

UNOFFICIAL COPY

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, did not exceed the allowable exemptions available to the deceased's estate for Federal or Illinois Estate Tax purposes.

That all debts of the deceased are paid in full and there is no Federal or Illinois Estate Tax due, or they have been paid in full.

Affiant makes this affidavit for the purposes of inducing any title company to issue its title policy, describing the above-mentioned property.

IN WITNESS WHEREOF, the Affiant has affixed her signature hereto this 14th day of September, 2017.

X Shirley A. Jauch
SHIRLEY A. JAUCH, Affiant

Subscribed and sworn to before me this 14th day of September, 2017.

[Signature]

Notary Public



CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2015 0067511

DATE ISSUED 9/2/2015


DECEDENT'S LEGAL NAME DENNIS STEPHEN JAUCH			SEX MALE	DATE OF DEATH AUGUST 26, 2015	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 75 YEARS	DATE OF BIRTH NOVEMBER 23, 1939		
CITY OR TOWN ARLINGTON HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME MIDWEST CARE CENTER HOSPICE - NORTHWEST COMM HOSP			
PLACE OF DEATH HOSPICE/FACILITY					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME SHIRLEY ANN CHILDS		EVER IN U.S. ARMED FORCES? YES
RESIDENCE 1034 E PALATINE ROAD		APT. NO.	CITY OR TOWN PALATINE		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60074	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BYRON EDWARD JAUCH		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION THERESA DOLORES GRAY
INFORMANT'S NAME SHIRLEY A JAUCH		RELATIONSHIP WIFE	MAILING ADDRESS 1034 E PALATINE ROAD, PALATINE, IL, 60074		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION FOREST CREMATORY	LOCATION - CITY OR TOWN AND STATE ROMEOLVILLE, IL	DATE OF DISPOSITION AUGUST 29, 2015	
FUNERAL HOME CREMATION SOCIETY OF ILLINOIS, MOUNT PROSPECT, 1030 EAST NORTHWEST HIGHWAY, MT PROSPECT, IL, 60056					
FUNERAL DIRECTOR'S NAME KATARZYNA BEATA MOLEK			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016706		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR AUGUST 28, 2015		
CAUSE OF DEATH - PART I					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
a. PROGRESSIVE ENCEPHALOPATHY				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH UNKNOWN	
b. HYPOXIA				UNKNOWN	
c. RECURRENT PNEUMONIA				UNKNOWN	
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.					
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH NATURAL		
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 AUGUST 25, 2015	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 07:05 AM	
CERTIFIER PHYSICIAN				DATE CERTIFIED AUGUST 27, 2015	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR SALLY KELLEY, 800 CENTRAL ROAD, ARLINGTON HEIGHTS, ILLINOIS, 60005				PHYSICIAN'S LICENSE NUMBER 036128140	

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
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE