

UNOFFICIAL COPY



Doc#: 1225448000 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 09/10/2012 08:50 AM Pg: 1 of 3

Property of Cook County Clerk's Office

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
County of Cook)

Janice S. Jauch, being duly sworn state that she resides at **3239 N. Osage Avenue, Chicago, Illinois.**

That she was acquainted with **Edward R. Schmidt** deceased who, at the time of his death, was one of the owners of the land in **COOK** County, Illinois, described as:

LOT 32 IN BLOCK 8 IN JOHN J. RUTHERFORD'S FOURTH ADDITION TO MONTCLARE, BEING A SUBDIVISION OF THE WEST 1/2 OF THE WEST 1/2 OF THE SOUTHWEST FRACTIONAL 1/4 OF SECTION 24, TOWNSHIP 10 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING SOUTH OF THE INDIAN BOUNDARY LINE, IN COOK COUNTY, ILLINOIS.

Commonly known as: **3239 N. Osage Avenue, Chicago, IL 60634**
Permanent Index No.: **12-24-325-005**

That the deceased died **September 8, 2008**, as evidence by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

 X Leaving no Last Will and Testament.

 Leaving a Last Will and 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.

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_____ Leaving a Last Will and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____.

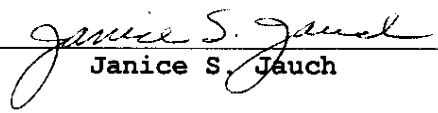
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$ 0 dollars.

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

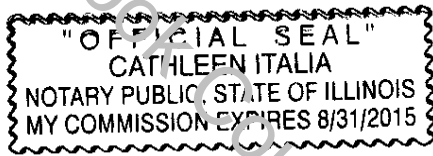
Subscribed and sworn to before me by the said **Janice S. Jauch** this **12** day of **July**, 2012.



NOTARY PUBLIC



Janice S. Jauch



Property of Cook County Clerk's Office

CERTIFICATION OF VITAL RECORD

UNOFFICIAL COPY STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 22.0 LOCAL FILE NUMBER STATE FILE NUMBER 1. DECEDENT'S LEGAL NAME EDWARD R. SCHMIDT 2. SEX MALE 3. DATE OF DEATH SEPTEMBER 8, 2008 4. COUNTY OF DEATH DUPAGE 5a. AGE AT LAST BIRTHDAY 91 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH FEBRUARY 17, 1917 7a. CITY OR TOWN BLOOMINGDALE 7b. HOSPITAL OR OTHER INSTITUTION NAME ALDEN VALLEY RIDGE 7c. PLACE OF DEATH IF DEATH OCCURRED IN A HOSPITAL IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL 8. BIRTHPLACE MC KEES ROCKS, PA. 9. SOCIAL SECURITY NUMBER 346-10-2672 10. MARITAL STATUS AT TIME OF DEATH Widowed 11. SURVIVING SPOUSE'S NAME 12. EVER IN U.S. ARMED FORCE 13a. RESIDENCE 275 E. ARMY TRAIL ROAD DUPAGE IL. 60108 13b. APT. NO. 13c. CITY OR TOWN BLOOMINGDALE 13d. INSIDE CITY LIMITS 14. FATHER'S NAME RETNHARD SCHMIDT 15. MOTHER'S NAME JULIANNA SCHMITT 16a. INFORMANT'S NAME JANICE JAUCH 16b. RELATIONSHIP DAUGHTER 16c. MAILING ADDRESS 3239 N. OSAGE CHICAGO, IL. 60634 17. METHOD OF DISPOSITION 18. PLACE OF DISPOSITION FAIRVIEW MEMORIAL PARK 19. LOCATION NORTHLAKE, ILLINOIS 20. DATE OF DISPOSITION SEPTEMBER 12, 2008 21a. FUNERAL HOME CUMBERLAND CHAPELS 8300 W. LAWRENCE NORRIDGE ILLINOIS 60706 21b. FUNERAL DIRECTOR'S SIGNATURE 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031-008880 22. LOCAL REGISTRAR'S SIGNATURE 23. DATE FILED WITH LOCAL REGISTRAR SEP 11 2008 CAUSE OF DEATH 24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Congestive Heart Failure b. c. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. 25. WAS AN AUTOPSY PERFORMED? 26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? 27. DID TOBACCO USE CONTRIBUTE TO DEATH? 28. IF FEMALE: 29. MANNER OF DEATH 30. DATE OF INJURY 31. TIME OF INJURY 32. PLACE OF INJURY 33. INJURY AT WORK 34. LOCATION OF INJURY 35. DESCRIBE HOW INJURY OCCURRED: 36. IF TRANSPORTATION INJURY, SPECIFY: 37. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 08-10-08 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? 39. DATE PRONOUNCED SEPTEMBER 8, 2008 40. TIME OF DEATH 5:30 A.M. 41. CERTIFIER (Check only one): 42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. HASAN 560 BELMONT LN., CAROL STREAM, IL 60188 43. PHYSICIAN'S LICENSE NUMBER 036-096328 44. TITLE OF CERTIFIER MEDICAL DOCTOR 45. DATE CERTIFIED SEPTEMBER 9, 2008 46. SIGNATURE OF CERTIFIER

(Based on the 2003 U.S. Standard Certificate)

Illinois Department of Public Health - Division of Vital Records

VR200 (Rev. 1/08)

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.

Man T. McHugh

DuPage County Health Department 111 N. County Farm Road Wheaton, IL 60187