

UNOFFICIAL COPY

Doc#: 1109557162 fee: \$52.00  
Date: 04/05/2011 09:33 AM Pg: 1 of 4  
Cook County Recorder of Deeds  
\*RHSP FEE \$10.00 Applied

Recording Requested by &  
When Recorded Return To:  
**Indecomm Global Services**  
2925 Country Drive  
St. Paul, MN 55117  
7048451-01

**DECEASED JOINT TENANCY AFFIDAVIT**

---

(Document Title)

PIN: 07-20-100-003-0000

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT

CLR-99511002381

State of Illinois )  
County of Cook ) SS.

NORINE L. LETHERT

hereinafter called Affiant(s) being duly sworn states that he/she/they resides at: 537 E. WEATHERFIELD way. That Affiant(s) was acquainted with ROBERT JOSEPH LETHERT hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

See Exhibit "A"

That the Deceased died on Feb 15, 2011, as evidenced by a copy of Deceased's death certificate attached hereto. Exhibit B

That the Deceased, at the time of his/her death, held his/her share of the above-mentioned property as a joint tenant and that the Deceased died leaving no last will & testament.

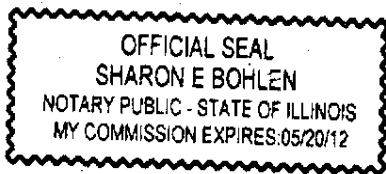
That the total value of the estate of the Deceased, for estate tax purposes, including both real and personal property owned by the Deceased either individually or in joint tenancy at the time of the death of the Deceased, does not exceed the sum of \$ —.

Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

Subscribed and sworn before me  
this 12 day of March 2011

Sharon E Bohlen  
Notary Public

Norine L Lethert  
Affiant's Signature



Prepared by:  
Urban Financial Group  
Megan Fielding  
8909 S. Yale Ave  
Tulsa OK 74137

# UNOFFICIAL COPY

EXHIBIT B

STATE OF ILLINOIS )  
County of Cook )

DAVID ORR, County Clerk

AUG 01 2003

I, DAVID ORR, County Clerk of the County of Cook, in the State of Illinois, 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 WHEREOF, 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

