

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

PROPERTY ADDRESS:
6328 Orchard Drive
Palos Heights, Illinois 60463
PIN: 24-29-100-023-1069



Doc#: 1519846132 Fee: \$40.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 07/17/2015 09:14 AM Pg: 1 of 2

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 **FRED M. MOCH** deceased who, at the time of his death, was one of the owners of the land described as:

UNIT NUMBER 13-G2 IN WILLOW WOOD VILLAS, A CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: PART OF THE NORTHWEST 1/4 OF SECTION 29, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 272993449 AS AMENDED TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN COOK COUNTY, ILLINOIS.

That the deceased died **MARCH 13, 2015**, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

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.

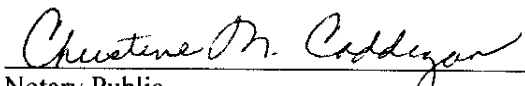
State of Illinois
County Cook

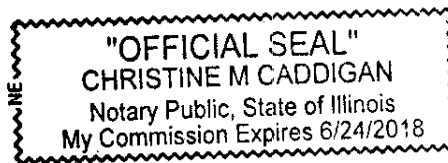
Dated: 7-8-15


SUSAN M. MOCH
6402 Jeanette Court
Tinley Park, Illinois 60477

Subscribed and sworn to before me by the said SUSAN M. MOCH

this 8 day of July, 2015


Notary Public



Prepared by:

The Law Offices of Eileen Kerlin Walsh, P.C., 11301 South Harlem Avenue, Worth, Illinois 60482

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**BREMEN TOWNSHIP REGISTRAR
TINLEY PARK, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2015 0020785

DATE ISSUED 3/13/2015

DECEDENT'S LEGAL NAME FRED M MOCH		SEX MALE	DATE OF DEATH MARCH 13, 2015	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 93 YEARS	DATE OF BIRTH NOVEMBER 23, 1921		
CITY OR TOWN TINLEY PARK		HOSPITAL OR OTHER INSTITUTION NAME 6402 JEANETTE COURT		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE SAINT LOUIS, MO	SOCIAL SECURITY NUMBER 361-30-4536	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 6328 ORCHARD DRIVE	APT. NO.	CITY OR TOWN PALOS HEIGHTS	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	CIP CODE 60463	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION FRED M MOCH SR.	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION NETTIE ROLL
INFORMANT'S NAME SUSAN MOCH-FISCHL		RELATIONSHIP DAUGHTER	MAILING ADDRESS 6402 JEANETTE COURT, TINLEY PARK, IL, 60477	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION CARE CREMATION CENTER	LOCATION - CITY OR TOWN AND STATE ROMEDEVILLE, IL	DATE OF DISPOSITION MARCH 16, 2015	
FUNERAL HOME VAN HENKELUM FUNERAL HOME, P.O. BOX 190, PALOS HEIGHTS, IL, 60463				
FUNERAL DIRECTOR'S NAME PETER VAN HENKELUM		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011360		
LOCAL REGISTRAR'S NAME JOHN D LORD		DATE FILED WITH LOCAL REGISTRAR MARCH 13, 2015		
CAUSE OF DEATH PART I. MYOCARDIAL INFARCTION				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.		HOURS
		b.	CORONARY ARTERY DISEASE	MONTHS
		c.	ATHEROSCLEROSIS	YEARS
		Due to (or as a consequence of):		
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. ATRIAL FIBRILLATION, CEREBRALVASCULAR ATHEROSCLEROSIS		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 JANUARY 13, 2015	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 12:20 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED MARCH 13, 2015	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR JEFFREY A SCHIAPPA, 19001 OLD LAGRANGE ROAD, MOKENA, ILLINOIS, 60448			PHYSICIAN'S LICENSE NUMBER 035069069	

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.

John D. Lord
John D. Lord
Bremen Township Registrar

