

# UNOFFICIAL COPY



1311610053

Doc#: 1311610053 Fee: \$40.00  
RHSP Fee: \$10.00 Affidavit Fee:  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 04/26/2013 12:00 PM Pg: 1 of 2

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

PROPERTY ADDRESS:  
6128 Washington Street  
Chicago Ridge, Illinois 60415

PIN 24-17-112-037-0000

The undersigned affiant being first duly sworn and under penalty of perjury on oath states that she resides at the address below.

That she was acquainted with **RICHARD J. KNEPPER** deceased who, at the time of his death, was one of the owners of the land described as:

**LOTS 77 AND 78 IN BLOCK 17 IN CHICAGO RIDGE, BEING A SUBDIVISION OF THE NORTHWEST QUARTER OF SECTION 17, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.**

That the deceased died **JULY 7, 2006**, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

Leaving no Last Will & Testament

That from the Estate of the deceased:

No State Inheritance and /or Federal Estate Taxes were due.

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 **(\$100,000.00) ONE HUNDRED THOUSAND** dollars.

State of Illinois  
County Cook

Subscribed and sworn to before me by the said

Dated: 4/22/13

PATRICIA M. KNEPPER

*Patricia M. Knepper*

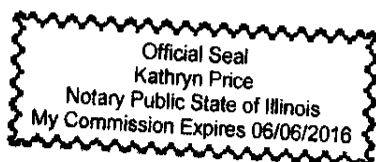
this 22<sup>nd</sup> day of April, A.D. 2013

Kathryn Price

(Notary Public)

Affiant's Address:

6128 Washington Street  
Chicago Ridge, Illinois 60415



Prepared by The Law Offices  
of Eileen Kevin Walsh, PC  
11301 S. Harlem  
Worth, IL 60482

STATE OF ILLINOIS)
County of Cook)

UNOFFICIAL COPY

JUL 10 2006

DAVID ORR, County Clerk

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

DECEASED'S BIRTH NO.
REGISTRATION DISTRICT NO. 16.9
REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED-NAME: RICHARD J. KNEPPER
COUNTY OF DEATH: Cook
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Chicago Ridge
AGE LAST BIRTHDAY (YRS) MOS. DAYS: 62
DATE OF BIRTH (MONTH, DAY, YEAR): July 7, 2006
DECEASED-NAME (IF WIFE): Patricia Alleyway
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Chicago Ridge
HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 6128 Washington

DECEASED: BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Chicago, IL.
SOCIAL SECURITY NUMBER: 2498
RESIDENCE (STREET AND NUMBER): 6128 Washington
STATE: Illinois
ZIP CODE: 60415
FATHER-NAME: Steven Knepper
MOTHER-NAME: Ruth Meyer
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
USUAL OCCUPATION: Plumber
KIND OF BUSINESS OR INDUSTRY: Plumber
EDUCATION (SPECIFY ON Y HIGHEST GRADE COMPLETED): High School
INSIDE CITY (YES/NO): YES
COUNTY: Cook

PARENTS: INFORMANT'S NAME (TYPE OR PRINT): Patricia Knepper
RELATIONSHIP: Wife
MARRIAGE ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 6128 Washington Chicago Ridge, IL.
MOTHER-NAME: Ruth Meyer

CAUSE: IMMEDIATE CAUSE (Final disease or condition resulting in death): Coronary Disease
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: (b) DUE TO, OR AS A CONSEQUENCE OF (c)
PART II. Other significant conditions contributing to, but not resulting in the underlying cause given in PART I.

OPERATION: DATE OF OPERATION, IF ANY: 8/21/04
MAJOR FINDINGS OF OPERATION:
WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): NO
HOUR OF DEATH: 6:03 A.M.
DATE SIGNED: 7/7/06
ILLINOIS LICENSE NUMBER: 036053760

CERTIFIER: NAME AND ADDRESS OF CERTIFIER: David Orr, MD, 440 W. 9th St, Oakton, VA 22653
TYPE OF PRINT: (TYPE OR PRINT)
TYPE OF PRINT: (TYPE OR PRINT)

DISPOSITION: BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation
CEMETERY OR CREMATORY-NAME: Anatomical Gift Assoc.
LOCATION: Chicago Illinois
CITY OR TOWN: Chicago
STATE: Illinois
ZIP: 60459

LOCAL REGISTRARS SIGNATURE: David Orr
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): JUL 10 2006

BASED ON 1999 U.S. STANDARD CERTIFICATE

Illinois Department of Public Health - Division of Vital Records

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Illinois Department of Public Health - Division of Vital Records