

UNOFFICIAL COPY



1025126021

Doc#: 1025126021 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 09/08/2010 08:57 AM Pg: 1 of 3

Property of Cook County Clerk's Office

COVER SHEET FOR DECEASED JOINT TENANT AFFIDAVIT

Deceased: Joseph J. Bittner, Jr.

LEGAL DESCRIPTION:

LOT 39 IN THE FIRST ADDITION TO CRESTWOOD GARDENS SOUTH, A
SUBDIVISION OF PART OF THE SOUTHWEST QUARTER OF THE NORTHWEST
QUARTER OF SECTION 4, TOWNSHIP 35 NORTH, RANGE 15 EAST OF THE
THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 28-04-110-016

FILE # FA-10-0341

OTS # _____

10250-0086

BOX-162

1057

3

UNOFFICIAL COPY

O'Connor Title Guaranty, Inc.

DECEASED JOINT TENANT AFFIDAVIT

FILE NUMBER: FA-10-0341

STATE OF ILLINOIS }
 } SS
COUNTY OF COOK }

ROSE MARIE BITTNER being duly sworn states that she resides at

5405 138th Street, in the City of Crestwood.

That the undersigned was acquainted with JOSEPH J. BITTNER, JR., deceased, who at the time of his/her death, was one of the owners of the real estate described in the title insurance commitment reference above, commonly known as 5405 138th St., Crestwood, IL 60445.

The deceased died on March 24, 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

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, Illinois.

Leaving a Last Will and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook, Illinois.

That the total value of the estate of the deceased, including both real estate 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 \$750,000.00.

Affiant makes this affidavit for that purpose of inducing O'Connor Title Guaranty, Inc. and its underwriter(s) to issue its Title Insurance Policy, describing the above mentioned property.

Rose Marie Bittner
Rose Marie Bittner

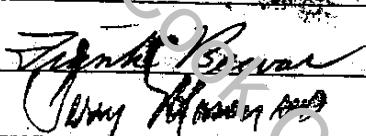

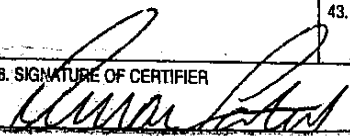
Sworn and subscribed this 30 day of Aug, 2010



[Signature]
Notary Signature

STATE OF ILLINOIS
CERTIFICATE OF DEATH

UNOFFICIAL COPY

REGISTRATION DISTRICT NO. 16.10		STATE FILE NUMBER	
LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) Joseph J. Bittner Jr.		2. SEX Male	3. DATE OF DEATH (Month/Day/Year) (Spell Month) March 24, 2009
4. COUNTY OF DEATH Cook	5a. AGE AT LAST BIRTHDAY (Years) 68	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____
7a. CITY OR TOWN Chicago		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) Rush University Medical Center	
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	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) Rose Marie Hrotic
12. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
13a. RESIDENCE (Street and Number) 5405 W. 138th Street	13b. APT. NO.	13c. CITY OR TOWN Crestwood	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13e. COUNTY Cook	13f. STATE IL	13g. ZIP CODE 60445	
14. FATHER'S NAME (First, Middle, Last) Joseph John Bittner Sr.		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Rita C. Bauer	
16a. INFORMANT'S NAME RoseMarie Bittner		16b. RELATIONSHIP Wife	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 60445 5405 W. 138th St., Crestwood, IL.
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) Abraham Lincoln National		19. LOCATION - CITY, TOWN AND STATE Elwood, IL
20. DATE OF DISPOSITION (Month/Day/Year) March 30, 2009			
21a. FUNERAL HOME NAME Becvar & Son Funeral Home		21b. FUNERAL HOME STREET AND NUMBER 5539 W. 127th St., Crestwood, IL. 60445	
21c. FUNERAL HOME CITY OR TOWN Crestwood		21d. FUNERAL HOME STATE IL	
21e. FUNERAL HOME ZIP 60445			
21f. FUNERAL DIRECTOR'S SIGNATURE 		21g. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 34-010709	
22. LOCAL REGISTRAR'S SIGNATURE 		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) 032609	
CAUSE OF DEATH (See instructions and examples)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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. Propofol Related Infusion Syndrome Due to (or as a consequence of): _____			
Sequentially list conditions, if any, leading to the cause listed on line a. b. _____ Due to (or as a consequence of): _____			
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST 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.			
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> Unknown if pregnant within the past 12 months	
29. MANNER OF DEATH <input checked="" 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		25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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 3/23/09		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	39. DATE PRONOUNCED (Month/Day/Year) March 24, 2009
40. TIME OF DEATH 10:12 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.			
41. CERTIFIER (Check only one): <input checked="" 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 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) Dr. Omar Lateef 1653 W. Congress Pkwy Chg IL60612			43. PHYSICIAN'S LICENSE NUMBER 036106867
44. TITLE OF CERTIFIER Physician	45. DATE CERTIFIED (Month/Day/Year) March 25, 2009	46. SIGNATURE OF CERTIFIER 	

Illinois Department of Public Health - Division of Vital Records

VR200 (Rev. 1/08)

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.