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JOINT TENANCY AFFIDAVIT Doc# 2125157006 Fee \$88.00 State of ILLINOIS SS. RHSP FEE:\$9.00 RPRF FEE: \$1.00 County of COOK KAREN A. YARBROUGH COOK COUNTY CLERK KAREN M. KASTEN, hereby referred to as the Affiant, states under oath that NORBERT DATE: 09/08/2021 10:12 AM PG: 1 OF 3 C. KONOR resided and owned the property at 6930 S EUCLID AVE CHICAGO, ILLINOIS 00649 ("Property") and that NORBERT C KONOR died on MAY 14, 2021, ("Decedent"); that at the time of Decedent's death the Decedent was one of the joint owners of the below described property, by virtue of a properly recorded SPECIAL WARRANTY DEED recorded as DOC NUMBER 1133642112) to KAREN In. KASTEN and NORBERT C. KONOR as Joint Tenants, said property, located in Cook County, Illinois, and legally described as follows: LOT 7 IN BLOCK 10 IN JACKSON PARK HIGHLANDS A SUBDIVISION IN THE EAST ½ OF THE SOUTHWEST 1/4 OF SECTION 24, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, COOK COUNTY, ILLINOIS. Permanent Index Number: 20-24-321-019-0000 ADDRESS: 6930 S EUCLID AVE CHICAGO, ILL NO!S 60649 That the Decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment a ter death; That the decedent died on MAY 14, 2021, leaving a last will and testament and was survived by KAREN M. KASTEN vesting all rights in the Property to her. That the Illinois Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full; _day of Sip, Subscribed and sworn to before me this,

Prepared by: Sansonetti & Bertakis, LLC 1101 Perimeter Drive Suite 675 Schaumburg, Illinois 60173

Notary Public

OFFICIAL SEAL MARK P SANSONETT! NOTARY PUBLIC - STATE OF ILLINOIS

MY COMMISSION EXPIRES:01/17/24

GERTHSICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS

MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 0044989 MEDICAL EXAMINER'S C	ASE NUMBER 2021-04949	DATE ISSUED 8/17/2021
DECEDENT'S LEGAL NAME NORBERT CHESTER KONOR JR	SEX MALE	DATE OF DEATH MAY 14: 2021
COOK AGE AT LAST BIRTHDAY 69 YEARS	DATE OF BIRTH OCTOBER 21, 1951	
	TAL OR OTHER INSTITUTION NAME O SOUTH EUCLID AVENUE	
PLACE OF DEATH DECEDENT'S HOME		
BIRTHPLACE SOCIAL SECURITY NUMBER STATUS AT TIME OF DE CHICAGO, IL	- 3-51 - 131 tent eller - 2004 - 3-55 - 555	VERS MAIDEN NAME EVER IN U.S. ARMED
RESIDENCE AN ENUE	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COOK STATE ZIP CODE FATHERICO PARENT'S NAME PRIOR TO 60649 NORBERT CHESTER KO	- 東京 - 1995年 - 1995年 - 1997年	T'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CONSTANCE BAYER
INFORMANT'S NAME RELATIONSHIP. KAREN M KASTEN POWER OF ATTOR	MAILING ADDRESS NEY 6930 SOUTH EUCLID AVENU	JE, CHICAGO, IL, 60649
METHOD OF DISPOSITION CREMATION CREMATION CREMATORY	LOCATION CITY OR TOWN AND S	DATE OF DISPOSITION MAY 21, 2021
FUNERAL HOME OLSON BURKE/SULLIVAN FUNERAL & CREMATION CENTER 646	NORTHWEST HIGHWAY CHICAGO); IL, 60631
FUNERAL DIRECTOR'S NAME TYLER ANTHONY KAMINSKI	FUNERAL DIREC 034017077	TOR'S ILLINOIS LICENSE NUMBER
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH	DATE FILED WIT	HLOCAL REGISTRAR
CAUSE OF DEATH PART I. IMMEDIATE CAUSE a		ATT ATT
(Final disease or condition Due to (or as a Unresulting in death)	edructe of)	OXIMA IL BETV IND DE
Due to (or as a con	sequence of (APPR INTERVA ONSET /
Oue to (or as a con PART II. Enter other significant conditions contributing to death but not resulting in the unde		AN AUTOPSY PERFORMED? YES
	WÈR	E AUTOPSY FINDINGS USED TO: PLETE CAUSE OF DEATH? YES
FEMALE PREGNANCY STATUS NOT APPLICABLE	MWI	NER OF DEATH
DATE OF INJURY PLACE	OF INJURY DENCE	INJURY AT WORK?
LOCATION OF INJURY 6930 S EUCLID CHICAGO IL 60649		
DESCRIBE HOW INJURY OCCURRED:		IF TRANSFOR ATION INJURY, SPECIFY
ATTEND THE DECEASED? DATE LAST SEEN ALIVE WAS MEDICAL EXAMIN	otan Milita Setiat Lana mati ninta milita	TIME OF DEATH 02:53 AM
THE MACRICAL SECURITION OF STATE OF STATE AND ASSESSMENT ASSESSMEN		DATE CERTIFIED AUGUST 12, 2021
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH		PHYSICIAN'S LICENSE NUMBER



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.





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