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Doc#: 1210213018 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 04/11/2012 10:25 AM Pg: 1 of 3

**DECEASED JOINT
TENANCY AFFIDAVIT**

STATE OF ILLINOIS)
)SS
COUNTY OF Cook)

Anne M. Gebka, being duly sworn states that she resides at **19 Culzean Lane, Inverness, Illinois**. **Anne M. Gebka** was acquainted with **Richard T. Gebka**, who at the time of his death was one of the owners of the premises in Cook County, Illinois, described as:

LEGAL DESCRIPTION: UNIT 5 IN THE ENCLAVE AT INVERNESS ON THE PONDS CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING PARCEL OF REAL ESTATE: LOT 1 OF INVERNESS ON THE PONDS PHASE FOUR, BEING A SUBDIVISION OF PART OF OUT LOT 1 IN LOCH LOMOND GREENS UNIT ONE, BEING A SUBDIVISION OF PARTS OF LOTS 11 AND 14 IN SCHOOL TRUSTEE'S SUBDIVISION OF SECTION 16, TOWNSHIP 42 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN THE VILLAGE OF INVERNESS IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT "B" TO THE DECLARATION OF CONDOMINIUM MADE BY FIRST ILLINOIS BANK OF WILMETTE, AS TRUSTEE UNDER TRUST AGREEMENT DATED APRIL 15, 1985 AND KNOWN AS TRUST NUMBER TWB-0372 AND RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS AS DOCUMENT NUMBER 89170503, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN SAID PARCEL (EXCEPTING FROM SAID PARCEL ALL THE PROPERTY AND SPACE COMPRISING ALL THE UNITS THEREOF AS DEFINED AND SET FORTH IN SAID DECLARATION AND SURVEY) AS MAY BE AMENDED FROM TIME TO TIME.

Permanent Real Estate Index Number: 02-16-303-038-0000

Address of real estate: 19 Culzean Lane, Inverness, Illinois

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That said **Richard T. Gebka** died on or about **October 26, 2004**, leaving a Will.

Affiant further states that she makes this affidavit for that purpose of inducing the Cook County Recorder of Deeds to record the deed describing the above mentioned property.

Anne M. Gebka
Anne M. Gebka

Subscribed and sworn to before me this 3rd day of April, 2012.

Kathleen Mazzocco
Notary Public



Prepared by: Heinz J. Brisske
HUCK & BRISKE, LLC
1325 N. Main Street
Wheaton, IL 60187

Cook County Clerk's Office

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

UNOFFICIAL COPY

OCT 27 2004

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 a 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 Orr
COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.0	STATE OF ILLINOIS				STATE FILE NUMBER	
		REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH					
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	1. DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
			Richard	T.	Gebka	Male	October 26, 2004	
	4. COUNTY OF DEATH		AGE - LAST BIRTHDAY (YRS)		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
	Cook		5a. 79	5b. MOS	DAYS	HOURS	MIN.	5d. August 13, 1925
	6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		6b. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)	
	Hoffman Estates		St. Alexis Hospital				Inpatient	
	7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
	Evanston, IL		Married		Anne Parker		Yes	
	10. SOCIAL SECURITY NUMBER		11a. USUAL OCCUPATION		11b. KIND OF BUSINESS OR INDUSTRY		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
	333-14-4828		Pipe Fitter		Commercial		Elementary/Secondary (0-12) College (1-4 or 5+)	
13a. RESIDENCE (STREET AND NUMBER)		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.		13c. INSIDE CITY (YES/NO)		13d. COUNTY		
19 Lulzean Lane		Inverness		Yes		Cook		
13e. STATE		13f. ZIP CODE		14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		
Illinois		60067		White		NO YES SPECIFY:		
15. FATHER - NAME		16. MOTHER - NAME		17a. INFORMANT'S NAME (TYPE OR PRINT)		17b. RELATIONSHIP		
Stanley Gebka		Josephine Banczek		Anne Gebka		Spouse		
				17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
				19 Lulzean Ln., Inverness, IL 60067				
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) Parkinson's Dementia						
		DUE TO, OR AS A CONSEQUENCE OF						
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) Pneumonia						
		DUE TO, OR AS A CONSEQUENCE OF						
		(c)						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		HTN, COPD, pleural effusions					19a. AUTOPSY (YES/NO) No	
							19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
							Yes	
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION				20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		
						20c. YES NO		
21a. I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)				21c. HOUR OF DEATH		
10/25/04		21b. Yes				4:05 A.M.		
22a. SIGNATURE		22b. DATE SIGNED (MONTH, DAY, YEAR)				22c. ILLINOIS LICENSE NUMBER		
<i>Norris Hsu</i>		10/27/04				036 097687		
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22d. 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.		
NORRIS HSU 1575 N. Barrington Rd #505 Hoffman Est, IL 60444								
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		24a. CEMETERY OR CREMATORY - NAME		24c. LOCATION CITY OR TOWN STATE		24d. DATE (MONTH, DAY, YEAR)		
Cremation		Twin Pines Crematory		Dundee, Illinois				
25a. FUNERAL HOME		25b. FUNERAL DIRECTOR'S SIGNATURE				25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
Glueckert Funeral Home, Ltd., 1520 N. Arl.Hts.Rd., Arl.Hts., IL 60004		<i>John W. Glueckert, Jr.</i>				034-012091		
26a. LOCAL REGISTRAR'S SIGNATURE		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)						
<i>David Orr</i>		October 27, 2004						