

# UNOFFICIAL COPY

Doc#: 0818550018 Fee: \$38.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 07/03/2008 11:57 AM Pg: 1 of 2

2806611 1913



Executive Land Title  
7794 N. Milwaukee  
Niles, IL 60714

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

ss.

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

DAVID J. FREDERICK

being duly sworn

states that he resides at 3167 Maria Linden Drive in the City of Rockford, Illinois

That he was acquainted with DOROTHY J. FREDERICK

deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 40 in Oakton Manor Third Addition being a Subdivision of the Northeast 1/4 of the Southwest 1/4 of Section 24, Township 41 North, Range 12, East of the Third Principal Meridian lying East of Milwaukee Avenue excepting therefrom the West 165 feet (the 165 feet measured from and at right angles to the West line of said Northeast 1/4 of the Southwest 1/4 of said Section 24), in Cook County, Illinois.

PRN # 09-24-530-029-0000

That the deceased died April 4, 2007, 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 Cook County, Illinois about July 17, 2007

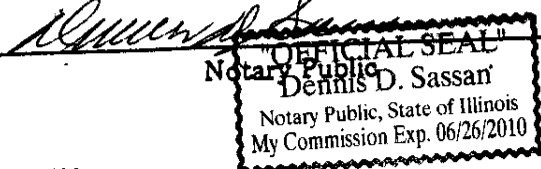
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of Four Hundred Thousand (\$400,000) dollars.

Affiant makes this affidavit for that purpose of inducing the First American Title Ins. Co. issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

DAVID J. FREDERICK

this 7<sup>th</sup> day of May, A.D. ~~197~~<sup>2008</sup>



*David J. Frederick*  
(affiant's signature)

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# UNOFFICIAL COPY WINNEBAGO COUNTY, ILLINOIS

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <b>101</b>	STATE OF ILLINOIS		STATE FILE NUMBER
	REGISTERED NUMBER <b>665</b>	<b>MEDICAL CERTIFICATE OF DEATH</b>		
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
	1. <b>Dorothy Frederick</b>		2. <b>Female</b>	3. <b>April 4, 2007</b>
	COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR UNDER 1 DAY
	4. <b>Winnebago</b>		5a. <b>83</b>	5b. <b>83</b> 5c. <b>17</b>
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		DATE OF BIRTH (MONTH, DAY, YEAR)	
	6a. <b>Rockford</b>		5d. <b>February 17, 1924</b>	
	6b. <b>Loyalton Assisted Living</b>		IF HOSP. OR INST. INDICATE D.O.A. OPERATOR, P.M. INPATIENT (SPECIFY)	
	6c. <b>Inpatient</b>		7. <b>Chicago, IL</b>	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
	8. <b>No</b>		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		
10. <b>349-18-3408</b>		11a. <b>Homemaker</b>		
RESIDENCE (STREET AND NUMBER)		KIND OF BUSINESS OR INDUSTRY		
12. <b>7660 W. Monroe Street</b>		11b. <b>Own Home</b>		
CITY, TOWN, TWP. OR ROAD DISTRICT NO.		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
13b. <b>Niles</b>		12. <b>12</b>		
INSIDE CITY (YES/NO)		College (1-4 or 5+)		
13c. <b>Yes</b>		13d. <b>Cook</b>		
COUNTY		14a. <b>White</b>		
13d. <b>Cook</b>		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST		
15. <b>Frank Monarsky</b>		16. <b>Ann Bastyr</b>		
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		
17a. <b>David Frederick</b>		17b. <b>Son</b>		
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		17c. <b>3167 Maria Linden Dr. Rockford, IL 61114</b>		
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, or stroke 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)		1 year		
(a) <b>Renal Failure</b>		5 years		
DUE TO, OR AS A CONSEQUENCE OF		5 years		
(b) <b>CHF</b>				
DUE TO, OR AS A CONSEQUENCE OF				
(c) <b>Coronary Artery Disease</b>				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)		
<b>Anemia Peripheral Vascular Disease</b>		19a. <b>NO</b>		
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		
20a.		20b.		
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		20c. <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>		
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		
21a. <b>4/3/07</b>		21b. <b>Yes</b>		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		
22a. SIGNATURE <b>Theodore Astabury</b>		21c. <b>4:15 P.M.</b>		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		DATE SIGNED (MONTH, DAY, YEAR)		
22b. <b>109 S. Geneva St Geneva IL 60135</b>		22c. <b>4/9/07</b>		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER		
22c.		22d. <b>036-096167</b>		
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		
24a. <b>Burial</b>		24b. <b>Queen of Heaven</b>		
FUNERAL HOME NAME		LOCATION CITY OR TOWN STATE		
24c. <b>Skaja Terrace Funeral Home</b>		24d. <b>Hillside, Illinois</b>		
STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)		
24e. <b>7812 N. Milwaukee Ave., Niles, IL 60714</b>		24f. <b>4/07/2007</b>		
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILL. LICENSE NUMBER		
25b. <b>Steph A. Costa</b>		25c. <b>034-01923</b>		
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGS. (MONTH, DAY, YEAR)		
26a. <b>J. Maichle Bacon</b>		26b. <b>APR 11 2007</b>		

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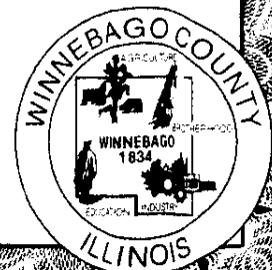
### CERTIFIED COPY OF VITAL RECORDS

STATE OF ILLINOIS }  
COUNTY OF WINNEBAGO } SS

I, J. Maichle Bacon, Winnebago County Registrar, do hereby certify that this document is a true copy of the original record which is on file in the office of the Winnebago County Health Department, Rockford Illinois.

Not valid without the embossed seal of Winnebago County

*J. Maichle Bacon*  
J. MAICHLÉ BACON  
REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE