



1311347000

**DECEASED JOINT TENANCY  
AFFIDAVIT**

Doc#: 1311347000 Fee: \$40.00  
RHSP Fee: \$10.00 Affidavit Fee:  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 04/23/2013 08:42 AM Pg: 1 of 2

**ROBERT D. RICHTER**, being duly sworn states he resides at **163<sup>rd</sup> Place, Tinley Park, IL** in the Village of Tinley Park, IL and he further states as follows:

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

**UNIT 2B BUILDING 3 AS DESCRIBED IN SURVEY DELINEATED ON AND ATTACHED TO AND A PART OF A DECLARATION OF CONDOMINIUM OWNERSHIP REGISTERED ON THE 11<sup>th</sup> DAY OF AUGUST 1983 AS DOCUMENT NO. 3223281, TOGETHER WITH A PERCENTAGE OF THE COMMON ELEMENTS PERTINENT TO SAID UNIT AS SET FORTH IN SAID DECLARATION, AND AS AMENDED FROM TIME TO TIME, IN AND TO THE FOLLOWING DESCRIBED PREMISES: THE EAST 405 FEET OF THE NORTH 417 FEET OF THE SOUTH 1,726.5 FEET OF THE WEST HALF OF THE NORTHWEST CORNER OF SECTION 35 TOWNSHIP 35 NORTH RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, EXCEPTING THEREFROM THE WEST 310 FEET OF THE SOUTH 156.2 FEET AND ALSO EXCEPTING THE WEST 232 FEET THEREOF IN COOK COUNTY ILLINOIS**

**PIN 31-35-100 047-1100**

Commonly known as: **22423 York Court, 2B  
Richton Park, IL 60417.**

That the deceased died **August 15, 1998**, as evidenced by the attached certified copy of death certificate. That the deceased left **no Last Will & Testament**. 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, did not exceed the sum of One Million and 00/100 (\$1,000,000.00) Dollars.

**FURTHER AFFIANT SAYETH NOT.**

*Robert D. Richter*  
\_\_\_\_\_  
**ROBERT D. RICHTER**

SUBSCRIBED AND SWORN TO  
before me this 27<sup>th</sup> day of March 2013

*Kelly A. Hancock*  
\_\_\_\_\_  
Notary Public

This document prepared by: **Robert J. Leoni**  
**16061 S. 94<sup>th</sup> Avenue**  
**Orland Hills, IL 60487**



(STATE OF ILLINOIS)  
(County of Cook)

# UNOFFICIAL COPY

DAVID ORR, COUNTY CLERK

MARCH 29, 2013

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 D. Orr*  
COUNTY CLERK

STATE OF ILLINOIS		STATE FILE NUMBER	
<b>MEDICAL CERTIFICATE OF DEATH</b>			
DECEASED NAME 1. <b>LOIS E. RICHTER</b>	FIRST <b>LOIS</b>	MIDDLE <b>E.</b>	LAST <b>RICHTER</b>
SEX 2. <b>FEMALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>AUGUST 15, 1998</b>		
COUNTY OF DEATH 4. <b>Cook</b>	AGE - LAST BIRTHDAY (YRS) 5a. <b>55</b>	UNDER 1 YEAR MOSE 5b.	UNDER 1 DAY HOURS MIN. 5c.
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 5a. <b>Blue Island</b>	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 5b. <b>St. Francis Hospital</b>		IF HOSP OR INST. INDICATE D.O.A. OR/EMER. RM. INPATIENT (SPECIFY) 5c. <b>Inpatient</b>
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. <b>Chicago, IL</b>	MAR. / NEV. / MARRIED / WIDOWED / DIVORCED (SPECIFY) 8a. <b>Married</b>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. <b>Robert Richter</b>	
SOCIAL SECURITY NUMBER 10. <b>[REDACTED]</b>	USUAL OCCUPATION 11a. <b>Supervisor</b>	KIND OF BUSINESS OR INDUSTRY 11b. <b>Credit</b>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. <b>1</b>
RESIDENCE (STREET AND NUMBER) 13a. <b>7968 West 163rd Place</b>	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. <b>Tinley Park</b>	INSIDE CITY (YES/NO) 13c. <b>Yes</b>	COUNTY 13d. <b>Cook</b>
STATE 13e. <b>IL</b>	ZIP CODE 13f. <b>60477</b>	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. <b>White</b>	OF HISPANIC ORIGIN? (SPECIFY NO OR YES. IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:
FATHER - NAME FIRST MIDDLE LAST 15. <b>Roy Richter</b>	MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST 15. <b>Elizabeth Litz</b>	INFORMANT'S NAME (TYPE OR PRINT) 17a. <b>Robert D. Richter</b>	
RELATIONSHIP 17b. <b>Husband</b>		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. <b>7968 W. 163rd Place Tinley Park, IL 60477</b>	
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.			APPROX. TIME INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death) → (a) <b>malignant lymphoma</b>			<b>1 year</b>
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
DATE OF OPERATION, IF ANY 20a. <b>None</b>			MAJOR FINDINGS OF OPERATION 20b.
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a. <b>8-14-98</b>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. <b>NO</b>	HOUR OF DEATH 21c. <b>0355 A. M.</b>
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED			DATE SIGNED (MONTH, DAY, YEAR) 22c. <b>8-17-98</b>
SIGNATURE 22a. <b>John C. Brooks DO</b>		ILLINOIS LICENSE NUMBER 22d. <b>36-53099</b>	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. <b>DR. J. BROOKS - 2320 HIGH ST BLUE ISLAND IL 60406</b>			NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.			
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <b>Cremation</b>	CEMETERY OR CREMATORY - NAME 24b. <b>The Lakes Crematory</b>	LOCATION 24c. <b>Lake Villa IL</b>	DATE (MONTH, DAY, YEAR) 24d. <b>Aug. 18, 1998</b>
FUNERAL HOME 25a. <b>Lawn Funeral Home</b>		STREET AND NUMBER OR R.F.D. <b>7732 West 159th Street</b>	CITY OR TOWN <b>Orland Park IL</b>
FUNERAL DIRECTOR'S SIGNATURE 25b. <b>[Signature]</b>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. <b>11976</b>	
LOCAL REGISTRAR'S SIGNATURE 26a. <b>[Signature]</b>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. <b>Aug 18 1998</b>	