

UNOFFICIAL COPY



CHICAGO TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)

County of Cook) ss. Order No. _____

)

Robert J. Detmers being duly sworn states that
resides at 415 Lee Blvd. in the City of
Berkley

That he was acquainted with Karen L. Detmers
deceased who, at the time of her death, was one of the owners of the land in Cook
County, Illinois, described as:

See Exhibit A attached hereto and made a part hereof

That the deceased died 14 October 2015, as evidenced
by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- ☐ Leaving no Last Will & Testament.
- ☒ Leaving a Last Will & Testament a copy of which is attached
hereto. The original of the unproven will should be filed with the
Clerk of the Probate Division of the Circuit Court of
_____ County, Illinois.
- ☐ Leaving a Last Will & Testament which was filed in the Unproven
Will Box of the Probate Division of the Circuit Court of
_____ County, Illinois about

Doc#: 1604010062 Fee: \$64.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 02/09/2016 12:18 PM Pg: 1 of 3



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 _____ dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its
Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

JOSEPH LOGAN

this 11 day of NOV, A.D. 2015



(affiant's signature)

Notary Public
Prepared: Jennifer Whitney
23 Barton TR
Baton Rouge, LA 70810

BOX 334 CT

SN
P 3
S 2
SC 7
INT 108

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EXHIBIT "A" LEGAL DESCRIPTION

LOT 129 IN J. W. MCCORMACK'S WESTMORELAND SUBDIVISION IN THE
WEST ½ OF SECTION 8, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE
THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

COMMONLY KNOWN AS: 1415 LEE BLVD., BERKELEY, ILLINOIS 60163

PIN: 15-08-105-012

RECORDED FOR DEEDS

SCANNED BY _____

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CERTIFICATION OF DEATH RECORD

PROVISO TOWNSHIP REGISTRAR
HILLSIDE, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2015 0082506

DATE ISSUED 10/22/2015

DECEDENT'S LEGAL NAME KAREN L DETMERS				SEX FEMALE	DATE OF DEATH OCTOBER 14, 2015
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 73 YEARS		DATE OF BIRTH AUGUST 15, 1942	
CITY OR TOWN BERKELEY			HOSPITAL OR OTHER INSTITUTION NAME 1415 LEE BOULEVARD		
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE CHICAGO, IL		SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME ROBERT DETMERS	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 1415 LEE BOULEVARD			APT. NO.	CITY OR TOWN BERKELEY	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60163	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION RICHARD VERNALD		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION HARRIET NERGARD
INFORMANT'S NAME ROBERT DETMERS		RELATIONSHIP HUSBAND		MAILING ADDRESS 1415 LEE BOULEVARD, BERKELEY, IL, 60163	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION MOUNT EMBLEM CEMETERY		LOCATION - CITY OR TOWN AND STATE ELMHURST, IL	DATE OF DISPOSITION OCTOBER 19, 2015
FUNERAL HOME CUNEO-COLUMBIAN FUNERAL HOME, 10300 W. GRAND AVE., FRANKLIN PARK, IL, 60131					
FUNERAL DIRECTOR'S NAME JOHN R KREFT III				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014751	
LOCAL REGISTRAR'S NAME ANTHONY WILLIAMS				DATE FILED WITH LOCAL REGISTRAR OCTOBER 22, 2015	
CAUSE OF DEATH PART I. METASTATIC HEPATOMA IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of): b. CIRRHOSIS LIVER c. _____ Due to (or as a consequence of): _____ Due to (or as a consequence of): _____ 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 MANNER OF DEATH NATURAL	
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR					
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 OCTOBER 09, 2015	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 11:15 PM
CERTIFIER PHYSICIAN				DATE CERTIFIED OCTOBER 21, 2015	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR PAUL PAREKH, 1849 WEST ARMY TRAIL ROAD, ADDISON, ILLINOIS, 60101					PHYSICIAN'S LICENSE NUMBER 036078982

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.

OCT 22 2015

TOWNSHIP CLERK/REGISTRAR

