

UNOFFICIAL COPY

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2000-01-21 10:31:57  
Cook County Recorder 23.00



STATE OF ILLINOIS )  
COUNTY OF COOK )ss

DECEASED JOINT TENANCY AFFIDAVIT

Judith Sternberg being duly sworn states that  
she resides at 6114 N. Richmond in the City of Chicago

That Judith Sternberg was acquainted with Maurice Sternberg  
deceased who, at the time of his  
Death, was one of the owners of the land in COOK  
County, Illinois, described as:

Lots 106 to 108 in Krenn and Dato's Addition to North Edgewater  
being a subdivision in the east 1/2 of the northwest 1/4 of section  
1, township 40 north, range 13, east of the third principal meridian,  
in Cook County, Illinois.  
P.I.N. 13-01-118-029-0000

That the deceased died February 17, 1994  
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 \_\_\_\_\_  
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 \_\_\_\_\_ dollars.

Affiant makes this affidavit for the purpose of inducing the Real Estate Index to  
issue its Title Insurance Policy describing the above mentioned property.

Subscribed and sworn to before me by the said

this 5th day of January A.D. 2000  
Patricia Cazares Judith Sternberg  
Notary Public (Affiants Signature)



BOX 333

00054134

STIC A 00185 023 1061 Sales Stephens

# UNOFFICIAL COPY

JUN 18 1997

STATE OF ILLINOIS } ss. DAVID D. ORR. County Clerk  
County of Cook

I, DAVID D. ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the

*David D. Orr*  
County Clerk

DECEASED'S BIRTH NO.	REGISTRATION DISTRICT NO.	STATE OF ILLINOIS		STATE FILE NUMBER
	REGISTERED NUMBER <b>10.10</b>	<b>MEDICAL CERTIFICATE OF DEATH</b>		<b>603372</b>
Type or Print as PERMANENTLY as Possible, or if Temporary, Handbook for INSTRUCTIONS	DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
	1. <b>Maurice Sternberg</b>		2. <b>Male</b>	3. <b>Feb. 17, 1994</b>
A. DECEASED	COUNTY OF DEATH	AGE—LAST BIRTHDAY (Y/M/D)	UNDER 1 YEAR	DATE OF BIRTH (MONTH, DAY, YEAR)
	4. <b>Cook</b>	5a. <b>81</b>	5b. <b>MOSE</b> 5c. <b>50</b>	6. <b>June 3, 1912</b>
B. DECEASED	CITY, TWP. OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN THE CITY, GIVE STREET AND NUMBER)		F. HOSP. OR INST. INDICATE I.D.A. (YES/NO) (IF NOT INST. (SPECIFY))
	7. <b>Chicago</b>	8b. <b>Rush-Pres-St-Lukes-Medical Center</b>		6c. <b>Inpatient</b>
C. DECEASED	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
	7. <b>Married</b>	8b. <b>Judith DuBovy</b>		9. <b>Yes</b>
D. DECEASED	SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) (Elementary/Secondary (0-12) College (1-4 or 5+))
	10. <b>326-12-4233</b>	11a. <b>Proprietor</b>	11b. <b>Art Galleries</b>	12. <b>4</b>
E. DECEASED	RESIDENCE (STREET AND NUMBER)	CITY, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY
	13a. <b>6114 N. Richmond</b>	13b. <b>Chicago</b>	13c. <b>Yes</b>	13d. <b>Cook</b>
F. DECEASED	STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES. IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
	13e. <b>Illinois</b>	13f. <b>60655</b>	14a. <b>White</b>	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:
G. DECEASED	FATHER—NAME FIRST MIDDLE LAST	MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST		
	15. <b>Abraham Sternberg</b>	16. <b>Dora (Not Available)</b>		
H. DECEASED	INFORMANT NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	
	17a. <b>Judith Sternberg</b>	17b. <b>wife</b>	17c. <b>6114 N. Richmond; Chicago, IL 60659</b>	
I. DECEASED	18. PART I. Enter the diseases, 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.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Immediate Cause (Final disease or condition resulting in death)	(a) <b>Septic Shock</b>	<b>00054134</b>	<b>6 Hours</b>
J. DECEASED	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b) <b>Chronic Lymphocytic Leukemia</b>		<b>6 Years</b>
		(c) <b>Insulin Dependent Diabetes Mellitus</b>		<b>6 Years</b>
K. DECEASED	PART II. Other (any) fact(s) contributing to death but not resulting in the underlying cause given in PART I.			AUTOPSY (YES/NO)
	4. <b>Lumbar Epidural Abscess</b>			19a. <b>No</b>
L. DECEASED	DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	
	20a.	20b.	20c. <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
M. DECEASED	(10/1) (10/2) DID (NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON	(MONTH, DAY, YEAR)	WAS A JONER OR MEDICAL EXAMINER? (YES/NO)	HOUR OF DEATH
	21a.	<b>Feb. 17, 1994</b>	21b. <b>NO</b>	21c. <b>6:42 A.M.</b>
N. DECEASED	TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE INDICATED TO THE CAUSE(S) LISTED.			DATE SIGNED (MONTH, DAY, YEAR)
	22a. SIGNATURE	<i>S. Palmer</i>		22b. <b>Feb. 17, 1994</b>
O. DECEASED	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	ILLINOIS LICENSE NUMBER		
	22c. <b>Dr. S. Palmer 1653 W. Congress Pkwy Chg IL 60612</b>	22d. <b>1236-74836</b>		
P. DECEASED	NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
	23.			
Q. DECEASED	BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION CITY OR TOWN STATE	DATE (MONTH, DAY, YEAR)
	24a. <b>Burial</b>	24b. <b>Westlawn Cemetery</b>	24c. <b>Norridge, Illinois</b>	24d. <b>Feb. 20, 1994</b>
R. DECEASED	FUNERAL HOME NAME	STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP		
	25a. <b>Weinstein Brothers, Inc., 111 Skokie Boulevard; Wilmette, Illinois 60091</b>			
S. DECEASED	FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
	25b. <i>[Signature]</i>	25c. <b>034-11770</b>		
T. DECEASED	LOCAL REGISTRAR'S SIGNATURE	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
	26a. <i>[Signature]</i>	26b. <b>FEB 18 1994</b>		
Illinois Department of Public Health—Division of Vital Records				(BASED ON 1988 U.S. STANDARD CERTIFICATE)