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DECEASED  
JOINT  
TENANCY  
AFFIDAVIT

COPY



Doc#: 0822710011 Fee: \$40.25  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 08/14/2008 09:47 AM Pg: 1 of 2

MAIL TO: Robert J. Ross, Esq.  
1622 Colonial Parkway  
Suite 201  
Inverness, Illinois 60067

STATE OF ILLINOIS )  
) SS  
COUNTY OF COOK )

RECORDER'S STAMP

AGNES F. FISHER, being duly sworn states that she resides at 755 W. Dundee Rd., Palatine, IL 60074.

That she is the surviving spouse of OLIVER C. FISHER, deceased who, at the time of his death, was one of the owners of the real estate in Cook County, Illinois, described as:

LOT 6 IN BLOCK 1 IN ARTHUR T. MCINTOSH AND COMPANY'S DEER GROVE FARMS, BEING A SUBDIVISION OF PART OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 10, TOWNSHIP 42 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number(s): 02-10-102-007-0000  
Property Address: 755 W. Dundee Rd., Palatine, IL 60074

That the deceased died May 10, 2005, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

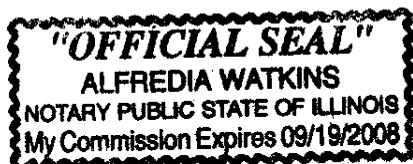
That the deceased died:

Leaving a Last Will & Testament which was filed with the Clerk of the Circuit Court of Cook County, Illinois, Probate Division on December 21, 2007. The Will was admitted to Probate under Case Number 2008P001088 on March 11, 2008.

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 death of the deceased, did not exceed the sum of One Million Five Hundred Thousand Dollars (\$1,500,000).

*Agnes F. Fisher*  
\_\_\_\_\_  
AGNES F. FISHER

Subscribed and sworn to before me by the said AGNES F. FISHER this 16th day of July, A.D. 2008.



*Alfredia Watkins*  
\_\_\_\_\_  
NOTARY PUBLIC

STATE OF ILLINOIS  
County of Cook

**UNOFFICIAL COPY**

DAVID ORR, County Clerk

MAY 12 2005

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

PRECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <i>16.0</i>		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		<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. <i>Oliver C. Fisher</i>			2. <i>Male</i>	3. <i>May 10, 2005</i>		
	COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
	4. <i>Cook</i>		5a. <i>86</i>	MOS. DAYS	HOURS MIN.	5d. <i>May 7, 1919</i>	
	CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)	
	6a. <i>Palatine</i>		6b. <i>755 W. Dundee Road</i>			6c. <i>Residence</i>	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
	7. <i>Chicago, IL</i>		8a. <i>Married</i>	8b. <i>Agnes</i>		9. <i>Yes</i>	
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
	10.		11a. <i>Industrial Engineer</i>	11b. <i>Motorola</i>	12. <i>2</i>		
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY		
13a. <i>755 W. Dundee Road</i>		13b. <i>Palatine</i>		13c. <i>No</i>	13d. <i>Cook</i>		
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)			
13e. <i>Illinois</i>		13f. <i>60074</i>	14a. <i>White</i>	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST					
15. <i>Leon Fisher</i>		16. <i>Helen Oldenburg</i>					
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
17a. <i>Agnes F. Fisher</i>		17b. <i>Wife</i>	17c. <i>755 W. Dundee Road Palatine, IL 60074</i>				
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) <i>congenitive heart failure</i>				<i>2 years</i>	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) <i>cor pulmonale</i>				<i>2 years</i>	
		(c) <i>emphysema</i>					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		POSTMORTEM (YES/NO)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)		
20a.		20b.		19a. <i>No</i>	19b.		
19. (VOID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH			
21a. <i>4/25/05</i>		21b. <i>Yes</i>		21c. <i>1:17PM M.</i>			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)			
22a. <i>Reginal Spears MD</i>		22b. <i>5/10/05</i>					
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER					
22c. <i>4160 Route 83 Ste 207 Lombard, IL 60007</i>		22d. <i>036-091992</i>					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		23.		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
23.		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE	
24a. <i>Cremation</i>		24b. <i>Elm Lawn Crematory</i>		24c. <i>Elmhurst, Illinois</i>		DATE (MONTH, DAY, YEAR)	
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE		ZIP	
24d. <i>May 13 2005</i>		25a. <i>Ahlgrim Family Funeral Services 201 N. Northwest Hwy. Palatine, IL 60067</i>		FUNERAL DIRECTOR'S SIGNATURE			
25b. <i>Karl H. Scharman</i>		25c. <i>034-012256</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
26a. <i>David Orr</i>		26b. <i>May 12, 2005</i>					