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JOINT TENANCY AFFIDAVIT



Doc#: 1027048001 Fee: \$38.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 09/27/2010 11:32 AM Pg: 1 of 2

STATE OF ILLINOIS)
) SS
COUNTY OF Cook)

Property of Cook County Recorder of Deeds

Legal: LOT 284 IN EAGLE RIDGE SUBDIVISION PHASE FIVE, BEING A SUBDIVISION OF PRAT OF THE SOUTHWEST ¼ OF SECTION 16, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN #: 24-16-310-031

Street Address:
10853 S. Cook, Oak Lawn, IL 60453

Ruth M. Sievers being first duly sworn, deposes and states that she is of legal age and that she is a resident of Oak Lawn, Cook County, Illinois.

She further states that she is the surviving spouse of Wilbert L. Sievers, deceased, who died, testate, on June 1, 2009, being a resident of Oak Lawn, Cook County, Illinois, at the time of his death. She further states that she and said husband took title to premises of the above-described real estate by virtue of a certain Warranty Deed from Fifth Third Bank, a corporation created and existing under and by virtue of the laws of Illinois and duly authorized to transact business in Illinois, to Wilbert Sievers and Ruth Sievers, husband and wife, said Deed being dated September 24, 2001, and recorded in the Recorder's Office of Cook County, Illinois, on October 16, 2001.

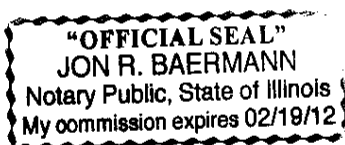
Affiant further states that there was no Federal Estate Tax due the United States Government and no Illinois Estate Tax due the State of Illinois by reason of the death of the decedent because of there being insufficient assets subject to either of said taxes to result in either of said taxes being due by reason of his death.

Dated: July 29, 2009

Ruth M. Sievers
Ruth M. Sievers

This instrument was prepared by and should be returned to:

JON R. BAERMANN, P.C.
106 West Wilson St., Suite 15
Batavia, IL 60510



Subscribed and sworn to before me this
29th day of July, 2009
Jon R. Baermann
Notary Public

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CERTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2009 0026424

DATE ISSUED 06/08/2009

DECEDENT'S LEGAL NAME WILBERT L SIEVERS		SEX MALE	DATE OF DEATH JUNE 01, 2009																								
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 83 YEARS	DATE OF BIRTH DECEMBER 22, 1925																									
CITY OR TOWN OAK LAWN	HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE CHRIST MEDICAL CENTER																										
PLACE OF DEATH INPATIENT																											
BIRTHPLACE BLUE ISLAND, IL	SOCIAL SECURITY NUMBER 339-22-4912	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME RUTH SCHMIDT	EVER IN U.S. ARMED FORCES? NO																							
RESIDENCE 10853 S COOK AVE	APT. NO.	CITY OR TOWN OAK LAWN	INSIDE CITY LIMITS? YES																								
COUNTY COOK	STATE IL	ZIP CODE 60453	FATHER'S NAME WILLIAM H SIEVERS	MOTHER'S NAME PRIOR TO FIRST MARRIAGE FANNY ZUMPF																							
INFORMANT'S NAME RUTH SIEVERS	RELATIONSHIP WIFE	MAILING ADDRESS 10853 S COOK AVE, OAK LAWN, IL, 60453																									
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MOUNT GREENWOOD CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION JUNE 05, 2009																								
FUNERAL HOME KOSARY FUNERAL HOME, 9837 SOUTH REDZIE AVENUE, EVERGREEN PARK, IL, 60805																											
FUNERAL DIRECTOR'S NAME KOSARY, LINDA		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014410																									
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR JUNE 4, 2009																									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">CAUSE OF DEATH</td> <td style="width: 5%;">PART I.</td> <td style="width: 55%;">ATHEROSCLEROTIC HEART DISEASE</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small></td> <td>a.</td> <td>_____</td> <td rowspan="3" style="background-color: black; color: white; text-align: center; vertical-align: middle; font-size: 0.8em;">APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</td> <td style="text-align: center;">YEARS</td> </tr> <tr> <td></td> <td>b.</td> <td>Due to (or as a consequence of): _____</td> <td></td> </tr> <tr> <td></td> <td>c.</td> <td>Due to (or as a consequence of): _____</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: center;">Due to (or as a consequence of): _____</td> </tr> </table>					CAUSE OF DEATH	PART I.	ATHEROSCLEROTIC HEART DISEASE			IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a.	_____	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	YEARS		b.	Due to (or as a consequence of): _____			c.	Due to (or as a consequence of): _____		Due to (or as a consequence of): _____				
CAUSE OF DEATH	PART I.	ATHEROSCLEROTIC HEART DISEASE																									
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a.	_____	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	YEARS																							
	b.	Due to (or as a consequence of): _____																									
	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. GLANZMANN'S THROMBASTHENIA			WAS AN AUTOPSY PERFORMED? NO																								
DID TOBACCO USE CONTRIBUTE TO DEATH? NO			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A																								
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 MAY 30, 2009	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 01:41 AM																							
CERTIFIER PHYSICIAN			DATE CERTIFIED JUNE 02, 2009																								
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH KOWALCZYK, J, 108375 S CICERO, OAK LAWN, ILLINOIS, 60453			PHYSICIAN'S LICENSE NUMBER 036094203																								



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

