

UNOFFICIAL COPY



DECEASED JOINT TENANCY AFFIDAVIT

Doc#: 1116746019 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 06/16/2011 10:46 AM Pg: 1 of 3

State of Illinois)) ss.
County of Cook)

Order No.

BARBARA B. SCHROAT
being duly sworn states that
she resides at 3110 Scott
Crescent in the City of
Flossmoor.

That she was married to WILLIAM LEWIS SCHROAT, JR., deceased, who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

LOT 4 IN BLOCK 3 IN HEATHER HILL FIRST ADDITION, BEING RAYMOND L. LUTGERT'S SUBDIVISION OF SECTION 12, TOWNSHIP 35 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED MARCH 5, 1964 AS DOCUMENT NUMBER 19064933 IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number: 31-12-305-004-0000
Address of Real Estate: 3110 Scott Crescent, Flossmoor, IL 60422

That the deceased died March 11, 1994, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament. The original of the proven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of COOK County, Illinois about February 2011.

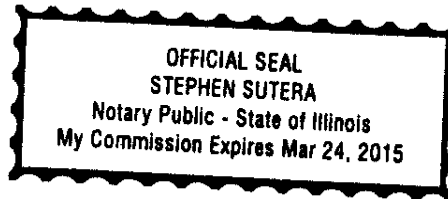
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That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of 300,000 dollars.

Barbara B. Schroat
BARBARA B. SCHROAT

Subscribed and sworn to before me by the said BARBARA B. SCHROAT on June 6, 2011.

Stephen Sutera
Notary Public



This instrument was prepared by and MAIL TO:
STEPHEN SUTERA, Attorney
4927 West 95th Street
Oak Lawn, Illinois 60453
(708)857-7255

REGISTRATION DISTRICT NO. 16		STATE OF ILLINOIS				STATE FILE NUMBER	
REGISTERED NUMBER 309		MEDICAL CERTIFICATE OF DEATH					
DECEASED-NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)			
1. William Lewis Schroat Jr.		2. Male		3. March 11, 1994			
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)		DATE OF BIRTH (MONTH, DAY, YEAR)			
4. Cook		5a. 53		5d. July 4, 1940			
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			IF HOSP. OR INST. INDICATE D.O.A. OP. EMER. RM. INPATIENT (SPECIFY)		
6a. Chicago Heights		6b. St. James Hospital			6c. Inpatient		
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		IF DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
Darby, Pennsylvania		8a. Married		8b. Barbara Biggerstaff		9. Yes	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. [REDACTED]-2079		11a. Shipping Systems		11b. Portec, Inc.		12. 12 13. 5+	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
13a. 3110 Scott Crescent		13b. Flossmoor		13c. Yes		13d. Cook	
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
13e. Illinois		13f. 60422		14a. White		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST					
15. William Louis Schroat Sr.		16. Hazle Schafer					
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. Mrs. Barbara Schroat		17b. Wife		17c. 3110 Scott Crescent Flossmoor, IL 60422			
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Immediate Cause (Final disease or condition resulting in death)		(a) HEPATIC FAILURE					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) MASSIVE HEPATIC METASTATIC INVOLVEMENT					
		(c) CARCINOMA OF THE COLON					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						AUTOPSY (YES/NO)	
						19a. No	
						WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
						19b.	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION			IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		
20a.		20b.			20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
I (I/DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		DATE (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
21a.		21b. 3-11-94		21c. No		21c. 11:40A. M.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.						DATE SIGNED (MONTH, DAY, YEAR)	
22a. SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)			ILLINOIS LICENSE NUMBER		
22a. H.A. Velasco, M.D.		22c. 333 DIXIE HWY., CHICAGO HTS., IL 60641			22d. 36-39414		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)						NOTE: IF AN INJURY 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. Burial		24b. Assumption Cemetery		24c. Glenwood, Illinois		24d. March 14, 1994	
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE		ZIP	
25a. Texs Funeral Home, Inc.		18230 S. Dixie Hwy.		Homewood, Illinois		60430	
FUNERAL DIRECTOR'S SIGNATURE				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25b. [Signature]				25c. 9934			
LOCAL REGISTRAR'S SIGNATURE				DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
26a. [Signature]				26b. March 14, 1994			

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE DECEASED IN ITEM NO. 1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILLBIRTHS, AND DEATHS.

DATE: _____

SIGNED: John R. Costabile

AT: CHICAGO HEIGHTS, IL 60411

TITLE: LOCAL REGISTRAR