

# UNOFFICIAL COPY



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EDWARD M. HOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 02/27/2019 02:39 PM PG: 1 OF 2

## DECEASED JOINT TENANCY AFFIDAVIT

### Prepared By/Return To:

Heather G. Walser  
Lavelle Law, Ltd.  
1933 N. Meacham Road, Suite 600  
Schaumburg, Illinois 60173

State of Illinois )  
                          ) SS  
County of Cook   )

Diane S. Massat (hereinafter referred to as "Affiant") being duly sworn, states that she resides at: 315 Wakefield Lane, Village of Schaumburg, County of Cook, State of Illinois. That Affiant was acquainted with Dieter K. Massat, hereinafter referred to as "Decedent", and at the time of Decedent's death was one of the owners of the land in Cook County, Illinois described as:

LOT 137 IN WEATHERSFIELD UNIT 3 BEING A SUBDIVISION IN SECTIONS 20 AND 21, TOWNSHIP 41 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN ACCORDING TO THE PLAT THEREOF RECORDED APRIL 11, 1961 AS DOCUMENT NO. 18132630 IN COOK COUNTY, ILLINOIS.

**Permanent Real Estate Index Number:** 07-21-301-019-0000

**Address of Real Estate:** 315 Wakefield Lane, Schaumburg, Illinois 60193

That the Decedent died on March 11, 2017, as evidenced by a redacted copy of death certificate of the Decedent attached hereto.

That the Decedent, at the time of his death, held his share of the aforementioned property as a joint tenant and that the Decedent died:

Leaving no Last Will and Testament.

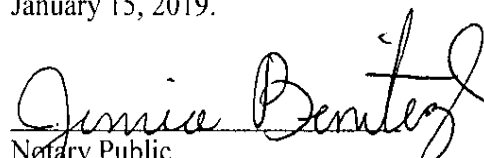
Leaving a Last Will & Testament, a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of Cook County, IL.

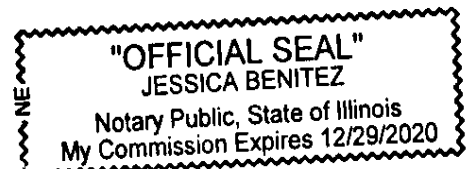
Leaving a Last Will & Testament, which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook, County, Illinois about \_\_\_\_\_, 20\_\_.

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

Subscribed and sworn to before me this  
January 15, 2019.

  
\_\_\_\_\_  
Affiant's Signature

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



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

STATE FILE NUMBER 2017 0023596

DATE ISSUED 3/21/2017

DECEDENT'S LEGAL NAME DIETER, KURT, MASSAT		SEX MALE	DATE OF DEATH MARCH 11, 2017	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 68 YEARS	DATE OF BIRTH JANUARY 17, 1949		
CITY OR TOWN HOFFMAN, ESTATES		HOSPITAL OR OTHER INSTITUTION NAME SAINT ALEXIUS MEDICAL CENTER		
PLACE OF DEATH INPATIENT				
BIRTHPLACE GERMANY	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME DIANE SIKOCINSKI	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 315 WAKEFIELD LANE	APT. NO.	CITY OR TOWN SCHAUMBURG		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60193	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION KURT OTTO MASSAT	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LUISE KRAUSE
INFORMANT'S NAME DIANE MASSAT		RELATIONSHIP WIFE	MAILING ADDRESS [REDACTED]	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION RIVER HILLS MEMORIAL PARK	LOCATION - CITY OR TOWN AND STATE BATAVIA, IL	DATE OF DISPOSITION MARCH 16, 2017	
FUNERAL HOME COUNTRYSIDE FUNERAL HOME - STWD, 1670 GREENMEADOWS BLVD, STREAMWOOD, IL, 60107				
FUNERAL DIRECTOR'S NAME TAMI ROY		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016591		
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR MARCH 21, 2017		
CAUSE OF DEATH				
PART I. MYOCARDIAL INFRACTION			IMMEDIATE	
IMMEDIATE CAUSE (Final disease or condition resulting in death)			INTERVAL BETWEEN ONSET AND DEATH	
b. CORONARY ARTERY DISEASE <small>Due to (or as a consequence of)</small>			CHRONIC - UNKNOWN	
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
FEMALE PREGNANCY STATUS NOT APPLICABLE		WAS AN AUTOPSY PERFORMED? YES		
DATE OF INJURY		TIME OF INJURY	PLACE OF INJURY	WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES
LOCATION OF INJURY		MANNER OF DEATH NATURAL		
DESCRIBE HOW INJURY OCCURRED:		IF TRANSPORTATION INJURY, SPECIFY		
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE MARCH 10, 2017	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 12:52 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED MARCH 20, 2017	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH GASTON CARRASCO, 1555 BARRINGTON ROAD, SUITE 505, HOFFMAN ESTATES, ILLINOIS, 60169			PHYSICIAN'S LICENSE NUMBER 036-064803	

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  
David Orr  
Cook County Clerk



ANY ALTERATION OR REFERENCE VOIDS THIS CERTIFICATE

THIS WORK COPY APPEARS WHEN PHOTO COPIED

NOT REPROCESSED STATE AND COUNTY SEALS AT BOTTOM