

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 1213018023 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 05/09/2012 10:55 AM Pg: 1 of 3

PREPARED BY AND MAIL TO:

H. SUSAN JONES, Esq.
H. Susan Jones, P.C.
5 South 6th Ave
La Grange, Illinois 60525
Cook Co. Atty #37250

CURTIS E. MAIER, JR., being duly sworn, states that he resides at 1119 Park Lane, Western Springs, Cook County, State of Illinois, and that he was acquainted with SHIRLEY C. MAIER, deceased, who, at the time of her death, was one of the owners of the land in Cook County, State of Illinois, described as:

LEGAL DESCRIPTION: Lot 18 in Block 3 in Ridgewood Subdivision, being a Subdivision in the Northeast Quarter of Section 18, Township 38 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 18-18-206-005-0000

Common Address: 1119 Park Lane, Western Springs, IL 60558

That the deceased died on April 2, 2012, as evidenced by a photocopy of death certificate of the deceased attached hereto.

UNOFFICIAL COPY

That the deceased died:



Leaving no Last Will and Testament.



Leaving a Last Will and Testament, a copy of which is attached hereto.



Leaving a Last Will and Testament which was filed with the Probate Division of the Circuit Court of Cook County, Illinois on _____.

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 Five Hundred Thousand dollars (\$500,000.00).

Curtis E. Maier, Jr.
CURTIS E. MAIER, JR.

Subscribed and sworn to before me this

2nd day of May, 2012.

[Signature]

NOTARY PUBLIC



UNOFFICIAL COPY

**COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2012 0025536

DATE ISSUED 04/04/2012

DECEDENT'S LEGAL NAME SHIRLEY CATHERINE MAIER				SEX FEMALE	DATE OF DEATH APRIL 02, 2012	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 81 YEARS		DATE OF BIRTH OCTOBER 26, 1930			
CITY OR TOWN WESTERN SPRINGS			HOSPITAL OR OTHER INSTITUTION NAME 1119 PARK LANE			
PLACE OF DEATH DECEDENT'S HOME						
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER STATUS AT TIME OF DEATH MARRIED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME CURTIS MAIER		EVER IN U.S. ARMED FORCES? NO	
RESIDENCE 1119 PARK LANE		APT. NO.	CITY OR TOWN WESTERN SPRINGS		INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60558	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANTON F. KOZEL		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BESSIE KANAK	
INFORMANT'S NAME CURTIS MAIER		RELATIONSHIP HUSBAND		MAILING ADDRESS 1119 PARK LANE, WESTERN SPRINGS, IL, 60558		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION FOREST CREMATORY		LOCATION - CITY OR TOWN AND STATE ROMEDEVILLE, IL	DATE OF DISPOSITION APRIL 04, 2012	
FUNERAL HOME ILLINOIS CREMATION CENTERS, 1415 WEST 22 ND STREET, OAK BROOK, IL, 60523						
FUNERAL DIRECTOR'S NAME MARK JOHN KAZLAUSKAS				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015610		
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR APRIL 4, 2012		
CAUSE OF DEATH						
PART I: WALDENSTROM'S MACROGLOBULINEMIA						
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	Due to (or as a consequence of)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH >1 MONTHS
	b.	Due to (or as a consequence of)				
	c.	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					WAS AN AUTOPSY PERFORMED? NO	
					WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS 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:					IF TRANSPORTATION INJURY, SPECIFY	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE NOVEMBER 23, 2011	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 08:02 AM	
CERTIFIER PHYSICIAN				DATE CERTIFIED APRIL 03, 2012		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH WALTER ARAND, 908 N ELM ST, HINSDALE, ILLINOIS, 60521					PHYSICIAN'S LICENSE NUMBER 036672793	

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.

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE