



Doc#: 0728449020 Fee: \$26.50
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 10/11/2007 02:10 PM Pg: 1 of 2

**DECEASED JOINT
TENANCY AFFIDAVIT**

STATE OF ILLINOIS)
) SS.
COUNTY OF McHENRY)

KATHERINE SCHMITZ, being duly sworn states that she resides at 1331 Luther Lane (unit 1331), Arlington Heights, Illinois. She was the widow of (acquainted with) **Richard Schmitz, Sr.** who, at the time of his death, was one of the owners of a mortgage of land in Cook County Illinois described as follows:

LOT 9 (EXCEPT THE NORTH 25 FEET THEREOF) AND ALL OF LOT 10, IN CAMPBEL'S SUBDIVISION OF BLOCK 13 OF MORRIS AND OTHERS'S SUBDIVISION OF THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 18, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. 17-18-315-045-000
COMMONLY KNOWN AS: 832-834 S. OAKLEY, CHICAGO, IL 60612
MORTGAGE DOCUMENT NO. 96807881 DATED OCTOBER 22, 1996

That the deceased died on _____, as evidenced by a certified copy of the death certificate of said decesad attached hereto.

That the deceased died leaving no Last Will & Testament

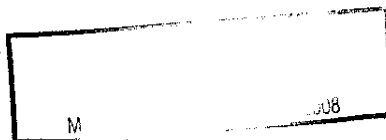
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$175,000.00. Affiant makes this affidavit for the purpose of inducing any title insurance company to issue its title insurance policy describing the above mentioned property free of said deceased's interest.

Katherine Schmitz (SEAL)
KATHERINE SCHMITZ

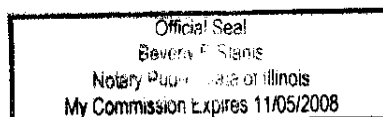
Subscribed and Sworn to before me on
October 11, 2007.

Beverly E. Stanis

Notary Public



MAIL TO and This document prepared by: Beverly E. Stanis 3681 Grayhawk Drive, Algonquin, IL 60102



STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

FEB 16 2007

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.

David Orr
COUNTY CLERK

TH NO.	REGISTRATION DISTRICT NO. 16.0	STATE OF ILLINOIS			STATE FILE NUMBER
	REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH			
in NK ctors, clans r IS	DECEASED-NAME FIRST MIDDLE LAST 1. Richard F. Schmitz		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. February 15, 2007	
	COUNTY OF DEATH 4. Cook	AGE-LAST BIRTHDAY (YRS) 5a. 88	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. April 3, 1918
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. Arlington Heights		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. Northwest Community Hospital		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) 6c. Inpatient
ED	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chicago, IL	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Kathryn Miller		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. Yes
	SOCIAL SECURITY NUMBER 10. 353 01 1593	USUAL OCCUPATION 11a. Police Officer	KIND OF BUSINESS OR INDUSTRY 11b. Police Dept.	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+) 12. 12	
	RESIDENCE (STREET AND NUMBER) 13a. 1331 Luther Lane	CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. Arlington Heights	INSIDE CITY (YES/NO) 13c. Yes	COUNTY 13d. Cook	
	STATE 13e. Illinois	ZIP CODE 13f. 60004	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
S	FATHER-NAME FIRST MIDDLE LAST 15. Frederick M. Schmitz		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. Eleanor Murphy		
	INFORMANT'S NAME (TYPE OR PRINT) 17a. Mrs. Kathryn Schmitz		RELATIONSHIP 17b. Wife	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 1331 Luther Lane, Arlington Heights, IL 60004	
	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) CONGESTIVE HEART FAILURE			1 year
	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b) CHRONIC RENAL INSUFFICIENCY			2 days
		(c)			
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Hip Fracture DUE TO OSTEOPOROSIS				AUTOPSY (YES/NO) 19a. NO
	DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	I (DID/DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 21a. 2/19/07		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. No	HOUR OF DEATH 21c. 5:12 A.M.	
	TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				DATE SIGNED (MONTH, DAY, YEAR) 22b. 2/15/07
ER	22a. SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22c. Patricia Stringer M.D., 1606 N. Arlington Heights, Arl. Hts. IL 60004		ILLINOIS LICENSE NUMBER 22d. 036074337
	23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Patricia Stringer M.D., 1606 N. Arlington Heights, Arl. Hts. IL 60004				NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
	BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY-NAME 24b. All Saints Cemetery	LOCATION CITY OR TOWN STATE 24c. Des Plaines, Illinois	DATE (MONTH, DAY, YEAR) 24d. Feb. 19, 2007	
ION	FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. Matz Funeral Home, 410 E. Rand Rd., Mt. Prospect, Illinois 60056		FUNERAL DIRECTOR'S SIGNATURE (TYPE OR PRINT) NAME 25b. Anthony W. Estes		
	FUNERAL DIRECTOR'S SIGNATURE (TYPE OR PRINT) 25b. <i>Anthony W. Estes</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-014999		
	LOCAL REGISTRAR'S SIGNATURE 26a. <i>David Orr</i>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. FEB 16 2007		