



# Chicago Title Insurance Company

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

} ss.

Order No. \_\_\_\_\_

MARY K. GOEBEL

being duly sworn

states that she resides at 2039 Emerson in the City of Melrose Park, Illinois 60164

That she was acquainted with HERMAN L. GOEBEL

deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 19 in Block 12 in Second Addition to Leyden Gardens being a Subdivision of the East two thirds of the West half of the North East quarter of Section 33, Township 40 North, Range 12 East of the Third Principal Meridian, (except the East half of the West two thirds of the South half of the South West quarter of said North East quarter) in Cook County, Illinois.

PERMANENT INDEX NO: 12-33-214-004 PROPERTY ADDRESS: 2039 Emerson  
Melrose Park, IL 60164

THIS DOCUMENT PREPARED BY: FAVIL DAVID BERNS, Attorney at Law  
MAIL TO: 30 East North Ave., Northlake, IL 60164

That the deceased died October 27, 1983, as evidenced 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 \_\_\_\_\_ 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 Sixty Thousand and no/100 (\$60,000.00) dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

MARY K. GOEBEL

this \_\_\_\_\_ day of OCT 26 1989, A.D. 197 \_\_\_\_\_

*Favil David Berns*  
Notary Public



\* *Mary K. Goebel*  
(affiant's signature)  
MARY K. GOEBEL

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Property of Cook County Clerk's Office

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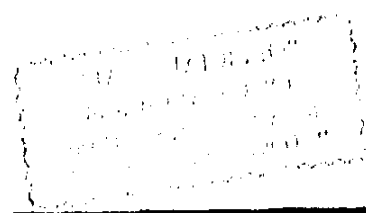
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## Certified Copy of a Death Record

REGISTRAR'S BIRTH NO.	REGISTRATION DISTRICT NO. <b>16.92</b>	STATE OF ILLINOIS		STATE FILE NUMBER
	REGISTERED NUMBER <b>1405</b>	<b>MEDICAL CERTIFICATE OF DEATH</b>		
Type of Print in Permanent Ink See Funeral Director, Hospital or Physician Handbook for Instructions	DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
	1. HERMAN L. GOEBEL		2. MALE	3. OCTOBER 27, 1983
	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY))	ORIGIN OR DESCENT	AGE—(MONTHS, DAYS, HOURS, MIN.)	DATE OF BIRTH (MO., DAY, YEAR)
	4. WHITE	5. GERMAN	6. 81	7. 8. FEBRUARY 22, 1902
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—(NAME, ST., NO., CITY, STATE)		IF HOME OR INST. (INDICATE ROOM OR FLOR., HALL, INPATIENT OR OUTPATIENT)
7. PROVISO TOWNSHIP		7c. FOSTER G MC GAW HOSPITAL		7d. COOK INPATIENT
STATE OF BIRTH (IF NOT U.S.A. NAME & COUNTRY)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
8. ILLINOIS		9. U.S.A.	10. MARRIED	11. MARY CHAPMAN
SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY Y OR NO)
12. 326-30-2973		13. LIGHTING ENGR.	14. MITCHELL MFG.	13d. NONE
RESIDENCE—STREET AND NUMBER		CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES OR NO)	COUNTY
14. 2039 W EMERSON AVENUE		15. MELROSE PARK	16. YES	17. COOK
STATE		18. ILLINOIS		
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
11. HANS GOEBEL		12. MAGDALENA FACKLER		
INFORMANT NAME (TYPE OR PRINT)		RELATIONS TO DECEASED	MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)	
17a. BEVERLY A POTEMPA		17b. HOSPITAL RECORDS	17c. 2160 S 1 ST AVENUE MAYWOOD ILLINOIS	
18. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE				
(a) <i>Cardiopulmonary failure</i>				
DUE TO OR AS A CONSEQUENCE OF				
(b) <i>massive UGT bleed</i>				5 days
DUE TO OR AS A CONSEQUENCE OF				
(c)				
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO CAUSE SHOWN IN PART I OR				AUTOPSY (YES OR NO)
				19a. NO
DATE OF OPERATION (IF ANY)				IF FEMALE, WAS THERE A PREG. NANCY IN PAST THREE MONTHS?
20a. <i>10/23/83</i>				20b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20b. <i>gastric ulcer, fatty liver, low albumin</i>				
19. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)		MONTH, DAY, YEAR		HOUR OF DEATH
21a. <i>27 Oct 83</i>		21b. <i>10/27/83</i>		21c. <i>0700 A.M.</i>
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				DATE SIGNED (MO., DAY, YR.)
22a. SIGNATURE <i>K. W. Widorbo</i>				22b. <i>10/27/83</i>
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)				ILLINOIS LICENSE NUMBER
22c. <i>924 Troost Forest Park, IL K. Widorbo, MD</i>				22d. <i>T-014553</i>
NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)				
23. <i>Dr. Fickelman</i>				
NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.				
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN	STATE
24a. CREMATION	24b. OAKRIDGE	24c. Hillside	24d. J11	24e. Ill
DATE (MONTH, DAY, YEAR)		DATE (MONTH, DAY, YEAR)		
24f. <i>Oct 28 1983</i>		24g. <i>Oct 28 1983</i>		
FUNERAL HOME NAME		STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP		
25a. <i>Columbia Funeral Home</i>		25b. <i>10300 W. Grand Franklin, IL J11</i>		
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
25c. <i>John J. Lewis</i>		25d. <i>7603</i>		
LOCAL REGISTRAR (NAME AND ADDRESS)		DATE RECD BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
26a. <i>John J. Lewis</i>		26b. <i>October 28, 1983</i>		
26c. FOREST PARK, ILLINOIS 60130				

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE DEC 19 1986 SIGNED [Signature]

AT BROADVIEW, ILLINOIS 60153, Illinois OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

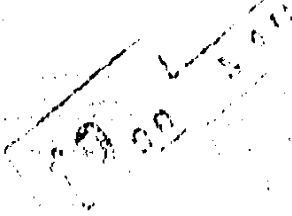
The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.

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. DEPT-01 #13.25  
. T#1111 TRAN 6601 10/30/89 10:22:00  
. #0775 # A \*-89-514300  
. COOK COUNTY RECORDER

FAVIL DAVID BERNS & ASSOCIATES  
ATTORNEYS AT LAW  
30 EAST NORTH AVENUE  
NORTHLAKE, IL 60164-2516  
(312) 562-1076

