



Doc#: 1010655062 Fee: \$38.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 04/16/2010 01:46 PM Pg: 1 of 2

DECEASED JOINT TENANCY
AFFIDAVIT

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

Bonnie J. Nelligan being duly sworn states that she resides at 4240 N. Keystone, Unit 3-E, Chicago, IL 60641, in the City of Chicago, State of Illinois.

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

Unit 3-E as delineated on Survey of the following described parcel of real estate: Lots 7, 10 and 11 in Block 9 in Irving Park, a subdivision in the South East 1/4 of Section 15 and the North 1/2 of the North East 1/4 of Section 22, Township 40 North, Range 13 East, which is attached as Exhibit 'A' to the Declaration made by the Harris Trust and Savings Bank, As Trustee under Trust Agreement dated April 4, 1966, and known as Trust No. 32301 Recorded in the office of the Recorder of Cook County, Illinois as Document No. 29470624 together with an undivided 3.59 per cent interest in said parcel (excepting from said parcel of the land, property and space comprising all of the units of said property as units are delineated on said survey) in Cook County, Illinois.

Permanent Real Estate Index Number: 13-15-411-025-1018
Address of Real Estate: 4240 N. Keystone, Unit 3-E, Chicago, IL 60641

That the deceased died January 11, 2010, as evidenced by a certified copy of death certificate of the deceased attached hereto.

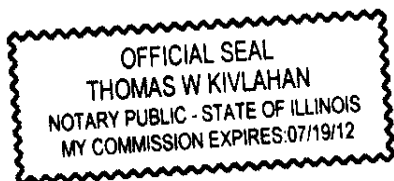
That the deceased died:

- Leaving no Last Will and Testament.
- Leaving a Last Will and Testament. The original of the unproven will should be filed with the Clerk of the Probated Division of the Circuit Court of * County, Illinois.
- Leaving a Last Will and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of * County, Illinois, about _____.

Subscribed and Sworn to before me this 9th day of April, 2010
4/9, 2010.

[Signature]
Notary Public

[Signature: Bonnie J. Nelligan]
Bonnie J. Nelligan, Affiant



UNOFFICIAL COPY

CERTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 0002645

DATE ISSUED 01/14/2010

DECEDENT'S LEGAL NAME HELEN V BEITZ		SEX FEMALE	DATE OF DEATH JANUARY 11, 2010	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 96 YEARS	DATE OF BIRTH JULY 12, 1913		
CITY OR TOWN ARLINGTON HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME LUTHERAN HOME FOR THE AGED		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER ██████-8068	MARITAL STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE'S NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 4240 N KEYSTONE	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60641	FATHER'S NAME GEORGE COOMBER	MOTHER'S NAME PRIOR TO FIRST MARRIAGE BERTHA MARG
INFORMANT'S NAME BONNIE J NELLIGAN		RELATIONSHIP DAUGHTER	MAILING ADDRESS 1033 ARBOR COURT, MT PROSPECT, IL, 60056	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION ACACIA PARK CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION JANUARY 14, 2010	
FUNERAL HOME FRIEDRICH'S FUNERAL HOME INC, 320 WEST CENTRAL ROAD, MT PROSPECT, IL, 60056				
FUNERAL DIRECTOR'S NAME HENRY FRIEDRICH'S			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014719	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JANUARY 14, 2010	
CAUSE OF DEATH		PART I. ISCHEMIC COLITIS		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):		
		b. DIFFUSE ATHEROSCLEROTIC DISEASE		
		c. _____ Due to (or as a consequence of):		
		Due to (or as a consequence of):		
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I. SUBACUTE MYOCARDIAL INFARCTION			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DID TOBACCO USE CONTRIBUTE TO DEATH? NO	FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:				IF TRANSPORTATION INJURY, SPECIFY:
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JANUARY 10, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 07:45 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 12, 2010	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MONIKA ROLEK MD, 800 BIESTERFIELD ROAD, ELK GROVE VILLAGE, ILLINOIS, 60007				PHYSICIAN'S LICENSE NUMBER 036099839



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

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE