



Doc#: 1018031102 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 06/29/2010 02:33 PM Pg: 1 of 3

100256301776

STATE OF ILLINOIS

SS

COUNTY OF COOK

JOINT TENANCY AFFIDAVIT

Dorothy M. Kaiser, hereby referred to as the affiant, states under oath that the affiant resides at 1341 Foster Ave., in the City of Chicago, Illinois; that the affiant was acquainted with Karl D. Kaiser, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property, located in Cook County, Illinois, and legally described as follows:

The East 1/2 of Lot 69 (except the South 8 feet taken for alley) in Brown's First Addition to Argyle, being a Subdivision of the North 0.62 chains of the North East 1/4 of the South West 1/4 of Section 8, Township 40 North, Range 14, East of the Third Principal Meridian in Cook County, Illinois.

Permanent Real Estate Index Number(s): 14-08-302-004-0000
Address(es) of Real Estate: 1341 Foster Ave, Chicago, Illinois 60641

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on February 26, 2009, leaving no Last Will and Testament;

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

That there are no:

1. Claims against the estate of Karl D. Kaiser, the decedent;
2. Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Rights of contribution.

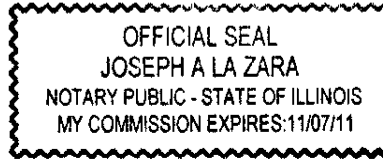
Dorothy M. Kaiser (Seal)
Dorothy M. Kaiser

C.F.
3

UNOFFICIAL COPY

Subscribed and sworn to before me this 6 day
of April, 2010.

Notary Public *Joseph A. La Zara*



Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to us for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

Prepared by:
Joseph A. La Zara
7246 West Touhy
Chicago, IL 60631

Mail to:
Dorothy M. Kaiser
1341 Foster Ave.
Chicago, IL 60641

Property of Cook County Clerk's Office

UNOFFICIAL COPY

STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**
LOCAL FILE NUMBER

389 FEB09

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) **Karl David Kaiser** 2. SEX **Male** 3. DATE OF DEATH (Month/Day/Year) (Spell Month) **February 26, 2009**

4. COUNTY OF DEATH **Cook** 5a. AGE AT LAST BIRTHDAY (Years) **69** 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH (Month/Day/Year) **May 27, 1939**

7a. CITY OR TOWN **Chicago** 7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) **Illinois Masonic Hospital**

7c. PLACE OF DEATH (Check only one: see instructions)
IF DEATH OCCURRED IN A HOSPITAL: Inpatient Emergency Room/Outpatient Dead on Arrival
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: Hospice facility Nursing Home/Long-term care facility Decedent's home Other (Specify):

8. BIRTHPLACE (City and State or Foreign Country) **Clémens, Iowa** 9. SOCIAL SECURITY NUMBER 10. MARITAL STATUS AT TIME OF DEATH Married Married but separated Widowed Divorced Never Married Unknown 11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) **Dorothy Mae Schlue** 12. EVER IN U.S. ARMED FORCES? Yes No

13a. RESIDENCE (Street and Number) **1341 W. Foster Ave.** 13b. APT. NO. 13c. CITY OR TOWN **Chicago** 13d. INSIDE CITY LIMITS? Yes No

14. FATHER'S NAME (First, Middle, Last) **Thede Kaiser** 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) **Alice Gustafson**

16a. INFORMANT'S NAME **Dorothy Kaiser** 16b. RELATIONSHIP **Wife** 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) **1341 W. Foster Ave. Chicago, Illinois 60640**

17. METHOD OF DISPOSITION: Cremation Burial Donation Entombment Other (Specify): 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) **Forest Crematory** 19. LOCATION - CITY, TOWN AND STATE **Romeoville, Illinois** 20. DATE OF DISPOSITION (Month/Day/Year) **March 3 2009**

21a. FUNERAL HOME NAME **Cremation Society of Illinois** STREET AND NUMBER **1030 E. Northwest Hwy. Mt. Prospect, Illinois 60056** CITY OR TOWN STATE ZIP

21b. FUNERAL DIRECTOR'S SIGNATURE *[Signature]* 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-011165** IT

22. LOCAL REGISTRAR'S SIGNATURE *[Signature]* 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) **030309**

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. **SUBDURAL Hematoma**
Due to (or as a consequence of):
b. **FALL DOWN STAIRS**
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? Yes No 26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? Yes No

27. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably No Unknown 28. IF FEMALE: Not pregnant within past 12 months Pregnant at time of death Not pregnant, but pregnant within 42 days of death Pregnant within one year of death but time unknown Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past 12 months 29. MANNER OF DEATH Natural Suicide Could not be determined Accident Homicide Pending investigation

30. DATE OF INJURY (Month/Day/Year) **2-23-09** 31. TIME OF INJURY **7:25** A.M. P.M. 32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) **Home** 33. INJURY AT WORK? Yes No

34. LOCATION OF INJURY Street and Number **1341 WEST FOSTER** Apartment Number City or Town **CHICAGO** State **IL** ZIP Code

35. DESCRIBE HOW INJURY OCCURRED: **FALL DOWN STAIRS** 36. IF TRANSPORTATION INJURY, SPECIFY: Driver/Operator Pedestrian Passenger 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? Yes No 39. DATE PRONOUNCED (Month/Day/Year) **2-26-09** 40. TIME OF DEATH **12:28** A.M. P.M.

41. CERTIFIER (Check only one): Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. 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. 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) **KENDALL V. CROWNS, 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) **2-27-09** 46. SIGNATURE OF CERTIFIER *[Signature]*

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.

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN
EMPOWERED SEAL IS AFFIXED OVER
REGISTERING SIGNATURE.

[Signature]

1. TERRY HANSON, M.D., LOCAL
REGISTRAR OF VITAL STATISTICS OF
CHICAGO HAS THE ORIGINAL OF
THIS CERTIFICATE OF DEATH, THE LICENSE
AND SEALING FOR THE DEPT. OF HEALTH
BY LETTER OF THE LAWYER OF THE STATE
OF ILLINOIS AND THE SUPERVISOR OF
THE CITY OF CHICAGO THAT THE
AFORESAID CERTIFICATE ON THIS
SHIRT IS A TRUE COPY OF A RECORD
COPY BY THE DEPARTMENT OF PUBLIC
HEALTH AND APPROVED.

030309

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO