

DECEASED JOINT  
TENANCY AFFIDAVIT

UNOFFICIAL COPY



\*1834749068\*

Doc# 1834749068 Fee \$40.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 12/13/2018 10:26 AM PG: 1 OF 2

Prepared by and Mail To:

Alfred S. Lee  
PLUYMERT, MACDONALD, HARGROVE & LEE, LTD.  
2300 Barrington Road, Ste 220  
Hoffman Estates, IL 60169

STATE OF ILLINOIS )  
COUNTY OF COOK ) SS

Elaine M. Vlach, being duly sworn states that she resides at 104 South Greenwood Avenue, Park Ridge, IL.

That she was acquainted with Conrad D. Vlach, deceased, who at the time of his death was one of the owners of the lands in Cook County, Illinois described as:

LOT 4 (EXCEPT THE SOUTH 2 FEET THEREOF) IN ROY O. SWANSON'S SUBDIVISION OF PART OF THE NORTHWEST ¼ OF THE NORTHWEST ¼ OF SECTION 35, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number(s): 09-35-102-038-0000

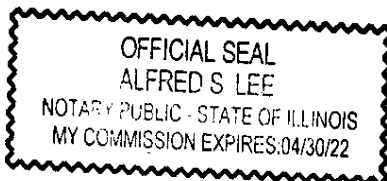
Address(es) of Real Estate: 09-35-102-038-0000

That Conrad D. Vlach died on 10/06/04, as evidenced by a certified copy of death certificate attached hereto.

Subscribed and sworn to before me by the said Elaine M. Vlach this 20 day of NOVEMBER, 2018.

Notary Public

Elaine M. Vlach (Affiant's Signature)



STATE OF ILLINOIS  
County of Cook

**UNOFFICIAL COPY**

OCT 08 2004

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.

*David Orr*  
COUNTY CLERK

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>			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS  DECEASED  B C D E  PARENTS  1 2 3  CAUSE  4 5 N P  CERTIFIER  23  DISPOSITION	DECEASED - NAME FIRST MIDDLE LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
	1. CONRAD D. VLACH	2. MALE	3. OCTOBER 6, 2004		
	COUNTY OF DEATH	AGE - LAST BIRTHDAY (YRS) 5a. 49	UNDER 1 YEAR 5b. MOS. DAYS	UNDER 1 DAY 5c. HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. MAY 5, 1955
	4. COOK	6a. PARK RIDGE		6b. 104 S. GREENWOOD	
	6a. PARK RIDGE	6b. 104 S. GREENWOOD		6c. RESIDENCE	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. CHICAGO, IL	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. ELAINE TUTTLE		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. NO
	SOCIAL SECURITY NUMBER 10. 356-40-4068	USUAL OCCUPATION 11a. ACTUARIAL	KIND OF BUSINESS OR INDUSTRY 11b. BENEFITS	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 4	
	RESIDENCE (STREET AND NUMBER) 13a. 104 S. GREENWOOD	CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. PARK RIDGE	INSIDE CITY (YES/NO) 13c. YES	COUNTY 13d. COOK	
	STATE 13e. ILLINOIS	ZIP CODE 13f. 60068	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. WHITE	OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
	FATHER - NAME FIRST MIDDLE LAST 15. RAYMOND C. VLACH	MOTHER - NAME FIRST MIDDLE LAST 16. LORETTA CALVET	INFORMANT'S NAME (TYPE OR PRINT) 17a. ELAINE VLACH		
RELATIONSHIP 17b. WIFE		MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 104 S. GREENWOOD PARK RIDGE, IL 60007			
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) Metastatic adenocarcinoma (primary unknown, but most likely pancreatic)				5 weeks	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) (c)					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
DATE OF OPERATION, IF ANY 20a. 9-24-04	MAJOR FINDINGS OF OPERATION 20b. liver biopsy - the above cancer		IF FEMALE, WAS THERE A PREGNANCY IN PAST 12 TO 18 MONTHS? 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
(WHO DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 21a. 10-1-04	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. YES	HOUR OF DEATH 21c. 8:40 P. M.			
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) 22b. 10-7-04		
22a. SIGNATURE <i>John Boyen, M.D.</i>		ILLINOIS LICENSE NUMBER 22d. 036093235			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. John Boyen, M.D., 126 Biesterfeld Road, Elk Grove Village, IL 60007		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)			
23.		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL	CEMETERY OR CREMATORY - NAME 24b. MARYHILL CEMETERY	LOCATION CITY OR TOWN STATE 24c. NILES ILLINOIS	DATE (MONTH, DAY, YEAR) 24d. OCT 12, 2004		
FUNERAL HOME NAME 25a. MALEC & SONS FUNERAL HOME	STREET AND NUMBER OR R.F.D. 6000 N. MILWAUKEE AVE.	CITY OR TOWN CHICAGO	STATE ILLINOIS	ZIP 60646	
FUNERAL DIRECTOR'S SIGNATURE 25b. <i>Wesley A. Stinich</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-011619			
LOCAL REGISTRAR'S SIGNATURE 26a. <i>David Orr</i>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. OCT 08 2004			