

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

PROPERTY ADDRESS:
15439 Las Flores
Oak Forest, Illinois 60452

PIN: 28-17-102-007-0000



Doc# 1912146082 Fee \$40.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 05/01/2019 10:02 AM PG: 1 OF 2

The undersigned affiant being first duly sworn and under penalty of perjury on oath states that she resides at the address below.

That she was acquainted with CHARLES PFEFFER, deceased, who at the time of his death, was one of the owners of the land described as:

LOT 7 IN BLOCK 1 IN MEDEMA'S EL VISTA GARDENS, BEING A SUBDIVISION OF PART OF THE NORTHWEST QUARTER (1/4) OF SECTION 17, TOWNSHIP 36, NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

That the deceased died Feb 26, 2007 as evidenced by a certified copy of the death certificate of the deceased attached hereto.

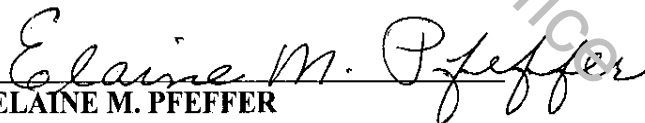
That from the Estate of the deceased:

No State Inheritance and /or Federal Estate Taxes were due.

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, does not exceed the sum of (\$100,000.00) ONE HUNDRED THOUSAND dollars.

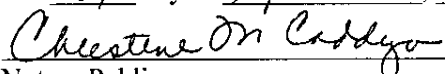
State of Illinois
County Cook

Dated: 4-29-19


ELAINE M. PFEFFER
4957 Harnew Road South
Oak Lawn, Illinois 60453

Subscribed and sworn to before me by the said ELAINE M. PFEFFER

this 29 day of April, 2019


Notary Public

Prepared by:

The Law Offices of Eileen Kerlin Walsh, P.C., 11301 South Harlem Avenue, Worth, Illinois 60482



STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

DAVID ORR, County Clerk

FEB 27 2007

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

DECEASED'S BIRTH NO.
REGISTRATION DISTRICT NO. **1800**
REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
CHARLES	J.	PREFFER	PREFFER	2 MALE	3 FEBRUARY 26, 2007
COUNTY OF DEATH	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.
COOK	COOK		77	77	77
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
CHICAGO, IL	88 MARRIED		4957 HARNEM ROAD SOUTH		
SOCIAL SECURITY NUMBER	USUAL OCCUPATION		NAME OF SURVIVING SPOUSE (LAST, FIRST, MIDDLE, IF WIFE)		
10. 326-24-1546	11a. ELECTRICIAN		8b. ELAINE PITTS		
RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP. OR ROAD DISTRICT NO.		KIND OF BUSINESS OR INDUSTRY		
134957 HARNEM ROAD SOUTH	13b. OAK LAWN		11b. SCHWIMM RICYCLE		
STATE	ZIP CODE	FACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	O. HISPANIC ORIGIN? (SPECIFY) NO OR YES. IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.		
13a. ILLINOIS	13f. 60453	14a. WHITE	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
FATHER-NAME	FIRST	MIDDLE	LAST	MOTHER-NAME	FIRST
CHARLES	PREFFER	PREFFER	PREFFER	LUCY	CARNEY
15. INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP		M.A.ILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		
17a. ELAINE PREFFER	17b. WIFE		17c. 4957 HARNEM RD. SOUTH OAK LAWN, IL		

18. PART I. Immediate Cause (Final disease or condition resulting in death)

Enter the diseases, or complications that cause, 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.

(a) DUE TO OR AS A CONSEQUENCE OF

(b) DUE TO OR AS A CONSEQUENCE OF

(c) DUE TO OR AS A CONSEQUENCE OF

Postural Case

19. PART II. Other significant conditions contributing to or not resulting in the underlying cause given in PART I.

DATE OF OPERATION, IF ANY

MAJOR FINDINGS OF OPERATION

20a. 20b.

20c. 20d.

20e. 20f.

20g. 20h.

20i. 20j.

20k. 20l.

20m. 20n.

20o. 20p.

20q. 20r.

20s. 20t.

20u. 20v.

20w. 20x.

20y. 20z.