|   |  |   |   |  |   |
|---|--|---|---|--|---|
| DECEASED'S BIRTH NO.  |  | REGISTRATION DISTRICT NO. <b>1610</b>   | STATE OF ILLINOIS   |  | STATE FILE NUMBER   |
| REGISTERED NUMBER   |  | <b>MEDICAL CERTIFICATE OF DEATH</b>   |   |  |   |
| DECEASED-NAME FIRST MIDDLE LAST   |  | SEX   | DATE OF DEATH (MONTH, DAY, YEAR)                                    |  |   |
| 1. <b>ROBERT JOSEPH LETHERT</b>   |  | <b>MALE</b>   | <b>9. FEBRUARY 15, 2001</b>   |  |   |
| COUNTY OF DEATH   |  | AGE - LAST BIRTHDAY (YRS) MO. DA. YR.   | UNDER 1 YEAR MO. DA. YR.  | UNDER 1 DAY MO. DA. YR.  | DATE OF BIRTH (MONTH, DAY, YEAR)  |
| 4. <b>COOK</b>  |  | <b>58</b>   | <b>65</b>   | <b>52</b>  | <b>54. NOVEMBER 06, 1942</b>  |
| CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER  |  | HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)                 |   | IF HOME OR INST. INDICATE D.O.A. OR OTHER HM. INPATIENT (SPECIFY)                            |   |
| 6a. <b>SCHAUMBURG</b>   |  | 6b. <b>537 E. WEATHERSFIELD WAY</b>   |   | 6c.  |   |
| BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)  |  | MARRIED, WIDOWED, OR DIVORCED (SPECIFY)   | NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)                     |  | IF DECEASED EVER IN U.S. ARMED FORCES (YES/NO)                            |
| 7. <b>ST. PAUL, MN.</b>   |  | 8a. <b>MARRIED</b>  | 8b. <b>NORENE McGLADE</b>   |  | 9. <b>NO</b>  |
| SOCIAL SECURITY NUMBER  |  | USUAL OCCUPATION  | KIND OF BUSINESS OR INDUSTRY  | EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)   |   |
| 10. <b>-7062</b>  |  | 11a. <b>SR. ENGINEER TECH. EQUIPMENT</b>  | 12.   | 3  |   |
| RESIDENCE (STREET AND NUMBER)   |  | CITY, TOWN, TWP. OR ROAD DISTRICT NO.   | INSIDE CITY (YES/NO)  | COUNTY   |   |
| 13a. <b>537 E. WEATHERSFIELD WAY</b>  |  | 13b. <b>SCHAUMBURG</b>  | 13c. <b>YES</b>   | 13d. <b>COOK</b>   |   |
| STATE   |  | ZIP CODE  | RACE (WHITE, BLACK, AM. INDIAN, etc.) (SPECIFY)                     | OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) |   |
| 13e. <b>ILLINOIS</b>  |  | 13f. <b>60193</b>   | 14a. <b>WHITE</b>   | 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:            |   |
| FATHER - NAME FIRST MIDDLE LAST   |  | MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST  |   |  |   |
| 15. <b>EDWARD GEORGE LETHERT</b>  |  | 16. <b>JOAN VIRGINIA BECK</b>   |   |  |   |
| INFORMANT'S NAME (TYPE OR PRINT)  |  | RELATIONSHIP  | MARRIAGE ADDRESS (STREET AND NO. OR P.O., CITY OR TOWN, STATE, ZIP) |  |   |
| 17a. <b>NORENE L. LETHERT</b>   |  | 17b. <b>WIFE</b>  | 17c. <b>537 E. WEATHERSFIELD WAY, SCHAUMBURG, IL</b>                |  |   |
| 18. PART I. Enter the diagnosis or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or renal failure. List only one cause on each line. |  |   |   | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH   |   |
| Immediate Cause (Final disease or condition resulting in death)   |  | (a) <b>LIVER FAILURE</b>  |   | 2 mos.   |   |
| CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.  |  | (b) <b>CIRRHOSIS</b>  |   | 2 yrs  |   |
|   |  | (c)   |   |  |   |
| PART II. Other pathological conditions contributing to death but not resulting in the underlying cause given in PART I.   |  | <b>NEUROPATHY, CROHN'S DISEASE</b>  |   |  |   |
| DATE OF OPERATION, IF ANY   |  | MAJOR FINDINGS OF OPERATION   | AUTOPSY (YES/NO)  |  | AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO) |
| 20a.  |  | 20b.  | 18a. <b>NO</b>  |  | 19a. <b>NO</b>  |
| IF FEMALE, HAD TERM PREGNANCY IN PAST THREE MONTHS?   |  | 20c. <b>YES/NO</b>  |   |  |   |
| 1 (DID) (OR WENT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/her ALIVE ON  |  | WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)  | HOUR OF DEATH   |  |   |
| 21a. <b>JANUARY 8, 2001</b>   |  | 21b. <b>NO</b>  | 21c. <b>7:30 A.M.</b>   |  |   |
| TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.   |  | 22a. SIGNATURE  |   | DATE SIGNED (MONTH, DAY, YEAR)   |   |
| 22a. <i>[Signature]</i>   |  | 22b. <b>FEBRUARY 15, 2001</b>   |   |  |   |
| NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)   |  | ILLINOIS LICENSE NUMBER   |   |  |   |
| 22c. <b>WILLIAM T. BRANDER, MD</b>  |  | 22d. <b>036 075644</b>  |   |  |   |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)   |  | NOTE: IF AN INMATE WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. |   |  |   |
| 23.   |  |   |   |  |   |
| BURIAL/CREMATION REMOVAL (SPECIFY)  |  | CEMETERY OR CREMATORY - NAME  | LOCATION CITY OR TOWN STATE   | DATE (MONTH, DAY, YEAR)  |   |
| 24a. <b>CREMATION</b>   |  | 24b. <b>FOREST CREMATORY</b>  | 24c. <b>ROMEOVILLE, ILLINOIS</b>                                    | 24d. <b>2-20-2001</b>  |   |
| FUNERAL HOME  |  | NAME STREET AND NUMBER OR P.O. CITY OR TOWN STATE ZIP   |   |  |   |
| 25a. <b>CREMATION SOCIETY OF ILLINOIS 1030 E. NORTHWEST HWY. MT. PROSPECT, ILLINOIS 60056</b>   |  | FUNERAL DIRECTOR'S SIGNATURE  |   | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER   |   |
| 25b. <i>[Signature]</i>   |  | 25c. <b>GERALD SULLIVAN</b>   |   | 25d. <b>034-011165</b>   |   |
| LOCAL REGISTRAR'S SIGNATURE   |  | DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  |   |  |   |
| 26a. <b>KAREN L. SCOTT, M.D.</b>  |  | 26b. <b>FEB 20 2001</b>   |   |  |   |
| REGISTRAR   |  |   |   |  |   |

# UNOFFICIAL COPY

Title No CLR-99511002381

## LEGAL DESCRIPTION

### EXHIBIT "A"

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF COOK, STATE OF Illinois, AND IS DESCRIBED AS FOLLOWS:

LOT 529 IN LANCER SUBDIVISION UNIT NO. 5, BEING A SUBDIVISION OF PART OF THE NORTHWEST QUARTER (1/4) OF SECTION 26, TOWNSHIP 41 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS, ON AUGUST 30, 1968, AS DOCUMENT NUMBER 2407882.

Parcel ID: 07-26-106-003-0000

Commonly known as 537 East Weathersfield Way, Schaumburg, IL 60193  
However, by showing this address no additional coverage is provided



\*U01898379\*  
7412 3/24/2011 77048451/1

Property of Cook County Clerk's Office