

UNOFFICIAL COPY
CHICAGO TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT



STATE OF ILLINOIS }
COUNTY OF } ss.

ORDER NO.:

Doc#: 1123046049 Fee: \$62.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/18/2011 01:35 PM Pg: 1 of 3

NANCY S. BAUMEISTER

being duly sworn states that SHE resides at 5204 W. MIDLOTHIAN TRAILS #216
in the City of CRESTWOOD

That SHE was acquainted with JAMES J. BAUMEISTER deceased who, at the time of
death, was one of the owners of the land in COOK County, Illinois, described as:

SEE ATTACHED

That the deceased died SEPTEMBER 6, 2009, 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 a copy of which is attached hereto. The original of the unproven will should
be filed with the Clerk of Probate Division of the Circuit Court of County, Illinois.

X 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

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
 dollars.

Affiant makes this affidavit for the purpose of inducing Chicago Title Insurance Company to issue its Title Insurance
Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Mary Kay Burke
this 18th day of August, A.D. 19 2011



Mary Kay Burke
Notary Public

Nancy S. Baumeister
(Affiant's Signature)

Unit 216 in Sandpiper South Condominium No. 2 as delineated on the survey of the following described parcel of real estate (hereinafter referred to as parcel):

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Lot 2 in Sandpiper South Unit No. 1 a subdivision of part of the Southwest 1/4 of Section 4, Township 36 North, Range 13, East of the Third Principal Meridian, according to the Plat thereof recorded August 17, 1973 as Document 22443820 which survey is attached as Exhibit "A" to Declaration made by Beverly Bank, (a corporation of Illinois) as Trustee under Trust Agreement dated November 22, 1972 and known as Trust Number 8-4011 recorded in the Office of the Recorder of Cook County, Illinois as Document 22603537 together with an undivided percentage interest in the common elements (excepting from said parcel all the property and space comprising all the units as defined and set forth in said declaration and survey) in Cook County, Illinois.

PIN: 28-04-301-012-1016

Property address: 5204 W. Midlothian # 216
Crestwood, IL 60445

Prepared By: First Midwest Bank
12600 S. Harlem
Palos Heights, IL 60463

REGISTRATION DISTRICT NO. 16.32		STATE OF ILLINOIS		UNOFFICIAL COPY	
LOCAL FILE NUMBER 587		STATE FILE NUMBER			
1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) James J. Baumeister			2. SEX Male	3. DATE OF DEATH (Month/Day/Year) (Spell Month) September 6, 2009	
4. COUNTY OF DEATH Cook	5a. AGE AT LAST BIRTHDAY (Years) 69	5b. UNDER 1 YEAR Months _____ Days _____	5c. UNDER 1 DAY Hours _____ Minutes _____	6. DATE OF BIRTH (Month/Day/Year) August 13, 1940	
7a. CITY OR TOWN Chicago Heights		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) St James Hospice			
7c. PLACE OF DEATH (Check only one: see instructions)					
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input checked="" 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 355-28-5784	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) Nancy Rausch	12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13a. RESIDENCE (Street and Number) 5204 W Midlothian Tpke		13b. APT. NO. 216	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 B. Baumeister		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Dorothy M. Johnson
16a. INFORMANT'S NAME Nancy Baumeister		16b. RELATIONSHIP Wife	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 5204 Midlothian Tpke 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) St Mary Cemetery		19. LOCATION - CITY, TOWN AND STATE Evergreen Park IL	20. DATE OF DISPOSITION (Month/Day/Year) September 10, 2009
21a. FUNERAL HOME NAME Hickey Memorial Chapel		21b. STREET AND NUMBER 4201 W 147th Street		21c. CITY OR TOWN Midlothian IL	21d. STATE IL
21e. ZIP 60445					
21f. FUNERAL DIRECTOR'S SIGNATURE <i>Edward J. Hickey</i>		21g. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-012293			
22. LOCAL REGISTRAR'S SIGNATURE <i>Ethel M. Styles</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) September 8, 2009			
CAUSE OF DEATH (See instructions and examples)					
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. RESPIRATORY FAILURE Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. b. CONGESTIVE HEART FAILURE Due to (or as a consequence of): Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c. ISCHEMIC CARDIOMYOPATHY 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. CHRONIC OBSTRUCTIVE PULMONARY DISEASE					
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 type="checkbox"/> Unknown if pregnant within the past 12 months		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		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			
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) <input checked="" type="checkbox"/> DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 9/5/09		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) September 6, 2009	
40. TIME OF DEATH 08:40 <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. R. Kemp MD 3700 W 201st St. Olympia Fields IL					43. PHYSICIAN'S LICENSE NUMBER 096-086262
44. TITLE OF CERTIFIER MD		45. DATE CERTIFIED (Month/Day/Year) 9/6/09		46. SIGNATURE OF CERTIFIER <i>Robert Kemp</i>	

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.

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE ABOVE NAMED 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: **SEP 08 2009**

SIGNED: *Ethel M. Styles*

AT: **CHICAGO HEIGHTS, IL 60411**

TITLE: **LOCAL REGISTRAR**

Birthplate