

UNOFFICIAL COPY

00161218

13470062 32 001 Page 1 of 4
2000-03-07 11:56:58
Cook County Recorder 27.50

DECEASED JOINT
TENANCY AFFIDAVIT



This document prepared by:

When recorded mail to:

Richard A. Sugar, Esq.
Sugar, Friedberg & Felsenthal
30 North LaSalle Street
Suite 2600
Chicago, Illinois 60602

Sherry H. Kaplan
Sugar, Friedberg & Felsenthal
30 North LaSalle Street
Suite 2600
Chicago, Illinois 60602

Address: 1280 Rudolph, Unit 1-E, Northbrook, Illinois 60062
Permanent index number: 04-03-200-025-1005

MARILYN CHULOCK ("Affiant"), being first duly sworn, on oath deposes and states as follows:

1. Affiant was married to **KEITH CHULOCK** ("the Deceased Joint Tenant").
2. The Deceased Joint Tenant died on November 23, 1999 as evidenced by the certified copy of the Deceased Joint Tenant's death certificate attached hereto.
3. At the time of the Deceased Joint Tenant's death, the Deceased Joint Tenant was one of the owners of the property in Cook County, Illinois legally described as follows:

PARCEL 1: UNIT NO. 1-E, IN THE CONDOMINIUMS OF NORTHBROOK COURT CONDOMINIUM III, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: THAT PART OF THE NORTHEAST 1/4 OF SECTION 3, TOWNSHIP 42 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS: COMMENCING AT THE POINT OF INTERSECTION OF A LINE DRAWN 50.00 FEET (MEASURED AT RIGHT ANGLES) WEST OF AND PARALLEL TO THE EAST LINE OF THE NORTHEAST 1/4 OF SAID SECTION 3, WITH A LINE DAWN 366.0 FEET (MEASURED AT RIGHT ANGLES) NORTH OF AND

PARALLEL TO THE SOUTH LINE OF THE NORTHEAST 1/4 OF SAID SECTION 3: THENCE NORTH 89 DEGREES 54 MINUTES 25 SECONDS WEST, ALONG THE SAID SOUTH LINE, 421.06 FEET; THENCE NORTH 00 DEGREES 05 MINUTES 35 SECONDS EAST, 76.05 FEET TO THE TRUE POINT OF BEGINNING OF THE HEREIN DESCRIBED PARCEL OF LAND; THENCE NORTH 34 DEGREES 54 MINUTES 25 SECONDS WEST, 185.00 FEET; THENCE NORTH 12 DEGREES 24 MINUTES 15 SECONDS WEST 112.28 FEET; THENCE NORTH 10 DEGREES 05 MINUTES 35 SECONDS EAST, 185.00 FEET; THENCE SOUTH 79 DEGREES 54 MINUTES 25 SECONDS EAST, 117.00 FEET; THENCE SOUTH 10 DEGREES 05 MINUTES 35 SECONDS WEST, 197.31 FEET; THENCE SOUTH 34 DEGREES 54 MINUTES 25 SECONDS EAST, 197.31 FEET; THENCE SOUTH 55 DEGREES 05 MINUTES 35 SECONDS WEST, 117.00 FEET TO THE POINT OF BEGINNING IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT A TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 25786573, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS

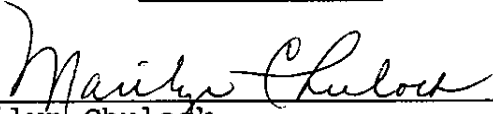
PARCEL 2: EASEMENTS FOR INGRESS AND EGRESS FOR THE BENEFIT OF PARCEL 1 AS SET FORTH IN THE DECLARATION OF EASEMENTS, RESTRICTIONS AND COVENANTS FOR THE CONDOMINIUMS OF NORTHBROOK COURT COMMUNITY ASSOCIATION RECORDED AS DOCUMENT 25415820 AS AMENDED AND SUPPLEMENTED FROM TIME TO TIME.

PARCEL 3: A PERPETUAL NON-EXCLUSIVE EASEMENT OF USE FOR THE PURPOSE OF 2 WAY VEHICULAR TRAFFIC (PASSENGER VEHICLES AND TRUCKS) AND PEDESTRIAN ACCESS TO AND BETWEEN THE ABOVE DESCRIBED PROPERTY AND ABUTTING ROADS AND HIGHWAYS, OVER AND ACROSS THAT PARCEL OF LAND KNOWN AS RUDOLPH ROAD.

and commonly known as 1280 Rudolph, Unit 1-E, Northbrook, Illinois 60062 ("the "Property").

