

# UNOFFICIAL COPY

Doc#. 2111812011 Fee: \$98.00  
Karen A. Yarbrough  
Cook County Clerk  
Date: 04/28/2021 09:08 AM Pg: 1 of 3

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## AFFIDAVIT

LOT 20243 IN WEATHERSFIELD UNIT 20, BEING A SUBDIVISION IN THE SOUTH HALF OF SECTION 21, TOWNSHIP 41 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property Address: 320 POCHET LN SCHAUMBURG, IL 60193  
Parcel ID Number: 07-21-418-034-0000

**Prepared by:**

Julita Kocinski  
Kocinski Law Offices LLC  
3311 N Harlem Ave  
Chicago IL 60634

File nr: AT210260 A 2 of 2 MD

After recording mail to:  
Altima Title, LLC.  
6444 N. Milwaukee Ave.  
Chicago, IL 60631  
Ph. 312-651-6070

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This document was prepared by:

Kocinski Law Offices, LLC  
Julita Kocinski  
3311 N Harlem Ave  
Chicago, IL, 60634

## DECEASED JOINT TENANCY/TENANCY BY THE ENTIRETY AFFIDAVIT

State of Illinois }  
County of Cook }

This space is for RECORDER'S USE ONLY

GERALD B BOOZ hereinafter called Affiant being duly sworn states that she resides at 320 POCHET LN SCHAUMBURG, IL 60193.

That Affiant was acquainted with and married to JUNE M BOOZ, hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

See Attached for Legal Description

Permanent Real Estate Index Number: 07-21-418-034-0000

Common Address: 320 POCHET LN SCHAUMBURG, IL 60193

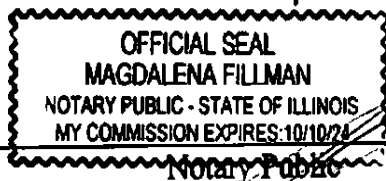
That the Deceased died on April 25, 2009, as evidenced by a copy of Deceased's death certificate attached hereto. EXHIBIT "A"

That the Deceased, at the time of his death, held his share of the above-mentioned property as a joint tenant and that the Deceased died leaving no last will & testament.

That the total value of the estate of the Deceased, for estate tax purposes, 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 \$\_\_\_\_\_.

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 before me  
this 6 day of April 2021.



*[Handwritten Signature]*

*[Handwritten Signature: Gerald Booz]*  
Affiant's Signature

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## CERTIFICATE OF DEATH RECORD

### COOK COUNTY DEPARTMENT OF HEALTH VITAL RECORDS

CHICAGO, ILLINOIS

### MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2009 0017480

DATE ISSUED 05/11/2009

DECEDENT'S LEGAL NAME JUNE MARIE BOOZ			SEX FEMALE	DATE OF DEATH APRIL 25, 2009	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 65 YEARS	DATE OF BIRTH JUNE 16, 1943		
CITY OR TOWN SCHAUMBURG		HOSPITAL OR OTHER INSTITUTION NAME 320 POCHE LANE			
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME GERALD BOOZ		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 320 POCHE LANE		APT. NO.	CITY OR TOWN SCHAUMBURG		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60193	FATHER'S NAME EDWARD A DONAHOE		MOTHER'S NAME PRIOR TO FIRST MARRIAGE ANNE BILLY
INFORMANT'S NAME GERALD BOOZ		RELATIONSHIP HUSBAND		MAILING ADDRESS 320 POCHE LANE, SCHAUMBURG, IL, 60193	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION TWIN PINES CREMATORY		LOCATION - CITY OR TOWN AND STATE DUNDEE, IL	DATE OF DISPOSITION MAY 01, 2009
FUNERAL HOME AHLGRIM & SONS FUNERAL AND CREMATION SERVICES LTD, 330 WEST GOLF ROAD, SCHAUMBURG, IL, 60195					
FUNERAL DIRECTOR'S NAME DARREN P MALONE			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015387		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR APRIL 30, 2009		
<b>CAUSE OF DEATH</b> PART I: HEMOPERICARDIUM IMMEDIATE CAUSE (final disease or condition resulting in death) a. _____ Due to (or as a consequence of): b. PERFORATION OF THE AORTA _____ Due to (or as a consequence of): c. STATUS POST INSERTION OF FILTER INTO SOP VENA CAVA _____ Due to (or as a consequence of):					
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. GLOBLOSTOME MULTIFOCAL, S/P CRANIOTOMY			WAS AN AUTOPSY PERFORMED? YES		
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES		
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN		FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR		MANNER OF DEATH NATURAL	
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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES		DATE PRONOUNCED	TIME OF DEATH 07:00 AM
CERTIFIER PHYSICIAN				DATE CERTIFIED APRIL 29, 2009	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SHAKU TEAS MD, 1123 ASHLAND AVE, RIVER FOREST, ILLINOIS, 60305				PHYSICIAN'S LICENSE NUMBER 036049650	



This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.

*David Orr*  
David Orr  
Cook County Clerk

