

# UNOFFICIAL COPY

531737 #13



Doc#: 0718740086 Fee: \$26.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 07/06/2007 11:04 AM Pg: 1 of 2

Sanctity of Contract

Stewart Title Company of Illinois

### DECEASED JOINT TENANCY AFFIDAVIT

STCI File Number: 531737

INDIANA )  
STATE OF ILLINOIS )  
COUNTY OF LAKE )

SS.

AFFIANT, ANNE KUEHN  
being duly sworn states that SHE, ANNE KUEHN resides at 10000 COLUMBIA in the City of  
MUNSTER, INDIANA AVE #137

That AFFIANT was acquainted with WILLIAM KUEHN deceased who, at the time of death, was one of the  
sworn of the land in County, Illinois, describes as:

LOT 24 AND THE NORTH 10 FEET OF LOT 25 IN BLOCK 2 IN STATE LINE PARK, BEING PETER FOOTE'S  
SUBDIVISION OF THE NORTHEAST FRACTIONAL 1/4 OF SECTION 17, TOWNSHIP 37 NORTH, RANGE 15, EAST  
OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.  
Permanent Index Number: 26-17-203-041-0000

That the deceased died JAN 1, 2006, as evidenced by a certified copy of death certificate 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 \_\_\_\_\_ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of County, Illinois about \_\_\_\_\_

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 \$50,000 dollars.

Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy., describing the above mentioned property.

Subscribed and sworn to before me by the said

AFFIANT, ANNE KUEHN

this 13th day of June, A.D. 2007

Audrey J. Richards  
Notary Public  
Audrey J. Richards  
My Comm Expires: 05-21-2008

10653 S. Avenue C  
Chicago, Illinois 60617

Anne Kuehn  
(Affiant's Signature)

STEWART+TITLE OF ILLINOIS  
2 N. LaSalle Street  
Suite 825  
Chicago, IL 60602  
312-849-4243

2/13 stc

REGISTRATION NO. 16.10  
DISTRICT NO.

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 600004

3127446111

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

SEP 05 2006

TERRY MASON M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS 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 ORDINANCE OF SAID LAW AND ORDINANCES.

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH

Jerry Mason M.D.  
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

DECEASED-NAME: WILLIAM E. KUEHN SR. FIRST MIDDLE LAST SEX: MALE DATE OF DEATH: 1 JANUARY 1 2006

COUNTY OF DEATH: COOK CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER: CHICAGO

AGE-LAST BIRTHDAY (YRS) MO. DAY: 88 88 26 DATE OF BIRTH (MONTH, DAY, YEAR): 26 May 26, 1917

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT NETHER, GIVE STREET AND NUMBER): TRINITY HOSPITAL.

6a. CHICAGO 6b. TRINITY HOSPITAL. 6c. INPATIENT

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Chicago, IL 6d. Ann Polukonis 6e. YES

SOCIAL SECURITY NUMBER: 336-01-2790 11a. Supervisor 11b. US Steel 11c. YES 11d. YES

RESIDENCE (STREET AND NUMBER): 10653 SOUTH AVE C 13b. CHICAGO 13c. YES 13d. COOK

ILLINOIS 1360617 14a. WHITE 14b. YES 14c. YES 14d. YES 14e. YES

FATHER-NAME: William Middle Kuehn 16. MOTHER-NAME: Emily N/A

INFORMANT'S NAME (TYPE OR PRINT): TAMARA MALDONADO ADM CLERK 17b. ADMED 17c. 2320 E 93RD CHICAGO IL 60617

17a. PART I. Enter the disease or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or renal failure. List only one cause on each line.

1. Hypoxic Encephalopathy 10 days

2. Seizure disorder / Respiratory arrest 13 days / 10 days

3. pneumonia 10 days

4. Hypertension

20b. MAJOR FINDINGS OF OPERATION: 20c. YES  NO

21a. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CRITERIA) 21b. NO 21c. DATE SIGNED: 1/2/06 21d. 11:30 PM

22a. DEATH OCCURRED AT THE TIME, DATE AND PLACE AND IN THE CAUSE(S) STATED. 22b. 036-097237

23. BIRTH, CREMATION, REMOVAL, SPECIFIC BURIAL 24a. Burial 24b. Concordia Cemetery 24c. Hammond, IN 24d. Jan 4, 2006

25a. Elmwood Chapel 11200 S. Ewing Ave. Chicago, IL 60617

25b. Signature of Director: [Signature]

25c. 034-012040

25d. DATE OF LOCAL REGISTRATION: JAN 3 2006

25e. J.H.

1/4 09-05-2006 10:41:02 p.m.