

60157

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Handwritten initials/signature.

JUDITH VON ALMEN
Judith von Almen

Division of the circuit court of DuPage County, Illinois.
unproven will should be filed with the clerk of the Probate
copy of which is attached hereto. The original of the the
That the deceased died leaving a last will and Testament, a
hereto.

certified copy of the death certificate of the deceased attached
That the deceased died November 19, 1991, as evidenced by a

third principal Meridian. (See attached Affidavit.)
thirty Nine (39) North Range Twelve, (12) East of the
two (2) and Eleven (11) and Fourteen (14), in Township
fifty Nine (59) in Maywood, a subdivision in sections
lot seven (7) and lot eight (8) in Block Two Hundred

Maywood, Illinois 60153, and further described as follows:
Cook County, Illinois, commonly known as 1005 N. 8th Avenue,
at the time of her death, was one of the owners of the land in
That she was acquainted with GOLDIE C. NOLEN, deceased, who,
at 22065 Woodview Drive, Medinah, Illinois 60157.
JUDITH VON ALMEN, being duly sworn, states that she resides

STATE OF ILLINOIS)
COUNTY OF COOK)
ss.)
Order No. _____)

DECEASED JOINT TENANCY AFFIDAVIT

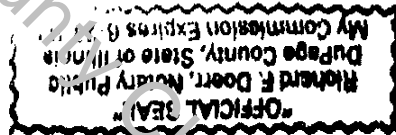
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Richard F. Doerr
Notary Public

Subscribed and sworn to before me by the said JUDITH VON ALMEN this 7 day of February, 1992.

Judith von Almen
JUDITH VON ALMEN

I, JUDITH VON ALMEN, first duly sworn upon oath, depose and say that I have read the above Affidavit and that the facts contained therein are true to the best of my knowledge.

VERIFICATION

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OFFICE OF THE CLERK OF COURT
12/22/2011 11:44:33 AM
#5457 92-127396
COURT CLERK RECORDER

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12/22/2011 11:44:33 AM

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DECEASED'S BIRTH NO. REGISTRATION DISTRICT NO. 220 REGISTERED NUMBER 4063

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FEE NUMBER

Type of Print in Permanent Book See Funeral Director, Hospital, or Physician's Handbook for Instructions

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH MONTH DAY YEAR 1. Goldie C. Nolon 2. Female 3. November 19, 1991

COUNTY OF DEATH AGE- LAST BIRTHDAY YEAR UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH DAY YEAR) 4. DuPage 5a. 72 5b. 5c. 5d. May 22, 1919

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. OR OTHER P.A. DEPARTMENT (SPECIFY) 8a. Bloomingdale Township 8b. 22 W 065 Woodview Drive 8c. -----

BIRTH PLACE (CITY AND STATE OR POP. CONC. TERRITORY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECLARED DEVER IN U.S. ARMED FORCES BY (YES/NO) 7. Egan Twp., Iowa 8a. Widowed 8b. 8c. NO

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIALTY, TRADE, OR COLLEGE) 10. 34-05-0366 11a. Homemaker 11b. Own Home 12. 10

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY 13a. 1005 N 8th Avenue 13b. Maywood 13c. Yes 13d. Cook

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, OR ALASKA NATIVE) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) 13e. Illinois 13f. 60153 14a. White 14b. NO YES SPECIFY:

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 15. Homer Nauertz 16. Frances Soupan

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR P.O. CITY OR TOWN, STATE, ZIP) 17a. Judith vonAlmen 17b. Daughter 17c. 22 W 065 Woodview Dr., Medinah, IL 60157

18. PART I Enter the diseases, or other factors that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) Dilated ischemic cardiomyopathy DUE TO, OR AS A CONSEQUENCE OF (b) Coronary artery disease DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

PART II. Only significant conditions contributing to death but not resulting in the underlying cause should be listed here. AUTOPSY (YES/NO) 19a. NO 19b. YES IF AUTOPSY PERFORMED AVAILABLE FROM TO WHOM THE BODY IS LOANED (IF ANY)

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20a. 1988 20b. AC bypass- 20c. YES NO

1005 NUMBER ATTENDING THE DECEASED AND LAST SAWN NUMBER ALIVE ON (MONTH DAY YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED (YES/NO) HOUR OF DEATH 21a. 10-1-91 21b. Yes 21c. 3:50 A.M.

TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED DATE SIGNED MONTH DAY YEAR 22a. SIGNATURE 22b. 1-19-91

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER 22c. Behrooz Eshaghy, M.D., 5805 St. Charles Rd., Berkeley, IL 60167 22d. 036-046897

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN AUXILIARY WAS INVOLVED IN THIS DEATH THE LICENSED OR MEDICAL EXAMINER MUST BE SO NOTED.

23. FUNERAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE MONTH DAY YEAR 23a. Burial 23b. Mt. Emblem 23c. Elmhurst, Illinois 23d. Nov. 21, 1991

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 24a. Ahlgren Funeral Home, Ltd., 567 S. Spring Rd., Elmhurst, IL 60126

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25a. Arthur B. Ahlgren 25b. 034-009977

LOCAL REGISTRY SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) 26a. James P. Paulissen, M.D. 26b. Shelton, Deputy 26c. NOV 20 1991

Illinois Department of Public Health - Division of Vital Records

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

James P. Paulissen, M.D. Local Registrar

Not valid without the embossed seal of DuPage County Health Department 111 North County Farm Road Wheaton, Illinois 60187

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