21. (DID NOT ATTEND TO THE DECEASED AND LAST SAW HIM/HER ALIVE ON)

21a. (MONTH, DAY, YEAR)

21b. (MONTH, DAY, YEAR)

21c. (MONTH, DAY, YEAR)

21d. (MONTH, DAY, YEAR)

21e. (MONTH, DAY, YEAR)

21f. (MONTH, DAY, YEAR)

21g. (MONTH, DAY, YEAR)

21h. (MONTH, DAY, YEAR)

21i. (MONTH, DAY, YEAR)

21j. (MONTH, DAY, YEAR)

21k. (MONTH, DAY, YEAR)

21l. (MONTH, DAY, YEAR)

21m. (MONTH, DAY, YEAR)

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21o. (MONTH, DAY, YEAR)

21p. (MONTH, DAY, YEAR)

21q. (MONTH, DAY, YEAR)

21r. (MONTH, DAY, YEAR)

21s. (MONTH, DAY, YEAR)

21t. (MONTH, DAY, YEAR)

21u. (MONTH, DAY, YEAR)

21v. (MONTH, DAY, YEAR)

21w. (MONTH, DAY, YEAR)

21x. (MONTH, DAY, YEAR)

21y. (MONTH, DAY, YEAR)

21z. (MONTH, DAY, YEAR)

22. SIGNATURE

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)

22a. Joseph A. Kowalczyk M.D. 4340 W. 95th St OAK LAWN IL 60453

22b. (TYPE OR PRINT)

22c. (TYPE OR PRINT)

22d. (TYPE OR PRINT)

22e. (TYPE OR PRINT)

22f. (TYPE OR PRINT)

22g. (TYPE OR PRINT)

22h. (TYPE OR PRINT)

22i. (TYPE OR PRINT)

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22r. (TYPE OR PRINT)

22s. (TYPE OR PRINT)

22t. (TYPE OR PRINT)

22u. (TYPE OR PRINT)

22v. (TYPE OR PRINT)

22w. (TYPE OR PRINT)

22x. (TYPE OR PRINT)

22y. (TYPE OR PRINT)

22z. (TYPE OR PRINT)

23. BURIAL, CREMATION, REMOVAL, (SPECIFY)

23a. BURIAL

23b. CEMETERY OR CREMATORY-NAME

23c. LOCATION

23d. CITY OR TOWN

23e. STATE

23f. DATE (MONTH, DAY, YEAR)

23g. CITY OR TOWN

23h. STATE

23i. DATE (MONTH, DAY, YEAR)

23j. DATE (MONTH, DAY, YEAR)

23k. DATE (MONTH, DAY, YEAR)

23l. DATE (MONTH, DAY, YEAR)

23m. DATE (MONTH, DAY, YEAR)

23n. DATE (MONTH, DAY, YEAR)

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23p. DATE (MONTH, DAY, YEAR)

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23r. DATE (MONTH, DAY, YEAR)

23s. DATE (MONTH, DAY, YEAR)

23t. DATE (MONTH, DAY, YEAR)

23u. DATE (MONTH, DAY, YEAR)

23v. DATE (MONTH, DAY, YEAR)

23w. DATE (MONTH, DAY, YEAR)

23x. DATE (MONTH, DAY, YEAR)

23y. DATE (MONTH, DAY, YEAR)

23z. DATE (MONTH, DAY, YEAR)

24. FUNERAL HOME

24a. THOMPSON & KUENSTER FUNERAL HOME 5570 W. 95TH ST. OAK LAWN, ILLINOIS 60453

24b. STREET AND NUMBER OR R.F.D.

24c. CITY OR TOWN

24d. STATE

24e. DATE (MONTH, DAY, YEAR)

24f. DATE (MONTH, DAY, YEAR)

24g. DATE (MONTH, DAY, YEAR)

24h. DATE (MONTH, DAY, YEAR)

24i. DATE (MONTH, DAY, YEAR)

24j. DATE (MONTH, DAY, YEAR)

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24u. DATE (MONTH, DAY, YEAR)

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24w. DATE (MONTH, DAY, YEAR)

24x. DATE (MONTH, DAY, YEAR)

24y. DATE (MONTH, DAY, YEAR)

24z. DATE (MONTH, DAY, YEAR)