Doc#. 1128057108 fee: \$50.00

Dotte: 10/07/201 D148 AM Pq: 1 of 3

October Caunity Recorder of Deeds \*RHSP FEE \$10.00 Applied

WHEN RECORDED, RETURN TO: FIRST AMERICAN MORTGAGE SERVICES 1100 SUPERIOR AVENUE, SUITE 200 CLEVELAND, OHIO 44114 NATIONAL RECORDING

ATT. DAVIT - DEATH OF JOINT TENANT / SPOWE

(Title of Document)

44.04 1141-

PREPAREd by JANICE Mitcheli 11545 W. Toung Air Chicago, II book 6

Parcel Number:

09-20-119-033-000 My Clarks Office

FIRST AMERICAN ELS AFFIDAVIT OF DEATH

1128057108 Page: 2 of 3

## WHEN RECORDED MAILUNOFFICIAL COPY

A.P.N.;	ORDER NO:	ESCROW NO.:
AFFIDAVIT – DEATH OF JOINT TENANT/SPOUSE		
STATE OF Illinois	) } ss.	
Richard & Hersler	P	
· <del>-</del>	duly sworn, deposes and says:	
That Kathryn E.	tioned in the attached certified copy of Certifi	and afficient in the second se
of the parties in that certain	dated executed by to , of Official Records of County, €	as joint tenants, recorded as Instrument No. , on salifornia appearing the following described property Ilinois
× ALIA A	H Co	/>
, , , , , , , , , , , , , , , , , , ,		12 C/2
Document Date:		Tis
SUBSCRIBED AND SWO	RN TO before me on Septemb	e 24, 2011
Signature Juse 1.	VILLAGEMEZ.	Co
	(Tais	area for official notarial seal)

1128057108 Page: 3 of 3

I HEREBY CERTIFY THAT the foregoing for true and co (rect the death record the decedent named in Item 1, established and filed office in accordance with the provisions of the Illinois statutes the registration of births, stillbirths and deaths. DATE: DECEMBER 21, 2000 SIGNED: Chief Deputy Registrar at Cook County Department of Public Health Off. sial Title, REGISTERED NUMBER WHICH GIVE RISE TO WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. REMOVAL ISSECUTION FOREIGN COUNTRY)
7. DES PLAINES, ILL COOK

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER STATE REGISTRATION DISTRICT NO. FUNERAL DIRECTOR'S SIGNATURE
DAVID SUITES FATHER-NAME SOCIAL SECURITY NUMBER COUNTY OF DEATH DECEASED-NAME NAME OF ATTENDING PHYSICIAN FOTHER THAN CERTIFIER 120 W. GOLF ROAD RESIDENCE (STREET AND NUMBER) LOCAL REGISTRAR SIGNATURE
REGISTRAR
REGISTRAR TO THE BEST OF MY KNOWLEDGE, DE ... YOUR RED AT THE TIME (OID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM HER ALIVE ON DATE OF OPERATION, IF ANY INFORMANT'S NAME (TYPE OR PRINT) FUNERAL HOME NAME AND ADDRESS PART II. Other significant conditions contributing to death but not resulting in the under lying cause given in PART is 256. mmediate Cause (Final eulting in death) Mease or condition RICHARD G. ILLINOIS DES PLAINES 0SCAR FIRS 6.0 KATHRYN Enter the diseases, or complications that caused the death. Do not the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. HE I SLER <u>.</u> 24b. ACACIA PARK CEMETERY CEMETERY OR CREMATORY-NAME (b) OR AS A CONSEQUENC DUE TO, OR AS A CONSEQUENCE C ত্র FIRST 60016 MIDDLE NOTT NO TABLE MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

Ba. MARRIED MAJOR FINDING: OF DPERATION TYPE OF PRINT **PETERSON** MEDICAL CERTIFICATE ,ML'NTH, DAY, YEAR) 9- 4-00 RACE (WH 14a. AGE-LAST UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, BIRTHDAY (YRS) MOS. DAYS HOURS MIN. 5a. 51 5b. 6c. 5d. APR II <sub>6b.</sub> 1094 (WHITE, BLACK, AMERICAN ) (SPECIEY) WHITE , [17] MIDDLE Schaumburg, STREET AND NUMBER OF R.F.O. LSAT ンろつ (TYPE OR PRINT) CITY, TOWN, TWP, OR ROAD DISTRICT NO. DATE AND PLACE AND DUE TO THE CAUSE(S) STATED 'n 176. HUSBAND 1,7c. 1094 Е. RELATIONSHIP STATE OF ILLINOIS DES 11b. CHEMICAL WASTE KIND OF BUSINESS OR INDUSTRY NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Algonquin Road HE I SLER EE STREE PLAINES S RICHARD G. 246 LOCATION Illinois 60195 ` MOTHER-NAME -AST OF HISPANIC ORIGIN? (1720 FYNO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTÓ RICAN, etc.) D× Z O MUCER CHICAGO, 3 L. VG , DDRESS (STREET AND NO. OH R.F.D., CITY OR TOWN, STATE, ZIP) 216 OF DEATH EXAMINER NOTIFIED? (YE CITYOR TOWN FRANCES SEX CATA OH LOWN FEMALE DATE OF BIRTH (MONTH, DAY, YEAR) YES DES PLAINES,

ALGONOUIN RD.DES

APPROXIMATE INTERVAL PI AINES

AUTOPSY (YES/NO) 19a

WERE AUTOPSY ENDANGS AVAILABLE PRICHTO COMPLETION OF CAUSE OF DEATH? (YESPAC)

IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?

DATE SIGNED 3:59

(MONTH, DAY, YEAR)

⊳ z

ILLINOIS LICENSE NUMBER

22b.

12-20-2000

22d, 086047122

HOUR OF DEATH

YES | NO K

13c.

YES

13d.

COOK

COUNTY

SPECIFY:

MIDDLE

LaMantia

(reS/NO) INSIDE CITY

1ON (SPLUTYONLY HIGHEST GRADE COMPLETED)
//Sympodary (0-12)
College (1-4 or 5 + )

DATE OF DEATH (MONTH, DAY, YEAR)

DECEMBER 20

2000

APRIL 9, 1949

OP/ENGR. RM, INPATIENT (SPECIFY)

ARMED CONCES? (YES/NO)

DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

Depender 21

2000

FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

034-011391

STONI

STATE

24d. DEC. 23, 2000 DATE (MONTH, DAY, YEAR)

60016

STATE

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER

AUST BE NOTIFIED.