

SURVIVING JOINT
TENANT AFFIDAVIT

UNOFFICIAL COPY

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

HENRY H. GIEBEL, being first
duly sworn on oath states:

That he resides at 650 S. Marshall Drive,
Des Plaines, Illinois 60016



Doc#: 0831831018 Fee: \$42.25
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 11/13/2008 09:50 AM Pg: 1 of 3

That he was acquainted with JUNE C. GIEBEL, ("the deceased"),
who, at the time of her death, was one of the owners of the
land in Cook County, Illinois, described as follows:

See legal description attached hereto and made a part hereof

(Commonly known as 650 S. Marshall Drive, Des Plaines, Illinois 60016)
Parcel No. 08-13-303-024-0000

That the deceased died January 12, 2008, as evidenced by a copy of death
certificate attached hereto.

That the deceased died leaving a Last Will and Testament executed on October 26, 2005, which
were filed in the Unproven Will Box of the Circuit Court for Cook County, Illinois, on or about
August 12, 2008.

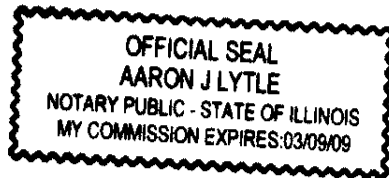
Henry H. Giebel

Affiant's Signature

Subscribed and sworn to
before me this 20th day
of September, 2008.

Aaron J. Lytle

Notary Public



THIS INSTRUMENT PREPARED BY AND RETURN TO:
Aaron J. Lytle, Esq.
RITT AND LYTLE, P.C.
2000 McDonald Road, Suite 200
South Elgin, Illinois 60177

Handwritten initials/signature

UNOFFICIAL COPY

ATTACHED LEGAL DESCRIPTION

LOT ONE IN BLOCK "V", IN KUNTZE'S HIGH RIDGE KNOLLS UNIT NO. 5, BEING A RESUBDIVISION OF LOT 21 TOGETHER WITH PARTS OF LOT 10, 12, 20, OF THE OWNER'S SUBDIVISION OF SECTION 13, TOWNSHIP 41 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS ON JUNE 27, 1960, AS DOCUMENT NUMBER 1928700.

(Commonly known as 650 S. Marshall Drive, Des Plaines, Illinois 60016)

Parcel No. 03-13-303-024-0000

Property of Cook County Clerk's Office

UNOFFICIAL COPY

STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0		LOCAL FILE NUMBER 220 Jan 08		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (Include AKA, if any) (First, Middle, Last) June C. Giebel		2. SEX Female		3. DATE OF DEATH (Month/Day/Year) (Spell Month) January 12, 2008	
4. COUNTY OF DEATH Cook		5a. AGE AT LAST BIRTHDAY (Years) 74		5b. UNDER 1 YEAR Months: _____ Days: _____	
7a. CITY OR TOWN Arlington Heights		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) Northwest Community Hospital		6. DATE OF BIRTH (Month/Day/Year) June 13, 1933	
7c. PLACE OF DEATH (Check only one: see instructions)					
IF DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____		
8. BIRTHPLACE (City and State or Foreign Country) Chicago, IL		9. SOCIAL SECURITY NUMBER [REDACTED]		10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) Henry H. Giebel		12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13a. RESIDENCE (Street and Number) 650 S. Marshall Drive	
13b. APT. NO. _____		13c. CITY OR TOWN Des Plaines		13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13e. COUNTY Cook		13f. STATE Ill		13g. ZIP CODE 60016	
14. FATHER'S NAME (First, Middle, Last) Leslie Albert Hanson		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Charlotte Claire Graham		16a. INFORMANT'S NAME Henry H. Giebel	
16b. RELATIONSHIP Husband		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 650 S. Marshall Dr., Des Plaines, Ill.		17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____	
18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) Monarch Crematory		19. LOCATION - CITY, TOWN AND STATE Franklin Park, Ill.		20. DATE OF DISPOSITION (Month/Day/Year) January 16, 2008	
21a. FUNERAL HOME NAME: G.L. Hills Funeral Home STREET AND NUMBER: 74 Cleveland Ave. CITY OR TOWN: Des Plaines, Illinois STATE: _____ ZIP: _____					
21b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>				21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-012258	
22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>				23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) JAN 16 2008	
24. CAUSE OF DEATH (See Instructions and examples)					
PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. SUBDURAL HEMORRHAGE					
Due to (or as a consequence of) b. FAU					
Due to (or as a consequence of) c. _____					
Due to (or as a consequence of) _____					
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. ANTICOAGULANT THERAPY					
25. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		26. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death		27. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30. DATE OF INJURY (Month/Day/Year) 1-12-08		31. TIME OF INJURY 2:30 A.M.		28. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
34. LOCATION OF INJURY - Street and Number 650 S. MARSHALL		32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) HOME		29. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation	
35. DESCRIBE HOW INJURY OCCURRED: FELL ON FLOOR		33. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____	
37. (DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON _____		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) 1-12-08	
40. TIME OF DEATH 7:00 A.M. E.P.M.		41. CERTIFIER (Check only one): <input type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.			
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) MITRA B. KALELKAR, M.D. 2121 W HARRISON ST CHICAGO ILLINOIS 60612-3705					
43. PHYSICIAN'S LICENSE NUMBER		44. TITLE OF CERTIFIER THE MEDICAL EXAMINER		45. DATE CERTIFIED (Month/Day/Year) January 13, 2008	
46. SIGNATURE OF CERTIFIER <i>[Signature]</i>					

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk **JAN 16 2008**

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.

[Signature]
COUNTY CLERK