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Doc#: 1428049063 Fee: \$40.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 10/07/2014 10:44 AM Pg: 1 of 2

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JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

William Kamphausen, hereby referred to as the affiant, states under oath that the affiant resides at 6415 N. Nordica Avenue, Chicago, IL 60631; that the affiant was acquainted with Judyth J. Kamphausen; at the time of the decedent's death, the decedent was one of the owners of a parcel of property by virtue of a properly recorded joint tenancy or tenancy by the entirety deed, said property located in Cook County, Illinois, and legally described as follows:

Lot 26 of Barnett's Hill Crest Subdivision of Block 45 in Norwood Park in the Southwest 1/4 of Section 31, Township 41 North, Range 13, East of the Third Principal Meridian in Cook County, Illinois.

Property Address: 6415 N. Nordica Avenue, Chicago, IL 60631
Permanent Index Number: 10-31-308-017-0000

The decedent died on January 30, 2013, leaving a last will and testament;

The decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein, or the creation of interests to take effect in possession or enjoyment after death;

The State Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

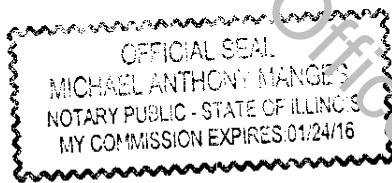
William Kamphausen
William Kamphausen

Subscribed and sworn to before me this

17th day of SEPTEMBER, 2014
(Month) (Year)

Michael Anthony Manges
(Notary Public)

My commission expires: _____



Note: If the decedent left a will, a certified copy thereof must be presented to ATG for inspection, along with a certified copy of the death certificate and evidence of payment of death taxes, if any.

This instrument prepared by:
Joseph La Zara,
7246 West Touhy
Chicago, IL 60631

Return to:
Joseph La Zara
7246 West Touhy
Chicago, IL 60631

CERTIFICATE OF DEATH RECORD
UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2013 0009146

DATE ISSUED 2/4/2013

DECEDENT'S LEGAL NAME JUDYTH J KAMPHAUSEN		SEX FEMALE	DATE OF DEATH JANUARY 30, 2013	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 65 YEARS	DATE OF BIRTH JULY 17, 1947		
CITY OR TOWN PARK RIDGE		HOSPITAL OR OTHER INSTITUTION NAME RAINBOW HOSPICE ARK		
PLACE OF DEATH HOSPICE FACILITY				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME WILLIAM KAMPHAUSEN III	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 6415 N NORDICA AVENUE		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60631	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ALBERT KAHLER	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION VIOLET SIEBERT
INFORMANT'S NAME WILLIAM KAMPHAUSEN III		RELATIONSHIP HUSBAND	MAILING ADDRESS 6415 N NORDICA AVENUE, CHICAGO, IL, 60631	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION WOODLAWN CREMATORY	LOCATION - CITY OR TOWN AND STATE FOREST PARK, IL	DATE OF DISPOSITION FEBRUARY 04, 2013	
FUNERAL HOME MALEC & SONS FUNERAL HOME, 6000 N MILWAUKEE AVE, CHICAGO, IL, 60646				
FUNERAL DIRECTOR'S NAME KEVIN MEYER			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015132	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR FEBRUARY 1, 2013	
CAUSE OF DEATH PART I: ADRENAL CANCER		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH UNKNOWN		
IMMEDIATE CAUSE If next disease or condition resulting in death:				
a. _____ Due to (or as a consequence of)				
b. _____ Due to (or as a consequence of)				
c. _____ Due to (or as a consequence of)				
PART II: Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR			MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JANUARY 28, 2013	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 12:30 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 31, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH RICK WOLFE MD, 1601 N WESTERN, PARK RIDGE, ILLINOIS, 60068			PHYSICIAN'S LICENSE NUMBER 036105593	

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.

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: FACILE SECURITY HOLOGRAPHIC FOLDS AT BOTTOM