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Doc#: 1602704059 Fee: \$40.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 01/27/2016 03:19 PM Pg: 1 of 2

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Except. on # 14

SURVIVING JOINT TENANCY AFFIDAVIT

AFTER RECORDING MAIL TO:
Edmund J. Wohlmuth
Attorney at Law
115 S. Emerson St.
Mt. Prospect, IL 60056

STATE OF ILLINOIS)
COUNTY OF COOK)

1/2

Harvey G. Moellenkamp, being duly sworn states that he resides at 205 W. Miner St., Unit 201, Arlington Heights, IL 60005

That he was acquainted with BARBARA J. MOELLENKAMP, deceased who at the time of her death, was one of the owners of the land in Cook County, Illinois, described as: UNIT 201 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN 205 MINER CONDOMINIUM, AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NO. 24623630 AND REGISTERED AS DOCUMENT NO. LR3045681, AS AMENDED FROM TIME TO TIME, IN THE SOUTHEAST 1/4 OF SECTION 30, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

* Permanent Real Estate Index Number: 03-30-418-049-1011 *
R/E Address: Unit 201--205 W. Miner Street, Arlington Hts, IL 60005 *

That the deceased died April 3, 2015, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died leaving a Last Will and Testament. The will was deposited in the unproven will files of the Clerk of the Circuit Court of Cook County, Illinois.

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 \$4,000,000.00 Dollars. The State Estate/Inheritance Tax and any Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full.

Affiant makes this affidavit for the purpose of inducing any Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property free and clear of any of the following objections: 1) claims against the estate of the decedent, 2) State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent, 3) legacies, if any, created by the will of the decedent, and 4) rights of contribution.

Subscribed and sworn to before me
this 07th day of January, 2016

(Signature)
Notary Public
DOCUMENT PREPARED BY:

Edmund J. Wohlmuth, Attorney at Law,
115 S. Emerson St., Mt. Prospect, IL 60056

(Signature)
Harvey G. Moellenkamp, affiant
OFFICIAL SEAL
NAZU J NARGIS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 02/17/18

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UNOFFICIAL COPY**CERTIFICATION OF DEATH RECORD**
**COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2015 0028276

DATE ISSUED 4/8/2016

DECEDENT'S LEGAL NAME BARBARA J MOELLENKAMP		SEX FEMALE	DATE OF DEATH APRIL 03, 2015	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 81 YEARS	DATE OF BIRTH JANUARY 27, 1934		
CITY OR TOWN ARLINGTON HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME MANORCARE AT ARLINGTON HEIGHTS		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION / PARTNER'S MAIDEN NAME HARVEY MOELLENKAMP	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 4661 ANGELINE COURT	APT. NO.	CITY OR TOWN PALATINE		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	11 CODE 6006	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CURTIS ROBERTS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION GERTRUDE SWANSON
INFORMANT'S NAME HARVEY MOELLENKAMP		RELATIONSHIP HUSBAND	MAILING ADDRESS 4661 ANGELINE COURT, PALATINE, IL, 60067	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION ST JOHN LUTHERAN CEMETERY	LOCATION - CITY OR TOWN AND STATE MT PROSPECT, IL	DATE OF DISPOSITION APRIL 09, 2015	
FUNERAL HOME MEADOWS FUNERAL HOME, 3615 KIRCHOFF ROAD, ROLLING MEADOWS, IL 60008				
FUNERAL DIRECTOR'S NAME WILLIAM J HABERICHTER			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010383	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR APRIL 8, 2015	
CAUSE OF DEATH	PART I	LUNG CANCER		1 MONTHS
IMMEDIATE CAUSE (Final 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 significant conditions contributing to death but not resulting in the underlying cause given in PART I				
FEMALE PREGNANCY STATUS NOT APPLICABLE			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	MANNER OF DEATH NATURAL	
LOCATION OF INJURY			INJURY AT WORK?	
DESCRIBE HOW INJURY OCCURRED			IF TRANSPORTATION INJURY SPECIFY	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE APRIL 03, 2015	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 03 20 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED APRIL 08, 2015	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR LEO KANEV, 800 WEST OAKTON, ARLINGTON HEIGHTS, ILLINOIS, 60004			PHYSICIAN'S LICENSE NUMBER 036 102811	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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