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DECEASED

JOINT
TENANCY
AFFIDAVIT



Doc#: 1206812124 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 02/27/2012 11:48 AM Pg: 1 of 3

110603900629

1/5

STATE OF ILLINOIS)
) ss.
COUNTY OF COOK)

Ruth B. Barrios, being duly sworn states that she resides at 4828 N. Wolcott, in the City of Chicago, Illinois 60640,

That she was acquainted with **Christine Boeckhaus**, deceased who, at the time of her death, was one of the owners of the land in Cook, County, Illinois, described as:

UNIT A-2 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN THE CHARLES G. MATTHIES, INC. CONDOMINIUM, AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NO. 18963575, AS AMENDED FROM TIME TO TIME, IN THE SOUTHEAST 1/4 OF SECTION 7, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.
ADDRESS: 5037 N. Wolcott, Unit #2A, Chicago, Illinois 60640
PIN: 14-07-407-022-1002

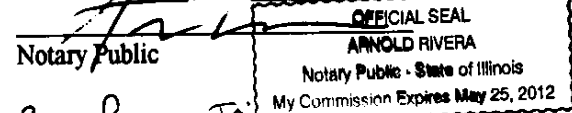
That the deceased died on **June 29, 1997**, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

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 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 _____ 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 **One Hundred Ten Thousand (\$110,000.00) and no/100 dollars.**

Subscribed and Sworn to before me by the said **Ruth B. Barrios**, this **31st** day of **January**, 2012



Ruth B. Barrios
Ruth B. Barrios (Signature)

Attorneys' Title Guaranty Fund, Inc.
1 S. Wacker Dr., STE 2400
Chicago, IL 60606-4650
Attn: Search Department

S Y
F 3
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Prepared By + Return To:
Arnold Rivera
3140 N. LARAMIE
CHICAGO, IL 60641

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STATE OF ILLINOIS
County of Cook)

DAVID ORR, County Clerk

August 13, 2009

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office. IN WITNESS THEREOF, 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 J. Orr
COUNTY CLERK

DECEASED'S BIRTH NO.	REGISTRAR'S DISTRICT NO. 18.10	STATE OF ILLINOIS	STATE FILE NUMBER 610764	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH		
Type or Print in PERMANENT INK See General Director, Hospital, or Physicians Handbook for INSTRUCTIONS A B C D E 1 2 3 4 5 N P	DECEASED-NAME FIRST MIDDLE LAST 1 Christine Boeckhaus		SEX 2 Female	
	DATE OF DEATH (MONTH, DAY, YEAR) 3 June 29, 1997			
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 4 COOK		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6a Chicago 6b Swedish Covenant Hospital	IF HOSP. OR INST. INDICATE I.C.D. OR I.C.D. A. OR I.C.D. A. PATIENT (SPECIFY) 6c DOA
	COUNTY OF DEATH 7 Cook		AGE - LAST BIRTHDAY (YRS) MONTH DAYS HOURS MIN 5a 83 5b 5c	DATE OF BIRTH (MONTH, DAY, YEAR) 5d March 30, 1914
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 Joplin, MO		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8 Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b Herbert Boeckhaus
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION 11a Social Worker	KIND OF BUSINESS OR INDUSTRY 11b Lutheran Church
	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary (K-8) (9-12) (College (1-4 or 5+)) 12 5+		RESIDENCE (STREET AND NUMBER) 13a 5037 N. Wolcott	
	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b Chicago		INSIDE CITY (YES/NO) 13c yes	COUNTY 13d Cook
	STATE 13e Illinois		ZIP CODE 13f 60640	RACE (WHITE, BLACK, AMERICAN INDIAN, OR SPECIFY) 14 White
	FATHER-NAME FIRST MIDDLE LAST 15 Ivan Rapier		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16 Rosina Steinbiber	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) 14b NO
INFORMANT'S NAME (TYPE OR PRINT) 17a Herbert Boeckhaus		RELATIONSHIP 17b Husband	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c 5037 Wolcott Chicago, IL 60640	
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 PERIOD OF ILLNESS PRIOR TO DEATH		
Immediate Cause (Final disease or condition resulting in death) (a) Acute Cerebrovascular Accident		1 hour		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (b) Arteriosclerotic Cerebrovascular Disease		20 years		
PART II. Other important findings contributing to death but not resulting in the underlying cause given in PART I		19. NO		
DATE OF OPERATION, IF ANY 20a		MAJOR FINDINGS OF OPERATION 20b		
1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a June 7, 1997		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b YES		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		HOUR OF DEATH 21c 4:55am M		
22a. SIGNATURE <i>Vodan Edelstein</i>		DATE SIGNED (MONTH, DAY, YEAR) 22b 6-30-97		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c Vodan Edelstein, M.D. 5821 N. Broadway Chicago, IL 60660		ILLINOIS LICENSE NUMBER 22d 036-088622		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a Burial		CEMETERY OR CREMATORY - NAME 24b St. Luke		
FURNERAL HOME 25a John V. May Funeral Home, Inc. 4553 Milwaukee Ave. Chicago, Illinois 60630		LOCATION CITY OR TOWN STATE 24c Chicago, Illinois		
FURNERAL DIRECTOR'S SIGNATURE <i>John V. May</i>		DATE (MONTH, DAY, YEAR) 24d 7-1-97		
LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>		FURNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c 034-011741		
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 25d JUN 30 1997		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 25e JUN 30 1997		

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of
CHRISTINE R. BOECKHAUS

I, CHRISTINE R. BOECKHAUS, now residing in Chicago, County of Cook, State of Illinois, being of full age and of sound and disposing mind and memory, do hereby make, publish and declare this to be my LAST WILL AND TESTAMENT, hereby expressly revoking all former Wills and Codicils.

FIRST: I direct the payment of all my just debts and funeral expenses as soon after my demise as shall be convenient.

SECOND: I give, devise and bequeath to Herbert S. Boeckhaus, my beloved husband, all of the property which I possess at the time of my death or to which I may be entitled, real, personal and mixed and of every kind whatsoever and wheresoever situated, absolutely and without restriction.

THIRD: In the event of the death of Herbert S. Boeckhaus, prior to my decease, or should Herbert S. Boeckhaus and I meet death at or about the same time, I give, devise and bequeath, absolutely and without restriction to my beloved daughter, Ruth B. Barrios, all of the property of which I die seized, personal and real and wheresoever situated.

FOURTH: I nominate, constitute and appoint my beloved husband, Herbert S. Boeckhaus, to act as executrix of this my LAST WILL AND TESTAMENT and direct that she shall not be required to furnish bond.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my seal at Chicago, Illinois, this 1st day of December, 1994.

Christine R. Boeckhaus (SEAL)

We, the undersigned, do hereby certify that Christine R. Boeckhaus, on the day of the date hereof, in our presence, we being in the presence of each other, signed, sealed, published and declared the above instrument as and to be his LAST WILL AND TESTAMENT and that we, on the same occasion, at his request and in his presence, being in the presence of each other, have hereunto signed our names as witnesses. We do hereby further certify that said Christine R. Boeckhaus, on this occasion, as we verily believe, is of sound and disposing mind and memory.

Margaret E. [Signature] residing at 1924 N. Burlingame St. CHICAGO IL 60614

[Signature] residing at 3229 N. [Signature] Chicago IL 60657

[Signature] residing at 3120 Blackberry Ln. Glen Ellyn, IL 60137