

# UNOFFICIAL COPY

RECORDING REQUESTED BY:



Doc#: 1523744045 Fee: \$42.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 08/25/2015 12:49 PM Pg: 1 of 3

WHEN RECORDED MAIL TO:

Charles D. Peele  
4926 North Hamilton Avenue  
Chicago, IL 60625

Assessor's Parcel Number: 14-07-314-030-0000

SPACE ABOVE

## AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF ILLINOIS

COUNTY OF COOK

**CHARLES D. PEELE**, of legal age, being first duly sworn, deposes and says:

That, **BARBARA JEAN ZIEMANN**, the decedent mentioned in Certificate of Death filed in Cook County, Illinois is the same person as **BARBARA ZIEMANN**, named as one of the parties in that certain Deed DATED JULY 27, 2005, RECORDED, AUGUST 31, 2005, IN INSTRUMENT NO. 0524312137, IN THE OFFICIAL RECORDS OF COOK COUNTY, ILLINOIS to wit:

LOT 60 AND THE NORTH 5 FEET OF LOT 61 IN ROODS SUBDIVISION OF PART OF MARBECKS SUBDIVISION IN THE SOUTH WEST 1/4 OF SECTION 7, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE 3RD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PRIOR RECORDED DOC. REF. DEED: RECORDED JULY 7, 1999, DOC. NO 99648371

PARCEL ID #14-07-314-030-0000

Commonly known as: 4926 North Hamilton Avenue, Chicago, IL 60625

That the value of the decedent's estate was insufficient to necessitate the filing of an estate tax return and that there are no state or federal estate or inheritance tax due as a result of his/her death.

# UNOFFICIAL COPY

Dated 4-9-15

Charles D. Peele  
CHARLES D. PEELE

STATE OF ILLINOIS  
COUNTY OF Cook

I, the undersigned, a Notary Public of the County and State aforesaid, CERTIFY that Charles D. Peele, personally known to me to be the same person(s) whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he/she/they signed and delivered the instrument as their free and voluntary act for the uses and purposes therein set forth.

Given under my hand and seal this 9th day of April, 2015.

Beverly D. Singleton  
SIGNATURE OF NOTARY  
MY COMMISSION EXPIRES ON: 4/25/18  
MY COMMISSION NUMBER: \_\_\_\_\_

~~OFFICIAL SEAL  
BEVERLY D. SINGLETON  
Notary Public Seal  
My Commission Expires~~

OFFICIAL SEAL  
BEVERLY D. SINGLETON  
Notary Public - State of Illinois  
My Commission Expires Apr 25, 2018

# CERTIFICATION OF DEATH RECORD

## UNOFFICIAL COPY

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

STATE FILE NUMBER 2008 0099479

DATE ISSUED 8/25/2015

|  |  |  |  |   |
|--|--|--|--|---|
| DECEDENT'S LEGAL NAME<br><b>BARBARA JEAN ZIEMANN</b>   |  |  | SEX<br><b>FEMALE</b>   | DATE OF DEATH<br><b>DECEMBER 15, 2008</b>   |
| COUNTY OF DEATH<br><b>COOK</b>   | AGE AT LAST BIRTHDAY<br><b>70 YEARS</b>          | DATE OF BIRTH<br><b>AUGUST 01, 1938</b>                                |  |   |
| CITY OR TOWN<br><b>CHICAGO</b>   |  | HOSPITAL OR OTHER INSTITUTION NAME<br><b>SWEDISH COVENANT HOSPITAL</b> |  |   |
| PLACE OF DEATH<br><b>INPATIENT</b>   |  |  |  |   |
| BIRTHPLACE<br><b>CHICAGO, IL</b>   | SOCIAL SECURITY NUMBER<br><b>██████-9380</b>     | STATUS AT TIME OF DEATH<br><b>WIDOWED</b>                              | SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME                                     | EVER IN U.S. ARMED FORCES?<br><b>NO</b>   |
| RESIDENCE<br><b>4926 N HAMILTON STREET</b>   |  | APT. NO.   | CITY OR TOWN<br><b>CHICAGO</b>   | INSIDE CITY LIMITS?<br><b>YES</b>   |
| COUNTY<br><b>COOK</b>  | STATE<br><b>IL</b>                               | ZIP CODE<br><b>60625</b>   | FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION<br><b>ERNEST DEGELMANN</b> | MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION<br><b>SOPHIA KRAUSE</b> |
| INFORMANT'S NAME<br><b>RICHARD E ZIEMANN</b>   |  | RELATIONSHIP<br><b>SON</b>   | MAILING ADDRESS<br><b>5460 W GETTYSBURG ST, CHICAGO, IL, 60630</b>                     |   |
| METHOD OF DISPOSITION<br><b>CREMATION</b>  |  | PLACE OF DISPOSITION<br><b>WOODLAWN CREMATORY</b>                      | LOCATION - CITY OR TOWN AND STATE<br><b>FOREST PARK, IL</b>                            | DATE OF DISPOSITION<br><b>DECEMBER 22, 2008</b>                                     |
| FUNERAL HOME<br><b>DRAKE &amp; SON FUNERAL HOME, 5303 N WESTERN AVENUE, CHICAGO, IL, 60625</b>                                       |  |  |  |   |
| FUNERAL DIRECTOR'S NAME<br><b>MELVIN R LIDEN</b>   |  |  | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER<br><b>034011433</b>                         |   |
| LOCAL REGISTRAR'S NAME<br><b>TERRY MASON MD</b>  |  |  | DATE FILED WITH LOCAL REGISTRAR<br><b>DECEMBER 18, 2008</b>                            |   |
| <b>CAUSE OF DEATH</b>  |  |  |  |   |
| PART I. RUPTURED ABDOMINAL AORTIC ANEURYSM   |  |  |  |   |
| IMMEDIATE CAUSE<br>(Final disease or condition resulting in death)   |  |  |  |   |
| a. _____<br>Due to (or as a consequence of):   |  |  |  |   |
| b. CONGESTIVE HEART FAILURE; HYPERTENSION<br>_____<br>Due to (or as a consequence of):   |  |  |  |   |
| c. CHRONIC OBSTRUCTIVE PULMONARY DISEASE; ACUTE RENAL FAILURE<br>_____<br>Due to (or as a consequence of):                           |  |  |  |   |
| PART II. Enter other <b>significant conditions contributing to death</b> but not resulting in the underlying cause given in PART I.  |  |  | WAS AN AUTOPSY PERFORMED? <b>NO</b>  |   |
|  |  |  | WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <b>N/A</b>                      |   |
| FEMALE PREGNANCY STATUS<br><b>NOT APPLICABLE</b>   |  |  | MANNER OF DEATH<br><b>NATURAL</b>  |   |
| 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?<br><b>YES</b>   | DATE LAST SEEN ALIVE<br><b>DECEMBER 15, 2008</b> | WAS MEDICAL EXAMINER OR CORONER CONTACTED?<br><b>NO</b>                | DATE PRONOUNCED  | TIME OF DEATH<br><b>09:45 PM</b>  |
| CERTIFIER<br><b>PHYSICIAN</b>  |  |  | DATE CERTIFIED<br><b>DECEMBER 16, 2008</b>   |   |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH<br><b>MELISSA CLARK, 6326 N LINCOLN AVE, CHICAGO, ILLINOIS, 60659</b> |  |  |  | PHYSICIAN'S LICENSE NUMBER<br><b>036105536</b>                                      |

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