

# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT



0721250014

Doc#: 0721250014 Fee: \$26.50  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 07/31/2007 10:02 AM Pg: 1 of 2

ELIZABETH C. HUEBL, being duly sworn that she resides at 5035 W. Schubert, in the City of Chicago, County of Cook, and State of Illinois.

That she was acquainted with JAMES HUEBL, deceased, who, at the time of his death, was one of the owners of the land in the City of Chicago, County of Cook, State of Illinois, described as:

LOT 59 IN HULBERTS FULLERTON AVENUE HIGHLANDS SUBDIVISION NO 7, IN THE WEST ONE HALF OF THE SOUTH EAST QUARTER OF SECTION 28, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PIN: 13-28-409-009-0000

ADDRESS OF REAL ESTATE: 5035 W. SCHUBERT AVE., CHICAGO, ILLINOIS 60639

PREPARED BY AND MAIL TO: BRIAN S. DENENBERG, DENKEWALTER & ANGELO, 5215 OLD ORCHARD RD., SUITE 1010, SKOKIE, ILLINOIS 60077

That the deceased died February 18, 2007, as evidenced by a certified copy of the death certificate of the deceased attached hereto.


That the deceased died:


Leaving no Last Will and Testament.

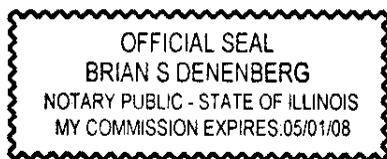
Leaving a Last Will and Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois.

Leaving a Last Will and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois.

Subscribed and sworn to before me by the said ELIZABETH C. HUEBL this 9<sup>th</sup> day of July, 2007.

  
\_\_\_\_\_  
Notary Public

  
\_\_\_\_\_  
Affiant's Signature



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DECEASED'S BIRTH NO.  
REGISTRATION DISTRICT NO. **1635**  
REGISTERED NUMBER **107**

STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**  
STATE FILE NUMBER

Type or Print in PERMANENT INK See Funeral Director, Hospital, or Physician Handbook for INSTRUCTIONS

**DECEASED**

1. DECEASED-NAME: **JAMES MICHAEL HUEBL** FIRST MIDDLE LAST  
2. SEX: **MALE**  
3. DATE OF DEATH: **FEBRUARY 18, 2007** (MONTH, DAY, YEAR)

4. COUNTY OF DEATH: **COOK**  
5a. AGE-LAST BIRTHDAY (MRS): **62** 5b. UNDER 1 YEAR: **0** 5c. UNDER 1 DAY: **0** 5d. DATE OF BIRTH: **FEBRUARY 15, 1945** (MONTH, DAY, YEAR)

6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **MELROSE PARK**  
6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT MEMBER, GIVE STREET AND NUMBER): **GOTTLIEB MEMORIAL HOSPITAL**

7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **CHICAGO, IL**  
8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **MARRIED**  
8b. NAME OF SURVIVING SPOUSE (MARRIAGE NAME, IF WIFE): **NANCY BRANDENBURG**

9. SOCIAL SECURITY NUMBER: **404-62-6663**  
10. RESIDENCE (STREET AND NUMBER): **2659 WEST STREET**  
11a. ELECTRICIAN  
11b. CONSTRUCTION  
12. EDUCATION: **INSIDE CITY** (MIDDLE) **YES**  
13a. STATE: **ILLINOIS** 13b. RIVER GROVE  
13c. ZIP CODE: **60171** 13d. COOK  
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.): **WHITE**  
14b. OR HISPANIC ORIGIN? (SPECIFY): **NO**  
14c. SPECIFY: **CORTESE** (MAIDEN) LAST  
15. FATHER-NAME: **JOSEPH HUEBL, SR.** 16. MOTHER-NAME: **ELIZABETH**

**PARENTS**

17a. NANCY HUEBL 17b. WIFE  
18. PART I. Enter the disease, 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.  
**Severe bronchitic basis.**

19a. DATE OF DEATH: **2/18/07** 19b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? **YES**  
19c. AUTOPSY (YES/NO): **NO** 19d. WERE AUTOPSY FINDINGS AVAILABLE FROM TO COMPLETION OF CAUSE OF DEATH? **NO**  
20a. MAJOR FINDING OF DEATH: **Severe bronchitic basis**

**CAUSE**

21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, PLACE AND PLACE AND DUE TO THE CAUSE(S) STATED.  
21a. DATE SIGNED: **2/20/07**  
21b. HOUR OF DEATH: **11:09 A.M.**

**CERTIFIER**

22a. SIGNATURE: **[Signature]**  
22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **DR. B. THOMPSON 431 W. WASHINGTON ST. MT. PROSPECT, ILL. 60056-0453**  
22c. ILLINOIS LICENSE NUMBER: **045394**

**DISPOSITION**

23. BURIAL, CREMATION, REMOVAL (SPECIFY): **24b. MONARCH CREMATORY**  
24a. CEMETERY OR CREMATORY-NAME: **MONARCH CREMATORY**  
24c. LOCATION: **FRANKLIN PARK, ILLINOIS**  
24d. CITY OR TOWN: **FRANKLIN PARK, ILLINOIS**  
24e. STATE: **ILLINOIS**  
24f. DATE: **2/20/2007**

25a. SAKS-TIEMEYER FUNERAL HOME & CREMATORY 9568 BELMONT AVE. FRANKLIN PARK, IL 60131  
25b. FUNERAL DIRECTOR'S SIGNATURE: **[Signature]**  
25c. ILLINOIS LICENSE NUMBER: **034-014974**  
25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **February 20, 2007**

26a. LOCAL REGISTRAR'S SIGNATURE: **[Signature]**  
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **February 20, 2007**

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE: **February 20, 2007** SIGNED: **[Signature]**  
AT: **MELROSE PARK, Illinois** OFFICIAL TITLE: **REGISTRAR**

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.