		
Des Plaines		Holy Family Health Care				Inpatient		
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)		
Chicago, IL		Never Married				No		
10. SOCIAL SECURITY NUMBER		11a. USUAL OCCUPATION		11b. KIND OF BUSINESS OR INDUSTRY		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary Sec (0-12) College (1-4, or 5)		
122-26-4399		Executive Secretary		American Airlines		12. 12		
13a. RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		13d. COUNTY		
4 North School Street		13b. Mt. Prospect		13c. Yes		Cook		
13e. STATE		13f. ZIP CODE		14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		
IL		60056		White		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
15. FATHER-NAME		FIRST	MIDDLE	LAST	16. MOTHER-NAME			
Harry Dahlquist					Johana Boag			
17a. INFORMANT'S NAME (TYPE OR PRINT)		17b. RELATIONSHIP		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
Martha Kern				17c. 1 S 450 Simmit, #375, Oakbrook Terrace, IL				
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.					Approximate Interval Between Onset and Death	
Immediate Cause (Final disease or condition resulting in death)		(a) Colon Cancer Metastatic						
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a)		DUE TO (OR AS A CONSEQUENCE OF)						
STATING THE UNDERLYING CAUSE LAST.		(b) Anemia Chronic						
		DUE TO (OR AS A CONSEQUENCE OF)						
		(c)						
PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I.		19a. AUTOPSY (YES/NO)		19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)				
		NO		NO				
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		20d. HOUR OF DEATH		
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		21c. 5:15 PM M.		
21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		DATE SIGNED (MONTH, DAY, YEAR)		
9/28/06				No		10/9/06		
22a. SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER				
		1400 E GOLF R-D Suite # 220, DES PLAINES IL		036105942				
22b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		23.		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.				
600 IL								
24a. BURIAL, CREMATION REMOVAL (SPECIFY)		24b. CEMETERY OR CREMATORY - NAME		24c. LOCATION CITY OR TOWN STATE		24d. DATE (MONTH, DAY, YEAR)		
Burial		Holy Sepulchre		Worth, IL		Oct 11, 2006		
25a. FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE ZIP		
Friedrichs Funeral Home, Inc., 320 West Central Road Mount Prospect, Illinois 60056								
25b. FUNERAL DIRECTOR'S SIGNATURE		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER						
		034-011952						
26a. LOCAL REGISTRAR'S SIGNATURE		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)						
		October 10, 2006						

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