

# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT

## STATE OF ILLINOIS COUNTY OF COOK

PROPERTY ADDRESS:  
13206 S. Westview Drive  
Palos Heights, Illinois 60463

PIN: 23-36-303-124-1008

Doc#: 2411424369 Fee: \$107.00  
CEDRIC GILES  
COOK COUNTY CLERK'S OFFICE  
Date 4/23/2024 2:29 PM Pg: 1 of 2

The undersigned affiant being first duly sworn and under penalty of perjury on oath states that she resides at the address below.

That she was acquainted with **JOSEPH MASCHEK**, deceased, who at the time of his death, was one of the owners of the land described as:

PARCEL 1: UNIT 13206 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN OAK HILLS CONDOMINIUM II, AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 23771002, AS AMENDED FROM TIME TO TIME, IN THE SOUTHWEST ¼ OF SECTION 36, TOWNSHIP 37 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

PARCEL 2: EASEMENTS APPURTENANT TO AND FOR THE BENEFIT OF PARCEL 1 FOR INGRESS AND EGRESS AS SET FORTH AND DEFINED IN THE DECLARATION OF EASEMENTS RECORDED AS DOCUMENT NO. 23684698 AND SUPPLEMENTED FROM TIME TO TIME, ALL IN COOK COUNTY, ILLINOIS.

That the deceased died **MARCH 6, 2024**, evidenced by a certified copy of the death certificate of the deceased attached hereto. as

That from the Estate of the deceased:

No State Inheritance and /or Federal Estate Taxes were due.

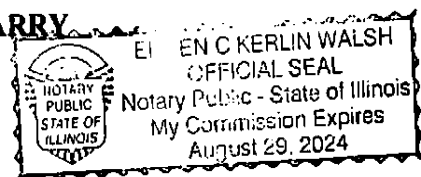
State of Illinois  
County Cook

Dated: 4/19/2024

Deborah A. Barry  
**DEBORAH A. BARRY**  
13206 S. Westview Drive  
Palos Heights, Illinois 60463

Subscribed and sworn to before me by the said **DEBORAH A. BARRY**  
this 19<sup>th</sup> day of April, 2024

Notary Public



Prepared by:

The Law Offices of Eileen Kerlin Walsh, P.C., 11757 Southwest Highway, Palos Heights, Illinois 60463

Mail to:

The Law Offices of Eileen Kerlin Walsh, P.C., 11757 Southwest Highway, Palos Heights, Illinois 60463

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## DUPAGE COUNTY HEALTH DEPARTMENT WHEATON, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 0019619		MEDICAL EXAMINER'S CASE NUMBER 030724CB01		DATE ISSUED 3/8/2024	
DECEDENT'S LEGAL NAME JOSEPH JOHN MASCHKE JR			SEX MALE	DATE OF DEATH MARCH 06, 2024	
COUNTY OF DEATH DU PAGE		AGE AT LAST BIRTHDAY 77 YEARS	DATE OF BIRTH OCTOBER 13, 1946		
CITY OR TOWN HINSDALE		HOSPITAL OR OTHER INSTITUTION NAME UCHICAGO MEDICINE ADVENTHEALTH HINSDALE			
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT					
BIRTHPLACE OAK PARK, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME DEBORAH A BARRY	EVER IN U.S. ARMED FORCES? YES	
RESIDENCE 13206 S WESTVIEW DRIVE		APT. NO.	CITY OR TOWN PALOS HEIGHTS	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60463	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOSEPH JOHN MASCHKE	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MILDRED MCCARLEY	
INFORMANT'S NAME DEBORAH A BARRY		RELATIONSHIP SPOUSE	MAILING ADDRESS 13206 S WESTVIEW DRIVE, PALOS HEIGHTS, IL, 60463		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION WOODLAWN CREMATORY	LOCATION - CITY OR TOWN AND STATE FOREST PARK, IL	DATE OF DISPOSITION MARCH 08, 2024	
FUNERAL HOME NATIONAL CREMATION SERVICE, 5942 W. TOUCHY AVENUE, NILES, IL, 60714					
FUNERAL DIRECTOR'S NAME PATRICK F GRIFFIN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015076		
LOCAL REGISTRAR'S NAME ADAM FORKER			DATE FILED WITH LOCAL REGISTRAR MARCH 7, 2024		
<b>CAUSE OF DEATH</b> PART I. SEPTIC SHOCK					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):			
		b. TRACHEOESOPHAGEAL FISTULA Due to (or as a consequence of):			
		c. ESOPHAGEAL CANCER 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. GASTRIC CANCER, PANCREATIC CANCER, LUNG CANCER			WAS AN AUTOPSY PERFORMED? NO		
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A		
FEMALE PREGNANCY STATUS NOT APPLICABLE			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? YES	DATE LAST SEEN ALIVE MARCH 06, 2024	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 01:20 PM	
CERTIFIER PHYSICIAN				DATE CERTIFIED MARCH 07, 2024	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR SEJAL THAKER, 120 N OAK STREET, HINSDALE, ILLINOIS, 60521				PHYSICIAN'S LICENSE NUMBER 036123694	



Adam Forker  
Local Registrar

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.

Not valid without the embossed seal of the  
DuPage County Health Department.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE