

# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 0905846067 Fee: \$40.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 02/27/2009 01:13 PM Pg: 1 of 3

AFTER RECORDING MAIL TO:

*Prepared By*  
Faloon & Kenney, Ltd.  
5 South 6<sup>th</sup> Avenue  
La Grange, Illinois 60525

MARIANNE NIMMERRICHTER, being duly sworn, states that she resides at 8900 W. 31<sup>st</sup> Street, Unit 1, in the Village of Brookfield, County of Cook, State of Illinois.

That she was acquainted with LIBOR NIMMERRICHTER, deceased, who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

PARCEL 1:

LOT 1 OF THE ALEX TROYANOVSKY SUBDIVISION, BEING A SUBDIVISION OF THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 27, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

EASEMENTS FOR THE BENEFIT OF PARCEL 1 FOR INGRESS, EGRESS, USE AND ENJOYMENT AS DECLARED IN AND CREATED BY THE DECLARATION OF COVENANTS, CONDITIONS, RESTRICTIONS AND EASEMENTS AND BY-LAWS OF PRAIRIE SQUARE TOWNHOMES RECORDED OCTOBER 30, 2006, AS DOCUMENT NUMBER 0630317073, IN COOK COUNTY, ILLINOIS.

Permanent Tax Number: 15-27-422-033-0000  
Common Address: 8900 W. 31<sup>st</sup> Street, Unit 1, Brookfield, IL 60513

That the deceased died on January 28, 2009, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:



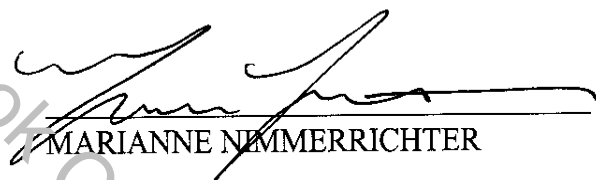
Leaving no Last Will and Testament.

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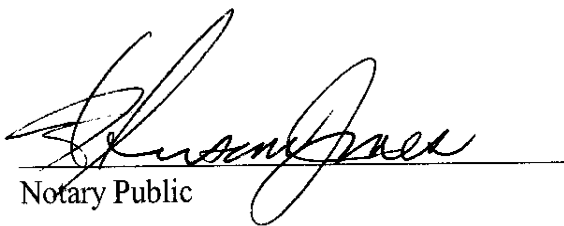
Leaving a Last Will and Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of Cook County, Illinois.

Leaving a Last Will and Testament which was filed with the Probate Division of the Circuit Court of Cook County, Illinois on \_\_\_\_\_.

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 Five Hundred Thousand dollars (\$500,000.00).

  
MARIANNE NEMMERRICHTER

Subscribed and sworn to before me this  
20th day of February, 2009.

  
Notary Public



# UNOFFICIAL COPY

## STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. <b>16.0</b>		LOCAL FILE NUMBER <b>452 JAN 09</b>		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (include AKAs if any) (First, Middle, Last) <b>Libor Nimmerrichter</b>			2. SEX <b>MALE</b>	3. DATE OF DEATH (Month/Day/Year) (Spell Month) <b>1. 28. 09</b>	
4. COUNTY OF DEATH <b>Cook</b>	5a. AGE AT LAST BIRTHDAY (Years) <b>50</b>	5b. UNDER 1 YEAR Months _____ Days _____	5c. UNDER 1 DAY Hours _____ Minutes _____	6. DATE OF BIRTH (Month/Day/Year) <b>August 29, 1958</b>	
7a. CITY OR TOWN <b>Brookfield</b>		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) <b>8900 31<sup>st</sup> ST. Unit 1</b>			
7c. PLACE OF DEATH (Check only one: see instructions)					
IF DEATH OCCURRED IN A HOSPITAL <input 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 checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____		
8. BIRTHPLACE (City and State or Foreign Country) <b>Czech Republic</b>	9. SOCIAL SECURITY NUMBER [REDACTED]-3532	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) <b>Marianne Habben</b>	12. EVER IN U.S. ARMED FORCES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13a. RESIDENCE (Street and Number) <b>8900 W. 31st Street Unit 1</b>		13b. APT. NO.	13c. CITY OR TOWN <b>Brookfield</b>	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13e. COUNTY <b>Cook</b>	13f. STATE <b>IL</b>	13g. ZIP CODE <b>60513</b>	14. FATHER'S NAME (First, Middle, Last) <b>Libor Nimmerrichter</b>		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Katherine Sikelyova</b>
16a. MARRIAGE NAME <b>Marianne Nimmerrichter</b>		16b. RELATIONSHIP <b>Wife</b>	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) <b>IL 60513</b> <b>8900 W. 31st Street, Unit 1 Brookfield,</b>		
17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____	18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) <b>Oakridge</b>		19. LOCATION - CITY, TOWN AND STATE <b>Hillside, IL</b>	20. DATE OF DISPOSITION (Month/Day/Year) <b>January 30, 2009</b>	
21a. FUNERAL HOME NAME STREET AND NUMBER CITY OR TOWN STATE ZIP <b>Hitzeman Funeral Home, Ltd., 9445 W. 31st Street, Brookfield, IL 60513</b>					
21b. FUNERAL DIRECTOR'S SIGNATURE <i>Charles T. Hitzeman</i>			21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>34-015870</b>		
22. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>			23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) <b>Jan. 30, 2009</b>		
CAUSE OF DEATH (See instructions and examples) 24. 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. <b>PENDING TOXICOLOGY</b> Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of):					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					25. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown					28. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the last 12 months
29. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation					
30. DATE OF INJURY (Month/Day/Year)	31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area)		33. INJURY AT WORK <input type="checkbox"/> Yes <input type="checkbox"/> No	
34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code					
35. DESCRIBE HOW INJURY OCCURRED:					36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)
37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) 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) <b>1. 28. 09</b>	40. TIME OF DEATH <b>4:55</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> 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) <b>ADRIENNE E. SEGOVIA, M.D. 2121 W. HARRISON ST., CHICAGO, ILLINOIS 60612-3705</b>					43. PHYSICIAN'S LICENSE NUMBER
44. TITLE OF CERTIFIER <b>THE MEDICAL EXAMINER</b>		45. DATE CERTIFIED (Month/Day/Year) <b>1. 29. 09</b>	46. SIGNATURE OF CERTIFIER <i>Adrienne Segovia, M.D.</i>		
47. DECEDENT'S EDUCATION - Check the box that best describes the decedent's education. 48. DECEDENT OF HISPANIC ORIGIN - Check the box that best describes the decedent's origin. 49. DECEDENT'S RACE - Check one or more boxes to indicate what the decedent's race was.					

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

JANUARY 30 2009

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