## **UNOFFICIAL COPY**



Doc#: 1323522016 Fee: \$40.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 08/23/2013 09:47 AM Pg: 1 of 2

## DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois )
SS.
County of Cook )

Robin R. Fink hereinafter called Affiant(s) being duly sworn states that she resides at: 800 W. Oakton Arlington Heights, Illinois. That Affiant(s) was acquainted with Karl Fink, hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

Lots 7 and 8 in Block 19 in Henry Ulrich's Pioneer Addition to Melrose, being a Subdivision of Blocks 11 and 14 to 34, both inclusive, in S.R. Haven's Subdivision of Lot 2 in the South half of Section 3 and that part of Section 10 lying North of Chicago and North Western Railway Company's Northerly line of the right of way and all in Township 39 North, Range 12, East of the Third Principal Meridian, in Cook County, illin ois:

907 N. 11th Avenue, Melrose Park, IL 60150
PIN: 15-03-444-006-0000 and 15-03-444-007-0000
That the Deceased died on June 16, 2011 as evidence by a copy of Deceased's death certificate attached hereto.

That the Deceased, at the time of his death, held his share of the above-mentioned property as a joint tenant and that the Deceased died not leaving a Last Will & Testament.

That the total value of the estate of the Deceased, for estate tix purposes, 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 \$150,000.00

Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

Subscribed and sworn before me

this  $\mathcal{T}$  day of  $\mathcal{A}$   $\mathcal{C}$   $\mathcal{A}$ 

Notary Public

Askin Book
Affiant's Signature

OFFICIAL SEAL LINDA J SMITH. NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES.08/31/14

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## VILLAGE OF Malkrose PARK

## MELROSE PARK, ILLINOIS MEDICAL CERTIFICATE OF DEATH

TATE FILE NUMBER 2011	0045426								DAT	E ISSUED	06/27/201	
DECEDENT'S LEGAL NAME KARL FINK							SEX MALE		OF DEATH			
COUNTY OF DEATH		AGE AT LA	AST BIRTHDAY			DATE OF B	IRTH MBER 22, 1	920				
CITY OR TOWN MELROSE PARK		1		HOSPITAL OF 907 N 11			NAME					
PLACE OF DEATH DECEDENT'S HOME												
BIRTHPLACE	SOCIAL SECURITY NUMBER   MARITAL STATUS AT 328-18-6672   MARRIED				OF DEATH SURVIVING SPOUSE'S NAME ROBIN STINEKRAUS				EVER IN U.S. ARMED FORCES? YES			
MELROSE PARK, IL	9072	APT. NO. CITY O			Y OR TOWN			INSIDE CITY LIMITS? YES				
907 N 11TH AVENUE	ETATE ZIP CO		HER'S NAME (ARL FINK		MICTI	COSETA	MOTHER'S	NAME PRIO	R TO FIRS	ST MARRIAGE		
COOK  INFORMANT'S NAME  ROBIN FINK						MAILING ADDRESS 907 N 11TH AVENUE, MELROSE PARK, IL, 60160						
METHOD OF DISPOSITION BURIAL	S OF DISPO	DE DISPOSITION LOAK CEMETERY			LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL			DATE OF DISPOSITION JUNE 20, 2011				
FUNERAL HOME BORMANN FUNERAL	HOME 1600 CH	IICACO AV	CNUE. MELI	ROSE PARK	(, IL, 601	60						
FUNERAL DIRECTOR'S NAME RICHARD M BACZAK						FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBE 034010371				BER		
LOCAL REGISTRAR'S NAME MARYANN PAOLANTONIO SALEMI						DATE FILED WITH LOCAL REGISTRAR JUNE 17, 2011						
	RT I. LUNG NEOF	LASM MALIC	SNANT	<del>/</del> _					EEN ATH		WEEKS	
IMMEDIATE CAUSE (Final disease or condition	a.			(or as a consequence	e of):			XIMAT	BETW D DEA			
engulong in death)	ы. ÇORONARY	ARTERY DI	SEASE	Q				APPRO	ERVAL SET AN		YEARS	
	c.		Due to	(or as a consequence	ie on	-			INTE			
				(or as a consequence								
PART II. Enter other significant	conditions contribut	ing to death b	out not resulting in	n the underlying o	cause giver	in PATI.	0.			ERFORMED?		
								COMPLETE	CAUSE O	DINGS USED 1 F DEATH? N	<u>/A</u>	
DID TOBACCO USE CONTRIBUTE TO DEATH? FEMALE PREGNANCY STATUS NOT APPLICABLE						MANNER NATUF				OF DEATH RAL		
DATE OF INJURY	TIME OF INJURY PLACE OF			JURY			0,	INJURY AT WORK?		AT WORK?		
LOCATION OF INJURY				1						<u> </u>		
DESCRIBE HOW INJURY OCC	URRED:				_			IF.	TRANSTO	KTATION INJU	IRY, SPECIFY:	
ATTEND THE DECEASED?		ATE LAST SEEN ALIVE WAS MEDICAL EXAMINE JUNE 09, 2011 CORONER CONTACTED						<u> </u>	TIME OF DEATH 05:15 PM			
YES JUNE 09, 2011 CORONER CONTACTED? NO CERTIFIER							DATE CERTIFIED  JUNE 16, 2011					
PHYSICIAN	PHYSICIAN  NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH								PHYSICIAN'S LICENSE NUMBER			
PHYSICIAN	DE OF PERSON COM	IPLETING CAL	JSE OF DEATH		<del></del>				JUNE 1	6, 2011	NUN	

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.

PATEL, DILIP, 675 W NORTH AVENUE, MELROSE PARK, ILLINOIS, 60160

Mary Ann Paolantonio Salemi

Melrose Park Village Clerk and Local Registrar



036052879