UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

) SS

COUNTY OF COOK)

HILDA E. SCHILLER. KAREN

hereby referred to as the affiant, states under oath that the affiant resides at 609 S. Belmont Ave.

Arlington Heights, IL 30095

In the City of Arlington Heights, State of Illinois

that the affiant was acquainted with

IRMGARD SCHILLER, (the "Decodent"):

at the time of death, the Decedent

was one of the owners of property, by virtue

of a properly recorded joint tenancy deed, said

property located in Cook County, State of

Illinois, and legally described as follows



Doc# 2317425007 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 06/23/2023 10:28 AM PG: 1 OF 2

LOT ONE HUNDRED SEVENTY FIVE (175) IN "SCARSDALE" BEING A SUBDIVISION OF PART OF THE WEST HALF (1/2) OF THE EAST HALF (1/2) AND PART OF THE EAST HALF (1/2) OF THE WEST HALF (1/2) OF SECTION 32. TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN.

PIN: 03-32-306-003-0000

Commonly known as 609 S. Belmont Ave., Arlington Heights, IL 60005

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 after death.

The Decedent died on March 14, 2017 leaving no last will and testament.

The total value of Decedent's estate, including the taxable interest in the above property was \$500,000.00, at a the value of the above property individually was \$250,000.00.

No State Estate Tax and no Federal Estate Tax was due from the Decedent's estate.

Third Martinla

Subscribed and sworn to

before me this 17"day of May, 2023.

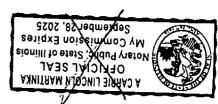
Helda Syller

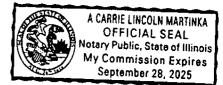
Notary Public

Commission Expires

9-28-25

This document prepared by: A. Carrie Lincoln Lincoln Legal Services, P.C. 126 E. Wing Street, Suite 354 Arlington Heights, IL 60004







CERTIFICATION OF DEATHURE CORU

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS

MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 201	7 0022468	MEDICAL EXAM	INER'S CASE NUME	BER ME2017-01256		DATE ISSUED	3/17/2017
DECEDENT'S LEGAL NAME. IRMGARD SCHILLER	3			SEX FEN	DATE OF C	EATH 1 14, 2017	
COUNTY OF DEATH		AGE AT LAST BIRTHOA 87 YEARS		DATE OF BIRTH JANUARY 2	1, 1930		
CITY OF TOWN ARLINGTON HEIGHT	S			HER INSTITUTION NAME T COMMUNITY HO	SPITAL		
PLACE OF DEATH SEMERGENCY ROOM						NAME EVER IN U.S.	ADMED :
BIRTHPLACE LITHUANIA	SOCIAL SECURIT	Y NUMBER STATUS AT T NEVER MARR UNION	ED/NEVER IN CIVIL		UNION PARTNER'S MAIDEN	FORCES? NO	o 🦠
RESIDENCE 609 SOUTH BELMON		AP		TY OF TOWN ARLINGTON HEIGH		INSIDE CITY LIM	
COOK S	ZIP CODE L 16 1005	FATHERICO PARENT'S NAME FREDERICH' SCH		2 T 1 15 T 10 1 1	RICO PARENTS NAME PRIC A GESCHWEND	H TO FIRST MARRIAGE/CIV	IL UNION
INFORMANT'S NAME: HILDA SCHILLER		RELATIONSHIP SISTER		MAILING ADDRESS 609 SOUTH BELMON	ARLINGTON HEIGHTS		
METHOD OF DISPOSITION BURIAL		COF DISPOSITION EN ORY GARDENS (EMETERY	ARLINGTON HEIC	34.汽油 (21.54.55) [2]	TE OF DISPOSITION IARCH 17, 2017	
FUNERAL HOME GLUECKERT FUNER	IAL HOME LTD, 15	20 N. AP JINGTON F	IEIGHTS ROAD,				
FUNERAL DIRECTOR'S NAME					RAL DIRECTOR'S ILLIN 14016002	DIS LICENSE NUMBER	
LOCAL REGISTRAR'S NAME DAVID ORR				The state of the s	FILED WITH LOCAL RE ARCH 16, 2017	GISTRAR	
CAUSE OF DEATH PA	ART L ORGANIC CA	RDIOVASCULAR DISE	ω Ε		KIMATE BETWEEN	UNKNOWN UN	KNOWN
(Final disease or condition resulting in death)	6.	Due 1	to for as a c. isequence of):		AL RET		
		Due	to (or as a consequence of,		APPI		
	C. (1)						
PART II. Enter other significan	t conditions contributin		to (or as a consequence of): in the underlying cause			Y PERFORMED? NO	NELLAS
						FINDINGS USED TO SE OF DEATH? N/A	**************************************
FEMALE PREGNANCY STATU					MANNER OF DEA		
DATE OF INJURY		TIME OF INJURY	PLACE OF INJURY			.INJURY AT W	/ORK?
LOCATION OF INJURY			4				
DESCRIBE HOW INJURY OCC	CUBRED				IF TRAN	YRULMI MOITA TCTA	SPECIFY
ATTEND THE DECEASED?	DATE LAST SEEN		AL EXAMINER OR	DATE PRONO MARCH		TIME OF DEAT	
CERTIFIER MEDICAL EXAMINE					DATEC	ERTIFIED RCH 16, 2017	Valley (1)
NAME: ADDRESS AND ZIP CO	DE OF PERSON COMP	LETING CAUSE OF DEATH				SICIAN'S LICENSE NUM	BER



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

David Orr Cook County Clerk

