

## UNOFFICIAL COPILIDADE

Doc#: 1334016027 Fee: \$42.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 12/06/2013 10:36 AM Pg: 1 of 3

## DECEASED JOINT TENANT AFFIDAVIT

State of Illinois	)	
	)	SS
County of Cook	)	

RUDOLPH KARALL, being duly sworn, states:

- 1. I reside at 1250 W. Wellington Ave., Chicago IL 60657.
- 2. I was acquainted with TFRESIA EGRESITZ, hereinafter referred to as Decedent.
- 3. At the time of Decedent's death, Decedent and I owned, as sole joint tenants with right of survivorship and not as tenants in common, the following described Real Estate, situated in the County of Cook, State of Illinois, to wit:

Lot four hundred sixty six (466) in John P. Altgeld's Sub-division of Blocks one (1), two (2), three (3), four (4), seven (7) and the North half of Block six (6) in the Sub-division of that part lying North Easterly of the centre of Lincoln Avenue of the North West quarter of Section twenty nine (29), Township forty (40) North, Range fourteen (14), East of the Third Princip! Meridian, in Cook County, Illinois.

Permanent Real Estate Tax Number: 14-29-115-024-0000

Address of Real Estate: 1250 W. Wellington Ave., Chicago IL 60657

- 4. Decedent died on August 18, 1985, as evidenced by a copy of her death certificate attached hereto.
- 5. Decedent, at the time of her death, held her interest in the above-mentioned property as a joint tenant.
- 6. No letters of office are now outstanding on Decedent's estate and no petition for letters is contemplated or pending in Illinois or in any other jurisdiction, to my knowledge.
- 7. The total value of the estate of Decedent, for estate tax purposes, including all interests in real and personal property owned by Decedent at the time of her death, whether individually, in joint tenancy, as the corpus of a trust held for benefit of Decedent, or otherwise, does not exceed the sum of \$500,000.

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## **UNOFFICIAL COPY**

8. I make this affidavit for the benefit of any individual or corporation who may be harmed by the inaccuracy of any of its recitations.

RUDOLPH KARALL

SIGNED AND SWORN TO BEFORE ME by RUDOLPH KARALL on

NOTARY PUBLIC

Kurt Iselt Schuman & Iselt, LLC Attorney #46510 4753 N. Broadway #821 Chicago IL 60640 (773) 784-1899 "OFFICIAL SEAL"
MICHAEL PACE

Notary Public - State of Illinois
My Commission Expires March 08, 2018

WHICH GIVE BISE TO IMMEDIATE CAUSE (a) STATING THE WHOSE LYING CAUSE LAST. MANUFACE BYREET AND ROCKERS IS INFORMANT NAME (TYPE OR PRINT) SECUL SECURITY NUMBER I.IBY FATHER - NAME CITY, TOWN, TWF. OR ROAD DISTRICT SUMBER NAME AND ADDRESS OF CERTIFIER TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND P 1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HAVINER ACIVE ON DATE OF OPERATION, IL ANY PART II. OTHER SIGNIFICANT CONDITIONS, comprises continuented to make not make to pro-TATE OF BIRTHUP NOT NU .A.A. WELL THE CONTRACTOR CEASED-WAME EGISTRATION NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (T) ... on POINT TOCAL REGISTRAR'S SIGNATURE Multiple Cereprevercular accidents. FUNERAL DIRECTOR'S SIGNATURE MON WATER Chicago HERDEGEN MOHAEL 16.10 DEATH WAS CAUSED BY. ξ ONIGH OR DESCENT IDI ATTEMO SELIE TORE A. Lestis HHEDIATE CAUBE lei Caxaul anest FUMPA IN NO BOSE 345 STI JOSEPH CEMETERY OF CREMATOR - NAME USUAL OCCUPATION CITIZEN OF WHAT COUNTRY MAJOR FINDINGS OF OPERATION アドン House WIFE BUTTER MEDICAL CERTIFICATE -CGRESITZ 5 - 13881 CONTRACTOR CITY, TOWN, TWN, OR NOAD DISTRICT HO. 44.7 STREET AND MUMBER OR R. S. W. HOSPITAL OR OTHER INSTITUTION-HOWELF TANGLULELINES, GIVE CHEAGO hears 175 Marse RELATIONSHIP [ ENTER ONLY ONE CAUSE PLR LINE FOR (a), (b), AND (c) ] WIDOWED, DIVORCED (SPECIFY) N 0 W 1 io. Producto STATE OF ILLINOIS TRABY TO KIND OF BUSINESS OF UNDUSTRY 2838 240 NOUVO KHUR despre TAR DOUE TO THE CAUSE (S) STATED. MOTHER-MAJOEN NAME Newsing NYES Office of VIIal Records SPECIPY TES OR OF MAILING ADDRESS **メ**ひ ひ し WEST CITY たらの Muro g MIN COLX SMOI BO AARO ᄋᡏ CROVE DATE OF BIRTHIMO., DAY, YEAR) . 0 · 0 · FEMAL 3. B-18-55 MOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. DEATH THE LEVE ME NUMBER HAME OF SURVIVING SPOUSE (MAIOENHAME, IF WIFE) カイカナ 1000 AVE CHICAGO LLINOIS DAJE REC'D. BY LOCAL REGISTRAR (HONTH, DAY, YEAR) アンタン DATE OF DEATH 8000 61 BASED ON 1978 U.S. STANDARD CERTIFICATE) L\_1, N/0 15 24d. HOUR OF DEATH 21c. ∞ 0 ン 20a. YES [] IF PEMALE, WAS THREE A PREG. DATE SIGNED (MO., DAY, YR. 58-81-8 ALIG 19 1985 が、スペッド ILLINOIS LICENSE NUMBER IF HOSP, OR HIST, INDICATEDON OP/EMEN, RM. INPATTENT ISPECIPEN COURTY OF SEATH 036-042998 Ž or beath . MERS actions to the control of beath control o 618313 8-22-1985 TATE Cook そのよ MONTH, DAY, YEAR 2 17.5 0 MONTH, DAY, TEAR) LIVENS. THE RECORDS OF AND DEATHS OF BY VIRTUE QF ON THIS SHEET IS A TRUE COPY AS A ORDINANCES OF THE CITY OF CHICAGO; BLUE WHEN MULTICOLOR SEAL AND THAT THE ACCOMPANYING CERTIFY THAT OF THE CITY OF LOCAL REGISTRAR STATE OF ILLINOIS THIS CERTIFIED COPY VALID CITY OF CHICAGO COUNTY OF COOK LONNIE C. SIGNATURE ARE AFFIXED AUG 19 EDWARDS M.O. ILL INOIS THE CITY OF CHICAGO CHICAGO. OF VITAL STATISTICS AND CERTIFICATE оо неяеву KEEPER OF SS

DEPARTMENT OF HEALTH CITY OF CHICAGO