

UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT



Joc# 2035001000 Fee \$93.00

HSP FEE:\$9.00 RPRF FEE: \$1.00

JAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 12/15/2020 09:17 AM PG: 1 OF 2

RECORDER'S STAMP

PREPARED BY AND MAIL TO:

William F. Kelley
KELLEY, KELLEY & KELLEY
1535 W. Schaumburg Rd., Suite 204
Schaumburg, IL 60194

JOINT TENANCY AFFIDAVIT

DECEDENT: RICHARD BARTELL

DATE: October 28, 2020

CAROLE J. BARTELL, hereinafter referred to as the affiant deposes and states that the affiant resides at 1165 Mayfield Lane in the Village of Hoffman Estates, State of Illinois;

That the decedent at the time of his death was one of the owners of the property in Cook County, Illinois, legally described as follows:

Lot 30 in Block 234 in the Highlands West at Hoffman Estates XXX, being a Subdivision of part of the West 1/2 of Fractional Section 4, Township 41 North, Range 10, East of the Third Principal Meridian, according to the Plat thereof recorded February 10, 1969 as Document Number 20752799 in the office of the Recorder of Deeds, in Cook County, Illinois.

PERMANENT TAX NUMBER: 07-04-102-030-0000

ADDRESS OF REAL ESTATE: 1165 Mayfield Lane, Hoffman Estates, IL 60169

That said decedent died on February 5, 1999 leaving no last will and testament.

That the total value of the estate of said decedent including his taxable interest in the above real estate is less than \$4,000,000.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

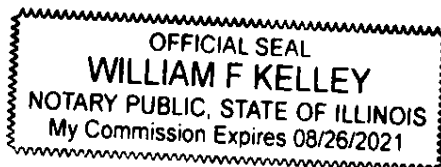
That if the decedent had a Will it was not a joint and mutual Will; nor was the survivor of the joint tenant allowed under said Will to elect to take any property in lieu of the joint tenancy.

That the affiant makes this Affidavit to induce the Cook County Recorder to file a Deed in Trust on the above described property.

Signature of Carole J. Bartell
CAROLE J. BARTELL

SUBSCRIBED and SWORN to before me
this 28th day of October, 2020

Notary Public signature



Handwritten notations on the right margin including 'S Y', 'P 2', and 'NT 3'

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

UNOFFICIAL COPY

DATE: FEBRUARY 8, 1999

SIGNED:

Margrit Valaska

at Cook County Department of Public Health

Official Title, Chief Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16.0  
REGISTERED NUMBER

DECEASED-NAME: RICHARD R. Bartell  
COUNTY OF DEATH: Cook  
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: 75th St. Paul, Minnesota  
AGE LAST BIRTHDAY (YRS): 60  
HOSPITAL OR OTHER INSTITUTION-NAME: St. Alexis Medical Center  
DATE OF BIRTH (MONTH, DAY, YEAR): December 20, 1938  
DATE OF DEATH (MONTH, DAY, YEAR): February 5, 1999

13a. 1165 Mayfield Lane  
13b. Hoffman Estates  
13c. Hoffman Estates  
13d. Cook  
14a. White  
14b. White  
14c. White  
14d. White  
14e. White  
14f. White  
14g. White  
14h. White  
14i. White  
14j. White  
14k. White  
14l. White  
14m. White  
14n. White  
14o. White  
14p. White  
14q. White  
14r. White  
14s. White  
14t. White  
14u. White  
14v. White  
14w. White  
14x. White  
14y. White  
14z. White

15. George Bartell  
16. Ida Sexton  
17a. Carol Bartell  
17b. Wife  
17c. 1165 Mayfield in Hoffman Estates, IL 60195

18. PART I. Immediate Cause (Final disease or condition resulting in death):  
(a) Cerebral Aneurysm - Cerebral  
(b) Severe Bicuspid aortic valve  
(c) Left ventricular hypertrophy

19. DATE OF OPERATION, IF ANY: 2/4/99  
20a. MAJOR FINDINGS OF OPERATION: 2/4/99  
20b. (IF DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON): 2/4/99  
20c. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): NO

21. TO THE BEST OF MY KNOWLEDGE AND BELIEF, OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.  
21a. DATE AND TIME OF DEATH: 2/4/99  
21b. HOUR OF DEATH: 4:05 P.M.  
21c. DATE SIGNED: February 6, 1999

22. SIGNATURE: [Signature]  
22a. NAME AND ADDRESS OF CERTIFIER: Hoffman Estates, IL  
22b. ILLINOIS LICENSE NUMBER: 036088844

23. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER):  
23a. NAME: [Signature]  
23b. ADDRESS: 1575 N. Barrington Rd.  
23c. CITY, STATE, ZIP: Hoffman Estates, IL 60142

24. CEMETERY OR CREMATORY-NAME: Northwest Crematory  
24a. NAME: Northwest Crematory  
24b. STREET AND NUMBER OR R.F.D.:  
24c. CITY OR TOWN: Bartlett, Illinois  
24d. STATE: Illinois  
24e. DATE: February 8, 1999

25a. Countrywide Funeral Home 1640 Greenmeadows Blvd. Streamwood, Illinois 60107  
25b. LOCAL REGISTRAR'S SIGNATURE: [Signature]  
25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): Feb. 8, 1999

26a. REGISTRAR: [Signature]  
26b. DATE: Feb. 8, 1999

Illinois Department of Public Health - Division of Vital Records  
I (BASED ON 1989 U.S. STANDARD CERTIFICATE)