

# UNOFFICIAL COPY



**DECEASED JOINT  
TENANCY AFFIDAVIT**

Doc#: 1506945018 Fee: \$40.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 03/10/2015 09:33 AM Pg: 1 of 2

**STATE OF ILLINOIS )  
COUNTY OF COOK )**

**GERI ALWIN**, being duly sworn and for the purpose of attesting to the death of **ADALBERT ALWIN**, states:

1. That she resides at 5056 N. Mobile Avenue, Chicago, IL 60630.

2. That she was acquainted with **ADALBERT ALWIN**, who died on September 5, 2013, as is evidenced by the attached certified copy of death certificate.

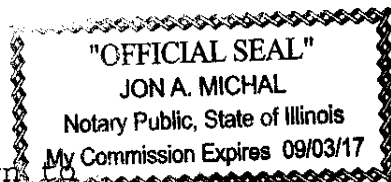
3. That said decedent was one of the joint owners of land in County of Cook, State of Illinois, described as follows:

Lot 29 in Erickson's West Carmen Avenue Subdivision in the Southwest 1/4 of Section 8, Township 40 North, Range 13, east of the Third Principal Meridian, in Cook County, Illinois,

commonly known as 5056 N. Mobile Avenue, Chicago, IL 60630, PIN 13-08-330-006-0000.

4. That said decedent died leaving no last will and testament.

5. That the total value of the estate of said decedent for State of Illinois inheritance tax and Federal estate tax purposes does not exceed \$100,000.00



*Geri Alwin*

Geri Alwin

Subscribed and Sworn to before me this 9th day of March, 2015

*[Handwritten signature]*

Prepared by and mail to:  
Jon A. Michal, Esq.  
Attorney at Law  
5576 N. Elston Avenue  
Chicago, IL 60630

CC RD  
Bm

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

STATE FILE NUMBER 2013 0067794

DATE ISSUED 9/11/2013

DECEDENT'S LEGAL NAME ADALBERT J ALWIN		SEX MALE	DATE OF DEATH SEPTEMBER 05, 2013	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 72 YEARS	DATE OF BIRTH NOVEMBER 12, 1940		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME PRESENCE RESURRECTION MEDICAL CENTER		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME GERALDINE FEIST	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 5056 NORTH MOBILE		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60630	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ADALBERT H ALWIN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION HELEN FENNIG
INFORMANT'S NAME GERALDINE ALWIN		RELATIONSHIP WIFE	MAILING ADDRESS 5056 NORTH MOBILE, CHICAGO, IL, 60630	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION CREMATION SERVICES INC	LOCATION - CITY OR TOWN AND STATE SCHILLER PARK, IL	DATE OF DISPOSITION SEPTEMBER 10, 2013
FUNERAL HOME KOLBUS-JOHN V. MAY FUNERAL HOME, 6657 WEST HIGGINS AVENUE, CHICAGO, IL, 60656				
FUNERAL DIRECTOR'S NAME EUGENE W CHA			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015429	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 6, 2013	
<b>CAUSE OF DEATH</b>				
PART I. VENTRICULAR FIBRILLATION				MONTHS
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):		
		b. CHRONIC RENAL FAILURE Due to (or as a consequence of):		YEARS
		c. PANCYTOPENIA Due to (or as a consequence of):		MONTHS
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 APPLICABLE			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 SEPTEMBER 04, 2013	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 03:24 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED SEPTEMBER 06, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. VIJAY VOHRA, 7447 WEST TALCOTT, CHICAGO, ILLINOIS, 60631				PHYSICIAN'S LICENSE NUMBER 036-048369

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: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM