

# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF COOK

INGRID KRETZMANN, a/k/a INGRID C. KRETZMANN being duly sworn states that she resides at 6033 N. Sheridan Road, Apt. 38C in the City of Chicago.

That INGRID KRETZMANN, a/k/a INGRID C. KRETZMANN was acquainted with JOHN P. KRETZMANN A/K/A JOHN KRETZMANN deceased who, at the time of death, was one of the owners of the land in Cook County, Illinois, described as:

SEE EXHIBIT A

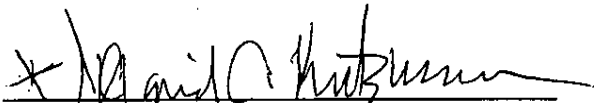
That the deceased died on January 1, 2023, as evidence by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament
- 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 Cook County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois about \_\_\_\_\_

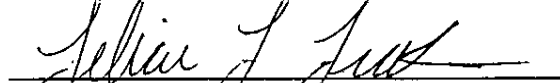
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \_\_\_\_\_ dollars.

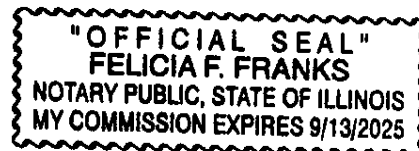
IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

  
INGRID KRETZMANN, a/k/a INGRID C. KRETZMANN

April 27, 2023

Subscribed and sworn to before me this 27<sup>th</sup> of April, 2023.

  
Notary Public



\*2311815006\*

Doc# 2311815006 Fee \$77.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 04/28/2023 11:13 AM PG: 1 OF 3

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## EXHIBIT A

### LEGAL DESCRIPTION

UNIT 38C TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN MALIBU EAST CONDOMINIUM, AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 21426211 IN THE EAST FRACTIONAL 1/2 OF SECTION 5, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

PIN:14-05-215-017-1406

PROPERTY ADDRESS: 6033 N. SHERIDAN ROAD, UNIT 38C, CHICAGO, ILLINOIS 60660

Property of Cook County Clerk's Office

WISCONSIN CERTIFICATE OF VITAL RECORD

STATE OF WISCONSIN  
DEPARTMENT OF HEALTH SERVICES  
ORIGINAL CERTIFICATE OF DEATH  
FACT OF DEATH  
STATE FILE DATE: JANUARY 05, 2023  
STATE FILE NUMBER: 2023000120

1. DECEDENT'S NAME: JOHN PAUL KRETMANN  
2. SOCIAL SECURITY NUMBER: 316-44-1866  
3. DATE PRONOUNCED DEAD: JANUARY 01, 2023

4. TIME PRONOUNCED DEAD (24hr): 13:55  
5. AGE: 78 YEARS  
6. DATE OF BIRTH: DECEMBER 06, 1944  
7. SEX: MALE  
8. CITY, VILLAGE, OR TOWNSHIP OF DEATH: GREEN BAY (CITY)  
9. COUNTY OF DEATH: BROWN

10. PLACE OF DEATH: HOSPITAL-INPATIENT  
11. FACILITY NAME AND ADDRESS OF DEATH: ST VINCENT HOSPITAL, 835 S VAN BUREN ST  
12. RESIDENCE ADDRESS: 6033 N SHERIDAN ROAD APT 38C  
13. RESIDENCE CITY, VILLAGE, OR TOWNSHIP: CHICAGO (CITY)  
14. RESIDENCE COUNTY: COOK  
15. RESIDENCE STATE: ILLINOIS

16. MARITAL STATUS: MARRIED  
17. W/ DOMESTIC PARTNERSHIP: NO  
18. SURVIVING SPOUSE'S BIRTH NAME: INGRID E. CHRISTIANSEN  
19. STATE OF BIRTH: ILLINOIS  
20. DECEDENT'S BIRTH LAST NAME: KRETMANN

21. FATHER'S BIRTH NAME: OTTO PAUL KRETMANN  
22. MOTHER'S BIRTH NAME: FLORA ROSEN  
23. INFORMANT'S NAME: INGRID C. KRETMANN  
24. INFORMANT'S MAILING ADDRESS: 6033 N SHERIDAN ROAD APT 38C, CHICAGO, IL 60660

25. NAME AND ADDRESS OF FUNERAL FACILITY: BROADWAY ST. GREEN BAY, WI 54303  
26. FUNERAL DIRECTOR'S NAME: KUGOR, NORVIN A  
27. DATE SIGNED: JANUARY 05, 2023

28. TYPE OF MEDICAL CERTIFIER: FORENSIC MEDICAL EXAMINER  
29. MEDICAL CERTIFIER'S NAME AND TITLE: ELIZABETH DOUGLAS, CHIEF MEDICAL EXAMINER  
30. DATE SIGNED: JANUARY 03, 2023

31. DATE OF DEATH: JANUARY 01, 2023  
32. TIME OF DEATH (24hr): 13:55  
33. MEDICAL CERTIFIER'S MAILING ADDRESS: 3032 CURRY LANE, GREEN BAY, WI 54314

34. MANNER OF DEATH: NATURAL  
35. KIND OF BUSINESS/INDUSTRY: UNIVERSITY  
36. EVER IN U.S. ARMED FORCES: NO  
37. DECEDENT TRIBAL MEMBER: NO  
38. MANNER OF DEATH: NATURAL  
39. METHOD OF DISPOSITION: CREMATION  
40. PLACE AND LOCATION OF DISPOSITION: MEMORIAL CREMATORY, GREEN BAY, WISCONSIN

41. The conditions listed are the diseases, injuries, or complications that caused death. Conditions leading to the immediate cause are listed sequentially, and the underlying cause is listed last.  
ACUTE RENAL FAILURE  
SEPTIC SHOCK  
NEPHROLITHIASIS

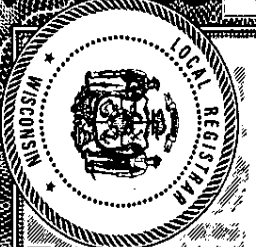
42. AUTOPSY PERFORMED: NO  
43. DATE OF INJURY: [blank]  
44. TIME OF INJURY (24hr): [blank]  
45. INJURY AT WORK: [blank]  
46. PLACE OF INJURY: [blank]  
47. LOCATION OF INJURY: [blank]  
48. COUNTY OF INJURY: [blank]

49. IF INJURY STATED ANYWHERE IN CAUSE OF DEATH (part I or II), DESCRIBE HOW IT OCCURRED: [blank]

NO AMENDMENTS PRESENT  
I certify that this document contains a true and correct reproduction of facts on file with the Wisconsin Vital Records Office.

24712201

Date Issued: JANUARY 05, 2023



WARNING: IT IS A FELONY TO COPY OR REPRODUCE THIS CERTIFICATE OF VITAL RECORD WITHOUT THE WRITTEN PERMISSION OF THE STATE STATUTE (69.24(1))