UNOFFICIAL COPY

DECEASED	JOINT	TENANT
AFFIDAVIT		

MAIL TO: Janet D. Niemeyer 828 S. Mitchell Avenue Arlington Heights, IL 60005

NAME & ADERUSS OF TAXPAYER: Janet D. Niemeyer

828 S. Mitchell Avenue Arlington Heights, IL 60005



'Doc# 1814349279 Fee \$42,00

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

KAREN A.YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 05/23/2018 02:49 PM PG: 1 OF 3

JANET D. NIEMEYER (hereinafter called "Affiant"), being first duly sworn, states that she resides at 828 S. Mitchell, Arlington Heights, IL 60005. That Affiant was acquainted with DONALD E. NIEMEYER (hereinafter called "Decedent"), and that Decedent at the time of his death was one of the owners of the land in Cook County, Illinois, commonly referred to as 828 S. Mitchell, Arlington Heights, IL 60005, and legally described as follows:

LOT NINETY SEVEN (97) IN FAIRVIEW, BEING A SUBDIVISION OF PART OF THE SOUTHEAST QUARTER (1/4) OF SECTION 31, TOWNSHIP 42 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Permanent Index No.: 03-31-410-013-0000

Property Address: 828 S. Mitchell Avenue, Arlington Heights, IL 60(05)

That the Decedent died on <u>December 20, 2017</u>, as evidenced by a copy of Decedent's death certificate attached hereto.

That the Decedent, at the time of his death, held his share of the above-mentioned property as a joint tenant and that the Decedent died leaving no last will and testament.

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That Affiant makes this Affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

Dated: February 26, 2018

ANET D. NIEMEYER

STATE OF ILLINOIS

SS.

COUNTY OF COOK

I, the undersigned, a Notary Public in and for the County and State aforesaid, DO HEREBY CERTIFY that JANET D. NIEMEYER, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth including the release and waiver of the right of homestead.

Given under my hand and notary seal, this 26th day of February, 2018.

OFFICIAL SEAL JOHN C. SANTEE Notary Public - State of Illinois My Commission Expires 3/06/2021

Notary Public

My commission expires: <u>March 6, 2021</u>

COUNTY - ILLINOIS TRANSFER STAMPS

Exempt Under Provision of Paragraph e, Section 4, Real Estate Transfer Act

Date: February 26, 2018

Prepared by: John C. Santee 200 E. Evergreen Suite 116

Mount Prospect, IL 60056

Signature:

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS

		MEDICAL CERTIFI	CATE OF DEATH		기를 받는 기를 받는다.
STATE FILE NUMBER 2017 010	2424				DATE ISSUED 12/26/2017
DONALD E NIEMEYER				SEX DATE OF DE MALE DECEM	ATH BER 20, 2017
COOK		T LAST BIRTHDAY. YEARS	DATE OF BII JULY 0		
CITY OR TOWN ARLINGTON HEIGHTS		ente, l'estre élateir de la commente de la comment	LOROTHER INSTITUTION N MITCHELL AVE	IAME	
PLACE OF DEATH DECEDENT'S HOME					
DES PLAINES; IL	SOCIAL SECURITY NUMB 334-28-1837	ER STATUS AT TIME OF DEATH	H SURVIVING SPOUSE JANET D DA	CIVIL UNION PARTNER'S MAIDEN N.	FORCES? YES
RESIDENCE 828 S MITCHELL AV. E		APT. NO.	CITY OR TOWN ARLINGTON HE	IGHTS	INSIDE CITY LIMITS?
COOK STATE	7":1777	CO-PARENT'S NAME PRIOR TO FIRS	T MARRIAGE/CIVIL UNION	MOTHER/CO-PARENT'S NAME PRIOR CLARA KELLOGG	TO FIRST MARRIAGE/CIVIL UNION
INFORMANTS NAME JANET D NIEMEYER		RELATIONSHIP WIFE	MAILING ADDRES 828 S MITCHEL	S L AVE, ARLINGTON HEIGHTS, II	.60005
METHOD OF DISPOSITION CREMATION	PLA S OF DI	SPOSITION IES CREMATORY	LOCATION - CITY EAST DUNDE	1.00 f (1.00 f	E OF DISPOSITION CEMBER 26, 2017
FUNERAL HOME ELEGY CREMATION AND	MEMORIAL SER /I/	ELLC, 205 S RIVER F	RD, DES PLAINES, IL,	60016	
FUNERAL DIRECTOR'S NAME TOM SUH				FUNERAL DIRECTOR'S ILLINOI 034015359	S LICENSE NUMBER
LOCAL REGISTRAR'S NAME				DATE FILED WITH LOCAL REG DECEMBER 26, 2017	ISTRAR
CAUSE OF DEATH PART I	ALZHEIMERS DEMEN	TIA		# ÷	
(Final disease or condition		Due to (or as a _ nsequ	ence of)	OXIMATI DELW	
				AFPRC INTERVAL	
		Due lo (or as a consequ	ence of,	INI	
		Due to (or as a consequ			
PART II. Enter other significant cond	litions contributing to deal	h but not resulting in the underlying	ng cause given in PART.	THE STREET	PERFORMED? NO
FEMALE PREGNANCY STATUS				WERE AUTOPSY F COMPLETE CAUSE MANNER OF DEAT	OF DEATH? N/A
NOT APPLICABLE				NATFIRAL	
DATE OF INJURY	TIME OF	INJURY PLACE OF	INJURY		INJURY AT WORK?
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRE	D.			IF TRANSE	OKTATION INJURY, SPECIFY
	ATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER 17 CORONER CONTACTED?	OR DATE PR	ONOUNCED	TIME OF DEATH
CERTIFIER PHYSICIAN				DATE CEP DECE	RTIFIED MBER 22, 2017
NAME ADDRESS AND ZIP CODE OF WALTERS, NIGEL, 199 W	(3)(4) かけい うだせ ひせ カル	4 Artist 1986 1986 3		i Walt Wei I've ava	CIAN'S LICENSE NUMBER 6090982

D00186074



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.



