

# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT

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.



Doc#: 0721250015 Fee: \$26.50  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 07/31/2007 10:07 AM Pg: 1 of 2

That she was acquainted with  
JOSEPH M. 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 August 18, 2001, 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.

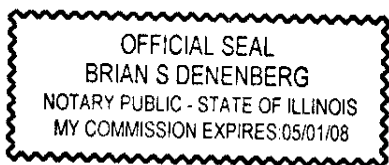
Leaving a Last Will and Testament a copy of which is attached hereto. The original of the unproven will should  
be filed with the Clerk of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois.

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 9th  
day of July, 2007.

Notary Public

Affiant's Signature



24

UNOFFICIAL COPY 1820142307

CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

AUG 21 2001

I, JOHN A. WILHELM 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 AND 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 OBTAINANCE OF SAID LAW AND ORDINANCES.



John A. Wilhelm, M.D. LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

Medical Certificate of Death form with fields for deceased name (Joseph Huebl), date of death (August 18, 2001), cause of death (Renal Failure), and certifier information (John A. Wilhelm, M.D.).