

# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois )  
 ) SS.  
County of Cook )

LORRAINE F. KIEL hereinafter called Affiant(s) being duly sworn states that he/she/they resides at: 5348 S. MULLIGAN AVE. That Affiant(s) was acquainted with WALTER KIEL, 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:

5348 S. MULLIGAN AVE  
CHICAGO, ILLINOIS 60638

That the Deceased died on MARCH 24, 2011, as evidenced by a copy of Deceased's death certificate attached hereto.

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 \$50,000.

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 2 day of August 20 11.

[Signature]  
Notary Public

Lorraine F. Kiel  
Affiant's Signature



Doc#: 1122046008 Fee: \$62.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 08/08/2011 12:11 PM Pg: 1 of 3

Prepared By: ROBERT A. SMITH  
12219 S. MILLARD AVE  
ARLH, IL 60803

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Property of Cook County Clerk's Office

19-08-316-058-0000

3.  
Description of the real estate with respect to which this policy is issued.

Lot 19 (except the North 7 feet thereof) and Lot 20 (except the South 11 feet thereof) in Block 18 in Bartlett Highlands, being a Subdivision of the South West quarter (except the East half of the East half thereof) of Section 8, Township 38 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. \*\*

Mortgage Policy No. 4167489 for 70,500 issued by the Acceptance of said Policy the party herein guaranteed agrees that loss, if any, under this Policy, may

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TOWN OF CICERO  
CICERO, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2011 0023800

DATE ISSUED 03/29/2011

DECEDENT'S LEGAL NAME WALTER KIEL			SEX MALE	DATE OF DEATH MARCH 24, 2011
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 90 YEARS	DATE OF BIRTH MARCH 14, 1921		
CITY OR TOWN CICERO		HOSPITAL OR OTHER INSTITUTION NAME FAMILY CENTERED HOSPICE		
PLACE OF DEATH HOSPICE FACILITY				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED] 7961	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME LORRAINE BRONGEL	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 5348 S MULLIGAN		CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60638	FATHER'S NAME JOSEPH	MOTHER'S NAME [REDACTED] NOT A
INFORMANT'S NAME LORRAINE KIEL		RELATIONSHIP WIFE	MAILING ADDRESS 5348 S MULLIGAN, CHICAGO, IL 60638	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION WOODLAWN CEMETERY	LOCATION - CITY OR TOWN AND STATE FOREST PARK, IL	DATE OF DISPOSITION MARCH 29, 2011
FUNERAL HOME RIDGE FUNERAL HOME, 6620 W. ARCHER AVE., CHICAGO, IL 60638				
FUNERAL DIRECTOR'S NAME MONICA C RODRIGUEZ			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034914535	
LOCAL REGISTRAR'S NAME MARYLIN COLPO			DATE FILED WITH LOCAL REGISTRAR MARCH 29, 2011	
CAUSE OF DEATH PART I. END STAGE CARDIAC FAILURE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. _____				
b. _____				
c. _____				
PART II. Enter other significant conditions contributing to death but not the underlying cause as shown in PART I.			WAS AN AUTOPSY PERFORMED? NO	
			WERE ALL FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DID TOBACCO USE CONTRIBUTE TO DEATH?	FEMALE PRECEDENCE? 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:				TRANSPORTATION INJURY, SPECIFY:
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS IT QUALIFIED AS A DEATH? NO	DATE PROMULGATED	TIME OF DEATH 10:26 PM
CERTIFIER PHYSICIAN				CERTIFIED MARCH 25, 2011
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MANISH I. DESAI, DO, 5909 W 35TH STREET, CICERO, ILLINOIS, 60804				PHYSICIAN'S LICENSE NUMBER 036-105725

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

Marylin Colpo  
Marylin Colpo  
Cicero Town Clerk and Local Registrar