4. Affiant has made and delivered this Deceased Joint Tenant Affidavit to induce Chicago Title Insurance Company to issue a policy of title insurance with respect to the Property with no exception to coverage based on the interest of the Deceased Joint Tenant in the Property.

IN WITNESS WHEREOF, Affiant has executed this Deceased Joint Tenant Affidavit at Chicago, Illinois on Feb. 15, 2000.



Marilyn Chulock

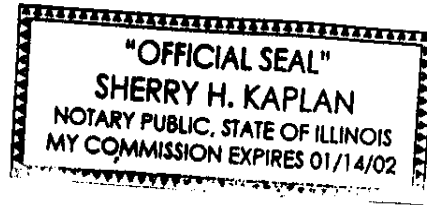
UNOFFICIAL COPY

00161218

Subscribed and Sworn To
before me this 15th day
of February, 2000 by
Marilyn Chuleck.

Sherry H. Kaplan
Notary Public

190811\352\prob\deadjtaf.chu



Property of Cook County Clerk's Office

REGISTRATION DISTRICT NO. **16.10**

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
619482

DECEASED-NAME **KEITH E. CHULOCK** SEX **MALE** DATE OF DEATH (MONTH, DAY, YEAR) **NOVEMBER 23, 1999**

COUNTY OF DEATH **COOK** AGE-LAST BIRTHDAY (YRS) **5a. 72** UNDER 1 YEAR (MONTHS, DAYS) **5b.** UNDER 1 DAY (HOURS, MIN) **5c.** DATE OF BIRTH (MONTH, DAY, YEAR) **5d. SEPTEMBER 23, 1927**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHICAGO** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT NEITHER, GIVE STREET AND NUMBER) **6b. NORTHWESTERN MEMORIAL HOSPITAL** (IF HOSP. OR INST. INDICATE D.O.A. OR OTHER R.K. INPATIENT (SPECIFY)) **6c. INPATIENT**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **7. OAK PARK, IL** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **8a. MARRIED** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **8b. MARIILYN ULIT ACCOUNTING**

SOCIAL SECURITY NUMBER **358-24-4848** USUAL OCCUPATION **CPA** KIND OF BUSINESS OR INDUSTRY **ACCOUNTING** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **12. Elementary/Secondary (10-12)** INSIDE CITY (YES/NO) **13c. YES** COUNTY **4. COOK**

RESIDENCE (STREET AND NUMBER) **13a. 1280 RUDOLPH RD. #1E** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **13b. NORTHBROOK** OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) **13d. YES**

STATE **ILLINOIS** ZIP CODE **60062** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **14a. WHITE** MOTHER-NAME FIRST MIDDLE LAST **14b. LILLIAN**

FATHER-NAME FIRST MIDDLE LAST **WILLIAM CHULOCK** MAILING ADDRESS (STREET AND NO. OR R.F.D. OR CITY OR TOWN, STATE, ZIP) **17c. 1280 RUDOLPH RD. NORTHBROOK, IL 6006**

INFORMANT'S NAME (TYPE OR PRINT) **17a. MARIILYN CHULOCK** RELATIONSHIP **SPOUSE** APPROXIMATE INTERVAL BETWEEN DEATH AND DEATH

PART I. Immediate Cause (Final disease or condition resulting in death) **RESPIRATORY FAILURE** Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.

CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) **MULTISYSTEM FAILURE** (b) DUE TO, OR AS A CONSEQUENCE OF (c)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. MAJOR FINDINGS OF OPERATION **NOVEMBER 22, 1999**

DATE OF OPERATION, IF ANY **20b.** NAME AND ADDRESS OF CERTIFIER **22a. Dr. John Fiadjo, MD., 251 E. Huron, Chicago, IL 60611**

BURIAL, CREMATION, REMOVAL (SPECIFY) **24a. BURIAL** CEMETERY OR CREMATORY-NAME **SHALOM MEMORIAL PARK** LOCATION **ARLINGTON HTS. ILLINOIS** DATE (MONTH, DAY, YEAR) **NOV. 26, 1999**

FUNERAL HOME **WEINSTEIN FAMILY SERVICES** STREET AND NUMBER OR R.F.D. **111 SKOKIE BLVD.** CITY OR TOWN **WILMETTE** STATE **ILLINOIS** ZIP **60091**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
JAN 18 2000

SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.


Sheila Lync Rsm
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.