



Doc# 2002906076 Fee \$88.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 01/29/2020 10:28 AM PG: 1 OF 2

**DECEASED JOINT TENANCY AFFIDAVIT**

STATE OF ILLINOIS )  
COUNTY OF COOK ) SS

Elva Cabrera Bockelman, being duly sworn states that she resides at 5301 S. McVicker Ave., Chicago, Illinois 60638. That I was acquainted with Charles Bockelman, deceased, who, at the time of death, was one of the sworn owners of the land in Cook County, Illinois, described as:

THE NORTH 40 FEET OF LOT 20 IN BLOCK 5 IN FREDERICK H. BARTLETT'S EIGHT ADDITION TO BARTLETT HIGHLANDS A SUBDIVISION OF THE EAST QUARTER OF THE SOUTH WEST QUARTER OF SECTION 8, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

COMMONLY KNOWN AS: 5301 S. MCVICKER AVENUE, CHICAGO, IL 60638

PERMANENT REAL ESTATE INDEX NUMBER: 19-08-323-042-0000

That the deceased died JANUARY 10, 2020, as evidenced by a certified copy of a death certificate of the deceased attached hereto.

- o That the deceased died: Leaving no Last Will & Testament.
- o 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 \_\_\_\_\_ County, Illinois.
- 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 January 21, 2020.

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 death of the deceased, does not exceed the sum of \$255,000.00 dollars.

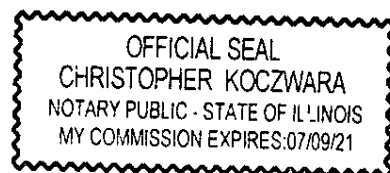
Affiant makes this affidavit for the purpose of inducing A Title Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said Elva Cabrera Bockelman.

Elva Cabrera Bockelman  
Elva Cabrera Bockelman

This 24TH day of JANUARY, 2020.

[Signature]  
Notary Public



Prepared by and Mail to:

Christopher Koczwar  
5838 S. Archer Avenue  
Chicago, IL 60638

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UNOFFICIAL COPY

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

STATE FILE NUMBER 2020 0003109

DATE ISSUED 1/16/2020

DECEDENT'S LEGAL NAME <b>CHARLES H. BOCKELMAN</b>			SEX <b>MALE</b>	DATE OF DEATH <b>JANUARY 10, 2020</b>
COUNTY OF DEATH <b>COOK</b>	AGE AT LAST BIRTHDAY <b>87 YEARS</b>	DATE OF BIRTH <b>JANUARY 09, 1933</b>		
CITY OR TOWN <b>BERWYN</b>	HOSPITAL OR OTHER INSTITUTION NAME <b>SEASONS HOSPICE AT MACNEAL HOSPITAL</b>			
PLACE OF DEATH <b>HOSPICE FACILITY</b>				
BIRTHPLACE <b>CHICAGO, IL</b>	SOCIAL SECURITY NUMBER <b>303205123</b>	STATUS AT TIME OF DEATH <b>MARRIED</b>	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME <b>ELVA CABRERA</b>	EVER IN U.S. ARMED FORCES? <b>YES</b>
RESIDENCE <b>5301 S MCVICKER AVE</b>	APT. NO.	CITY OR TOWN <b>CHICAGO</b>	INSIDE CITY LIMITS? <b>YES</b>	
COUNTY <b>COOK</b>	STATE <b>IL</b>	ZIP CODE <b>60638</b>	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>FRED BOCKELMAN</b>	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>LENORE NOSTRANT</b>
INFORMANT'S NAME <b>ELVA BOCKELMAN</b>		RELATIONSHIP <b>WIFE</b>	MAILING ADDRESS <b>5301 S MCVICKER AVE, CHICAGO, IL, 60638</b>	
METHOD OF DISPOSITION <b>CREMATION</b>	PLACE OF DISPOSITION <b>WOODLAWN CREMATORY</b>	LOCATION - CITY OR TOWN AND STATE <b>FOREST PARK, IL</b>	DATE OF DISPOSITION <b>JANUARY 16, 2020</b>	
FUNERAL HOME <b>RIDGE FUNERAL HOME, 6620 W. ARCHER AVE, CHICAGO, IL, 60638</b>				
FUNERAL DIRECTOR'S NAME <b>DAVID KOBAK</b>			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034011919</b>	
LOCAL REGISTRAR'S NAME <b>ELIZABETH A PECHOUS</b>			DATE FILED WITH LOCAL REGISTRAR <b>JANUARY 15, 2020</b>	
CAUSE OF DEATH	PART I: <b>GIORBLASTOMA</b>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a. _____ <small>Due to (or as a consequence of)</small>			
	b. _____ <small>Due to (or as a consequence of)</small>			
	c. _____ <small>Due to (or as a consequence of)</small>			
PART II: Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I			WAS AN AUTOPSY PERFORMED? <b>NO</b>	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <b>N/A</b>	
FEMALE PREGNANCY STATUS <b>NOT APPLICABLE</b>			MANNER OF DEATH <b>NATURAL</b>	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? <b>NO</b>	DATE LAST SEEN ALIVE <b>UNKNOWN</b>	WAS MEDICAL EXAMINER OR CORONER CONTACTED? <b>NO</b>	DATE PRONOUNCED	TIME OF DEATH <b>12:33 PM</b>
CERTIFIER <b>PHYSICIAN</b>			DATE CERTIFIED <b>JANUARY 14, 2020</b>	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH <b>JOHN BRATMAR MD, 3249 S OAK PARK AVE, BERWYN, ILLINOIS, 60402</b>			PHYSICIAN'S LICENSE NUMBER <b>0360722874</b>	

1207943



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.

*Karen A. Yarbrough*  
Karen A. Yarbrough  
Cook County Clerk



THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOT REIMBOSSED STATE AND COUNTY SEALS AT BOTTOM