

# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

Geraldine E. Kirchmeyer,  
being duly sworn states that she  
resides at 442 S. Williams  
Ave., Palatine, Illinois 60074,  
and that she was acquainted  
with Frank W. Kirchmeyer,  
who at the time of his death  
was one of the owners of the  
premises in Cook County,  
Illinois, described as:

See Attached Legal Description

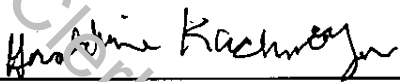
That said Frank W. Kirchmeyer died on May 26, 2007, leaving no Will and the total value of the estate of said deceased whether passing under joint tenancy conveyances or owned by such persons individually, including both real and personal property does not exceed the sum of \$675,000.00 dollars.

A copy of the death certificate is attached hereto.

Affiant makes this Affidavit for the purpose of inducing any title insurance company authorized to do business in the State of Illinois to issue its title insurance policy, describing the above mentioned property, free of any objections or memorials relative to the Estate of said decedent.

Commonly known as: 442 S. Williams Ave., Palatine, Illinois 60074

Permanent Index Number(s): 02-24-402-017-0000



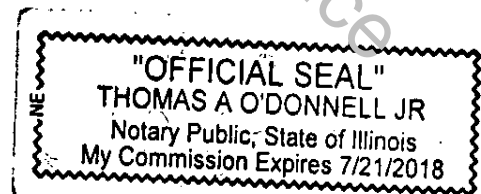
Geraldine E. Kirchmeyer

Subscribed and sworn to before me by

the said ~~Charles E. Thomson~~ this  
20th day of June, 2018.

→ Geraldine E. Kirchmeyer

  
\_\_\_\_\_  
Notary Public



Prepared by and mail to: O'Donnell Law Offices, Ltd., 1250 S. Grove Ave., Ste 300, Barrington, IL 60010.



\*1824749485\*

Doc# 1824749485 Fee \$40.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 09/04/2018 01:32 PM PG: 1 OF 2

Above Space for Recorder's Use Only

# UNOFFICIAL COPY

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <b>16.0</b>	STATE OF ILLINOIS	STATE FILE NUMBER
	REGISTERED NUMBER	<b>MEDICAL CERTIFICATE OF DEATH</b>	
			<b>2007 0033356</b>

DECEASED-NAME FIRST MIDDLE LAST <b>1. Frank Kirchneyer</b>		SEX <b>2. Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>3. May 26, 2007</b>
COUNTY OF DEATH <b>4. Cook</b>	AGE-LAST BIRTHDAY (YRS) <b>5a. 79</b>	UNDER 1 YEAR MOS. DAYS HOURS MIN. <b>5b.</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>5d. May 16, 1928</b>
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>6a. Palatine</b>	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>6b. 442 S. Williams Avenue</b>		IF HOSP. OR INST. INDICATE D.O.A.: OP/EMER/PA, INPATIENT (SPECIFY)
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>7. Prentice WI</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>8a. Married</b>	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) <b>8b. Gerladine Simmerman</b>	WAS DECEASED EVER IN ARMED FORCES? (YES/NO) <b>9. Yes</b>
SOCIAL SECURITY NUMBER <b>10. 390-24-3643</b>	USUAL OCCUPATION <b>11a. Carpenter</b>	KIND OF BUSINESS OR INDUSTRY <b>11b. Construction</b>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (14 or 5+) <b>12. 2</b>
RESIDENCE (STREET AND NUMBER) <b>13a. 442 S. Williams Avenue</b>	CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>13b. Palatine</b>	INSIDE CITY (YES/NO) <b>13c. Yes</b>	COUNTY <b>13d. Cook</b>
STATE <b>13e. Illinois</b>	ZIP CODE <b>13f. 60074</b>	RACE (WHITE, BLACK, AMERICAN INDIAN, etc. SPECIFY) <b>13g. White</b>	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <b>14b. NO</b>

PARENTS	
FATHER-NAME FIRST MIDDLE LAST <b>15. Frank Kirchneyer</b>	MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST <b>16. Bertha Stebbs</b>

INFORMANT'S NAME (TYPE OR PRINT) <b>17a. Geraldine Kirchneyer</b>	RELATIONSHIP <b>17b. Wife</b>	MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP) <b>17c. 442 S. Williams Dr. Palatine, IL 60074</b>
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18. PART I: Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death) → (a) <b>End Stage Renal disease</b>	DUE TO, OR AS A CONSEQUENCE OF	<b>1 year</b>
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) <b>Ischemic Cardiomyopathy</b>	DUE TO, OR AS A CONSEQUENCE OF	<b>7 years</b>
(c) <b>Coronary Artery Disease</b>		<b>8 years</b>
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		ALTOPT (YES/NO) <b>19a. No</b>
		IF AN ALTOPT FINDING IS AVAILABLE, PROVIDE COMPLETE CAUSE OF DEATH (YES/NO) <b>19b.</b>

DATE OF OPERATION, IF ANY <b>20a.</b>	MAJOR FINDINGS OF OPERATION <b>20b.</b>	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>20c. YES [ ] NO [ ]</b>
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(DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>21a. 5/26/2007</b>	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>21b. No</b>	HOUR OF DEATH <b>21c. 3:15 PM</b>
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TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR) <b>21d. 5/29/07</b>
22a. SIGNATURE <b>Chong Ho Ahn M.D.</b>	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>CHONG HO AHN, M.D., 1430 N. ARLINGTON HEIGHTS RD., ARLINGTON HEIGHTS, IL</b>	PHYSICIAN'S LICENSE NUMBER <b>22c. 36-51567</b>
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <b>23.</b>		NOTE: IF AN ALTOPT WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

BURIAL, CREMATION, REMOVAL (SPECIFY) <b>24a. Burial</b>	CEMETERY OR CREMATORY-NAME <b>24b. Cornell Cemetery</b>	LOCATION CITY OR TOWN STATE <b>24c. Cornell, Wisconsin</b>	DATE (MONTH, DAY, YEAR) <b>24d. May 30, 2007</b>
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FUNERAL HOME NAME STREET AND NUMBER OR P.O. BOX CITY OR TOWN STATE ZIP <b>25a. Smith-Corcoran Funeral Home 185 E. Northwest Hwy, Palatine, IL 60067</b>	FUNERAL DIRECTOR'S SIGNATURE <b>25b. [Signature]</b>	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>25c. 034-01593423579</b>
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LOCAL REGISTRAR'S SIGNATURE <b>26a. [Signature]</b>	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>26b. MAY 30 2007</b>
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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

