

REI REAL ESTATE INDEX

1820 RIDGE AVENUE
EVANSTON, IL 60201-2690
708.854.8000 FAX 708.854.9718



DECEASED JOINT TENANCY AFFIDAVIT 95894060

Commitment Number: 283125

Date: 12/18/95

- DEPT-01 RECORDING \$23.50
- 10009 TRAN 0266 12/26/95 09:52:00
- 87494 RH *-95-894060
- COOK COUNTY RECORDER
- DEPT-10 PENATLY \$20.00

STATE OF ILLINDIS)
) §
COUNTY OF Cook)

DOROTHY M. KETTERHAGEN, being duly sworn states that SHE resides at 810 KINGS ROW in the City of PALATINE, IL

That SHE was acquainted with LOUIS J. KETTERHAGEN deceased who,

at the time of HIS death, was one of the owners of the land in County, Illinois, described as:
UNIT # 171B-7 IN KINGS ARCADE OF PALATINE CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: PART OF THE NORTHWEST

Property Address: 810 KINGS ROW, PALATINE, IL 60074

PIN: 02-01-100-015-1127

That the deceased died 12/23/87, as evidenced by a certified copy of death certificate of the deceased attached hereto.

Prepared by: Devon Bank
MAIL TO: 330 N. Milwaukee
Glenside, IL 60025

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 at _____

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.

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

Dorothy M. Ketterhagen
Affiant

Subscribed and sworn to before me this _____ day of _____ A.D. 1995

OFFICIAL SEAL
GRISELDA WRIGHT
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 01/04/99

Gridda Wright
Notary Public

29797876
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(97569)

* 1/4 OF SECTION 1, TOWNSHIP 42 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 25234962 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS.

95894060

DECEASED'S BIRTH NO.

REGISTRATION
DISTRICT NO. 1628
REGISTERED
NUMBER

STATE OF ILLINOIS

12-23-1989

STATE FILE
NUMBERUNOFFICIAL COPY
MEDICAL CERTIFICATE OF DEATH

Type or Print in Permanent Ink This Form for Directors, Hospital or Physicians Use Only for Instructions	DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)				
	1		LOUIS	J.	KETTERHAGEN	2 Male	3	December 23, 1989			
A	COUNTY OF DEATH		AGE (LAST BIRTHDAY (YEAR)		MONTH (1) YEAR	MONTH (1) DAY	DATE OF BIRTH (MONTH DAY YEAR)				
	4 Cook		5a 69		5b 5	5c 1	6a July 1, 1920				
B	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN THE IL GIVE STREET AND NUMBER)			IF HOME (CHECK) INDICATE D (1) A OR E (M) I (M) IMPATIENT (S) P (C) Y					
	8a Arlington Heights		8b Northwest Community Hospital			8c Emer. Room					
C	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (S) (P) (C) Y		NAME OF SURVIVING SPOUSE (MARRIAGE # 1)		WAS IN CARE OF INSTITUTION (S) (P) (C) Y				
	7 Burlington, WI		8a Married		8b Dorothy Endre		9 Yes				
D	SOCIAL SECURITY NUMBER (1)		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (S) (P) (C) Y (HIGH SCHOOL COMPLETED)				
	10 565-22-3359		11a Carpenter		11b Construction		12 8				
E	RESIDENCE (STREET AND NUMBER)		CITY, TOWN, OR ROAD DISTRICT NO		INSIDE CITY (YES NO)		COUNTY				
	13a 810 Kings Row		13b Palatine Township		13c No		13d Cook				
F	STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE)		OF HISPANIC ORIGIN? (S) (P) (C) Y (YES) (S) (P) (C) Y (NO)				
	13e Illinois		13f 60074		14a White		14b (X) NO () YES SPECIFY				
G	FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - NAME		FIRST	MIDDLE	LAST	
	15		Edward		Ketterhagen	16		Louise		Daniels	
H	INFORMANT (S) NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO OR P.O. CITY OR TOWN, STATE, ZIP)						
	17a Dorothy M. Ketterhagen		17b Wife		17c 810 Kings Row, Palatine, IL 60074						
I	18. PART I. Enter the disease, injuries, or complications 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.		(a) Immediate Cause (Final disease or condition resulting in death)		(b) DUE TO, OR AS A CONSEQUENCE OF		(c) CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a); STATING THE UNDERLYING CAUSE LAST		APPROPRIATE INTERVIEW OF THE FATHER (S) (P) (C) Y		
	18a		18b		18c		18d		18e		
J	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES NO)		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?						
	19a		19b		19c		19d				
K	DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?						
	20a		20b		20c		20d				
L	(1) (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		MONTH DAY YEAR		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES NO)		HOUR OF DEATH				
	21a		21b		21c		21d				
M	TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME DATE AND PLACE ABOVE DUE TO THE CAUSE(S) STATED		SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		DATE SIGNED (MONTH DAY YEAR)				
	22a		22b		22c		22d				
N	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?				
	23		23a		23b		23c		23d		
O	BURIAL CREMATION REMOVAL (SPECIFY)		CEMETERY OR CREMATORY - NAME		LOCATION		CITY OR TOWN		STATE		
	24a Burial		24b All Saints		24c Des Plaines, Illinois		24d		24e Dec. 28, 1989		
P	FUNERAL HOME		NAME		STREET AND NUMBER OR P.O.		CITY OR TOWN		STATE		
	25a		25b		25c		25d		25e		
Q	FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)						
	25b		25c		25d		25e				

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 December 26, 1989

SIGNED

AT Evanston

Illinois OFFICIAL TITLE

Local Registrar

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 in all courts and places of the facts therein stated.

UNOFFICIAL COPY

Property of Cook County Clerk's Office

USJW6856