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SPECIAL NOTICE:

This form is **NOT** required by law, nor the Cook County Recorder of Deeds (CCRD). CCRD employees **CANNOT** assist with the preparation of this, or **ANY LEGAL FORM.**



Doc# 1707255134 Fee \$42.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 03/13/2017 01:57 PM PG: 1 OF 3

PREPARED BY:

Elaine Krempetz
13 Revere Dr
So Barrington, IL 60010

DECEASED JOINT TENANCY AFFIDAVIT

I, ELAINE M KREMP the surviving tenant of the joint tenancy created by the deed with the document number: 24886581 ^{REZ} do hereby declare under oath that the joint tenant Kenneth S. Krempetz died on MAY 31, 2009 as evidenced by the attached certified copy of her/his death certificate (see attached). I also declare that the aforementioned joint tenant was an owner of property with the following details:

LEGAL DESCRIPTION

PROPERTY IDENTIFICATION NUMBER (PIN):

0 1 - 2 7 - 4 6 7 - 0 0 5 - 0 0 0 0

COMMONLY KNOWN ADDRESS:

13 Revere Dr.
South Barrington, IL 60010

Finally, I declare that the status of the deceased joint tenant at the time of her/his death was the following:

Leaving NO LAST WILL & TESTAMENT Leaving an UNFILED WILL & TESTAMENT (ATTACH) Leaving a FILED WILL & TESTAMENT (ATTACH)

NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

ELAINE M. KREMPETZ

Affiant Signature:

Elaine M Krempetz

On the Following Date:

3/13/17

OFFICIAL SEAL
AFFIX NOTARY JEFFREY J. STEVENS
Notary Public - State of Illinois
My Commission Expires May 5, 2018

- notary 3/13/17

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LOT 73 IN SOUTH BARRINGTON LAKES, UNIT NUMBER 2, BEING A
SUBDIVISION OF PART OF SECTION 27, TOWNSHIP 42 NORTH, RANGE 9
EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT
THEREOF RECORDED AUGUST 25, 1978 AS DOCUMENT NUMBER 24599768,
IN COOK COUNTY, ILLINOIS

Property of Cook County Clerk's Office

Chicago Title & Trust Insurance

UNOFFICIAL COPY

REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS CERTIFICATE OF DEATH	
LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (include AKAs if any) (First, Middle, Last) Kenneth S. Krempetz		2. SEX Male	3. DATE OF DEATH (Month/Day/Year) (Spell Month) May 31, 2009
4. COUNTY OF DEATH Cook	5a. AGE AT LAST BIRTHDAY (Years) 77	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____
6. DATE OF BIRTH (Month/Day/Year) October 13, 1931		7a. CITY OR TOWN South Barrington	
7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) 13 Revere Drive		7c. PLACE OF DEATH (Check only one; see instructions)	
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)	
8. BIRTHPLACE (City and State or Foreign Country) Chicago, IL	9. SOCIAL SECURITY NUMBER [REDACTED]-6674	10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) Elaine M. Binheimer
12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13a. RESIDENCE (Street and Number) 13 Revere Drive	
13b. APT. NO.		13c. CITY OR TOWN South Barrington	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13e. COUNTY Cook	13f. STATE IL	13g. ZIP CODE 60010	14. FATHER'S NAME (First, Middle, Last) Chester Krempetz
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Lydia Meyer		16a. INFORMANT'S NAME Elaine M. Krempetz	
16b. RELATIONSHIP Wife		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 13 Revere Dr., South Barrington, IL 60010	
17. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify)		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) Twin Pines Crematory	19. LOCATION - CITY, TOWN AND STATE Dundee, Illinois
20. DATE OF DISPOSITION (Month/Day/Year) June 2, 2009		21a. FUNERAL HOME - NAME, STREET AND NUMBER, CITY OR TOWN, STATE, ZIP Ahlgrim & Song Funeral and Cremation Services, 330 W. Golf Road, Schaumburg, IL 60195	
21b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-010667	
22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) JUN 01 2009	
24. CAUSE OF DEATH (See instructions and examples) PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II: DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Brain Cancer Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. b. Metastatic Cancer Due to (or as a consequence of): Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. c. Metastatic Cancer Due to (or as a consequence of):			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 Months
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
28. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death, time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 2 months		29. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation	
30. DATE OF INJURY (Month/Day/Year)	31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		34. LOCATION OF INJURY - Street and Number, Apartment Number, City or Town, State, ZIP Code	
35. DESCRIBE HOW INJURY OCCURRED:			36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)
37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON about 5/1/09		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	39. DATE PRONOUNCED (Month/Day/Year) May 31, 2009
40. TIME OF DEATH 11:20 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.		41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.	
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) Robert Demko 301 Barrington Rd Streamwood IL 60107		43. PHYSICIAN'S LICENSE NUMBER 036-057067	
44. TITLE OF CERTIFIER M.D.	45. DATE CERTIFIED (Month/Day/Year) 6/1/09	46. SIGNATURE OF CERTIFIER <i>[Signature]</i>	

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

JUN 01 2009

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

[Signature]
COUNTY CLERK