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KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 05/23/2017 10:06 AM PG: 1 OF 4

Property of Cook County Clerk's Office

AFFIDAVIT

08-11-200-032-1083

711 W. CENTRAL RD UNIT 3C7

MOUNT PROSPECT, IL 60056

Attorneys' Title Guaranty Fund, Inc.
1 S. Wacker Dr., Ste. 2400
Chicago, IL 60606-4650
Attn: Search Department

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CCRD REVIEW

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STATE OF ILLINOIS)
)SS
 COUNTY OF COOK)
)
 IN THE MATTER OF)
 THE ESTATE OF)
)
 RICHARD O. WEIJHNER,)
)
 Deceased.)

AFFIDAVIT REGARDING RICHARD O. WEIJHNER

The undersigned, CHRISTIANNE BRUST (the "affiant"), being first duly sworn on oath, deposes and states as follows:

1. I am of legal age and under no legal disability and I am the daughter of Richard O. Weijhner (the "decedent"), who died testate on October 7, 2008, in Lake County, Illinois, a resident of Mount Prospect, Illinois. A copy of the decedent's death certificate is attached hereto.

2. The decedent was divorced at the time of his death. No children were adopted of said marriage, but three (3) children were born of said marriage, being the following:

- Christianne Brust, a married woman;
- Cathleen M. Carrell, a single woman; and
- Michael C. Weijhner, a married man.

*ATTACHED
Legal DESCRIPTION*

The decedent neither had nor adopted any other children.

3. Based on the foregoing, Christianne Brust, Cathleen M. Carrell and Michael C. Weijhner are the decedent's sole heirs-at-law, all of whom are living on the date of this Affidavit.

Given at Des Plaines, Illinois, this 5th day of May, 2017.

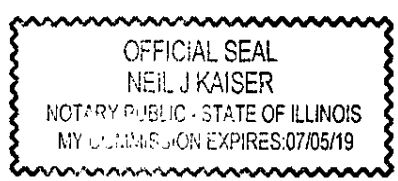
Christianne Brust

 CHRISTIANNE BRUST, affiant

Subscribed and sworn to before me this 5th day of May, 2017.

[Signature]

 Notary Public



*Prepared by & return to:
 Neil J. Kaiser
 716 Lee ST
 Des Plaines, IL 60016*

Attorneys' Title Guaranty Fund, Inc.
 1 S. Wacker Dr., Ste. 2400
 Chicago, IL 60606-4650
 Attn: Search Department

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CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 495	STATE FILE NUMBER	
LOCAL FILE NUMBER 841	STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) Richard Oliver Weijhner		2. SEX Male
3. DATE OF DEATH (Month/Day/Year) (Spell Month) October 7, 2008		
4. COUNTY OF DEATH Lake	5a. AGE AT LAST BIRTHDAY (Years) 75	5b. UNDER 1 YEAR Months: _____ Days: _____
6. DATE OF BIRTH (Month/Day/Year) March 24, 1933		
7a. CITY OR TOWN Cuba Twp.	7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) Good Shepherd Hospital	
7c. PLACE OF DEATH (Check only one; see instructions)		
<input checked="" type="checkbox"/> DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____		
8. BIRTHPLACE (City and State or Foreign Country) Chicago IL	9. SOCIAL SECURITY NUMBER	10. MARITAL STATUS AT TIME OF DEATH <input 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 N/A
11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage)	12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13a. RESIDENCE (Street and Number) 711 Central Road	13b. APT. NO. C7	13c. CITY OR TOWN Mt. Prospect
13d. COUNTY Cook	13e. STATE IL	13f. ZIP CODE 60056
14. FATHER'S NAME (First, Middle, Last) Birger Weijhner	15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Tayra Cristian Olsen	
16a. INFORMANT'S NAME Chris Brust	16b. RELATIONSHIP Daughter	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 27320 Williams Park Road Wauconda IL 60084
17. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____	18. PLACE OF DISPOSITION (name of cemetery, crematory, etc.) Abraham Lincoln National	19. LOCATION - CITY, TOWN AND STATE Elwood Illinois
20. FUNERAL HOME NAME Kolssak Funeral Home 189 S. Milwaukee Ave. Wheeling, IL 60090		21. DATE OF DISPOSITION (Month/Day/Year) Oct 15, 2008
21b. GENERAL DIRECTOR'S SIGNATURE <i>Carolyn M. Kolssak</i>	21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-010742	22. LOCAL REGISTRAR'S SIGNATURE <i>Kevin J. Bowers</i>
23. DATE FILED BY LOCAL REGISTRAR (Month/Day/Year) October 9 2008		
CAUSE OF DEATH (See instructions and examples)		
24. 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 ventilator liberation without showing etiology. If the decedent had a known or related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause in line a. Add additional lines if necessary.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) → ISCHEMIC CARDIOMYOPATHY		
Due to (or as a consequence of): RENAL FAILURE		
Sequitely list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		
25. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		26. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within past 12 months
27. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation		
28. DATE OF INJURY (Month/Day/Year)	29. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	30. PLACE OF INJURY (e.g. Decedent's home, construction site, road, etc.; wooded areas)
31. LOCATION OF INJURY Street and Number Apartment Number City, Town State ZIP Code		32. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
33. DESCRIBE HOW INJURY OCCURRED:		34. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____
35. (DO NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW (WHEN ALIVE ON) 10-7-08	36. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. DATE PRONOUNCED (Month/Day/Year) October 7, 2008
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.		38. TIME OF DEATH (A.M. or P.M.) 7:30
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) SHEET SACHDEV A.D. 912 W. NORTHWIND HWY FORT PEARCE, ILL 60136		43. PHYSICIAN'S LICENSE NUMBER 036093444
44. TITLE OF CERTIFIER MD	45. DATE CERTIFIED (Month/Day/Year) 10/09/2008	46. SIGNATURE OF CERTIFIER <i>Sheet Sachdev</i>

Based on the 2003 U.S. Standard Certificate (Revised 1/00)

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.

This record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

Kevin J. Bowers at Libertyville, Illinois on October 9, 2008
 Kevin J. Bowers, Registrar Date

Office

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ATTORNEYS' TITLE GUARANTY FUND, INC.

LEGAL DESCRIPTION

Permanent Index Number:

Property ID: 08-11-200-032-1083

Property Address:

711 W. CENTRAL RD., UNIT C7
MOUNT PROSPECT, IL 60056

Legal Description:

UNIT 3C7 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN CENTRAL VILLAGE CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 23867157, IN THE NORTHEAST 1/4 OF SECTION 11, TOWNSHIP 41 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office