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2002-05-10 09:10:54

Cook County Recorder

55.50



CHICAGO TITLE INSURANCE COMPANY

P.O. BOX 97767, CHICAGO, IL 60678-7767

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }
COUNTY OF } ss.

Order No.:



0020537869

Larry R. Solomon

being duly sworn states that I resides at 9164 West Oaks
in the City of Des Plaines

That I was acquainted with David Solomon deceased who, at the time of death,
was one of the owners of the land in Cook County, Illinois, described as:

See attached Exhibit "A"

That the deceased died May 2, 1998, as evidenced by a certified copy of death
certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
[X] 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 Cook 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
\$400,000.00 dollars.

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

Subscribed and sworn to before me by the said

OFFICIAL SEAL

MARIA G FLORES

NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 10/15/03

Maria G. Flores

this 15 day of April, A.D. 2002

Maria G. Flores

Notary Public

Larry R. Solomon (Affiant's Signature)

**UNOFFICIAL COPY**EXHIBIT A

Parcel 1: Unit 201-H together with its undivided percentage interest in the common elements in Landings Condominium Parcel No. 8 as delineated and defined in the Declaration recorded as Document No. 22930064, as amended, in the Southwest 1/4 of Section 15, Township 41 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Parcel 2: Easements for ingress and egress for the benefit of Parcel 1 as set forth and defined in the Declaration recorded as Document No. 22053833, in Cook County, Illinois.

Grantor also hereby grants and assigns to Grantees, their successors and assigns, Parking Space No. 19 as a limited common element as set forth and provided in the aforementioned Declaration of Condominium.

Subject to: Covenants, conditions and restrictions of record; terms, provisions, covenants and conditions of the Declaration of Condominium and all amendments thereto; private, public and utility easements including any easements established by or implied from the Declaration of Condominium or amendments thereto; roads and highways; party wall rights and agreements; limitations and conditions imposed by the Condominium Property Act; general taxes for the year 1987-88 and subsequent years; installments due after the date of closing of assessments established pursuant to the Declaration of Condominium.

09-15-307-115-1001



Tory Boger, Esq.  
Fage! Haber LLC  
55 East Monroe  
40th Floor  
Chicago IL 60603

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DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO.	STATE OF ILLINOIS		STATE FILE NUMBER	
<b>MEDICAL CERTIFICATE OF DEATH</b>					
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)
	1. David Solomon			2. Male	3. May 2, 1998
	COUNTY OF DEATH	AGE—LAST BIRTHDAY (YRS) 5a. 87	UNDER 1 YEAR MOS. 5b.	UNDER 1 DAY HOURS 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. February 28, 1911
4. Cook		CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. DesPlaines		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. Ballard Nursing Home	IF HOSP. OR INST. INDICATE I.O.A. OPERATOR, INPATIENT (SPECIFY) 6c. Inpatient
DECEASED	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. South Bend IN		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Widowed	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. None	
	SOCIAL SECURITY NUMBER 10. 307-09-9963		USUAL OCCUPATION 11a. Manager	KIND OF BUSINESS OR INDUSTRY 11b. Department Store	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 6
PARENTS	RESIDENCE (STREET AND NUMBER) 13a. 9295 Landings Lane		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. Des Plaines	INSIDE CITY (YES/NO) 13c. Yes	COUNTY 13d. Cook
	STATE 13e. Illinois	ZIP CODE 13f. 60016	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White	OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
1	FATHER—NAME FIRST MIDDLE LAST 15. Larry Solomon		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST 16. Anna Horowitz		
	INFORMANT'S NAME (TYPE OR PRINT) 17a. Larry Solomon		RELATIONSHIP 17b. Son	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 9164 West Oaks Des Plaines IL 60016	
CAUSE	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) <i>Pneumonia</i>	3 days	
	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) <i>diabetes</i>	1 year	
4	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				AUTOPSY (YES/NO) 19a. NO
	<i>Fungal urinary tract infection</i>				WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES/NO 19b.
CERTIFIER	DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
	I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a. 5/1/98		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. No	HOUR OF DEATH 21c. 9:15 A. M.	
DISPOSITION	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) 22. May 4, 1998		
	22a. SIGNATURE <i>Stuart Goldman</i>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. Dr. Stuart Goldman 1775 Ballard Rd. Park Ridge IL		ILLINOIS LICENSE NUMBER 22d. 036072015
DISPOSITION	BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY—NAME 24b. Shalom Memorial Park	LOCATION CITY OR TOWN STATE 24c. Arlington Hrs., Illinois	DATE (MONTH, DAY, YEAR) 24d. May 4 1998
	FUNERAL HOME 25a. Weinstein Family Services		STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25b. All Skokie Blvd. Wilmette Illinois 60091		FUNERAL DIRECTOR'S SIGNATURE 25c. <i>Karen L. Scott</i>
LOCAL REGISTRAR'S SIGNATURE 28a. REGISTRAR <i>Karen L. Scott, M.D.</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-015080		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 28b. May 5 1998	

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 May 5, 1998 SIGNED *C. Laurie Brown* LOCAL REGISTRAR

AT EVANSTON, Illinois OFFICIAL TITLE \_\_\_\_\_

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.

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Exhibit A

COPY

Property of Cook County Clerk's Office

W I L L  
of  
DAVID SOLOMON

I, DAVID SOLOMON, of Joliet, Illinois, being of sound and disposing mind and memory, do make, publish and declare this to be my Will, hereby revoking any and all prior Wills and Codicils made by me.

FIRST: I give, devise and bequeath all my property, both real and personal, tangible and intangible, of whatsoever composed, and wheresoever located, and including any and all property that I might acquire after the execution of this Will, to my beloved son, LARRY ROBERT SOLOMON, if he survives me for a period of thirty days.

SECOND: In the event that my beloved son, LARRY ROBERT SOLOMON, shall not survive me for a period of thirty days, then I give, devise and bequeath my entire estate owned by me at my death to my son's children, in equal shares, per stirpes, provided, however, that if any of my grandchildren shall not have attained the age of 25, his or her share shall be held in trust as provided in Article THIRD.

D.S.

THIRD: If my son, LARRY ROBERT SOLOMON, is not living at the date of my death, and one or more of my grandchildren has not attained the age of 25, then his or her share shall be held in trust until he or she attains the age of 30.

FOURTH: I hereby appoint LaSALLE NATIONAL BANK as Trustee of the individual trusts created under provisions of Article THIRD. Said Trustee shall administer said individual trusts with full powers granted under the Statutes of the State of Illinois until said grandchildren attain the age of 30.

FIFTH: I hereby appoint my son, LARRY ROBERT SOLOMON, to be the Executor hereunder. If he is unable to serve, I hereby appoint SUSAN A. SOLOMON to be the Executor hereunder.

SIXTH: I empower the personal representative of my estate, without order of court and without notice to anyone; to sell, convey, option, lease or mortgage any property real or personal, publicly or privately, upon such terms and conditions as shall seem best to such personal representative; to settle, compromise or pay any claim, including taxes, asserted in favor or against me or my estate; and to permit any of the beneficiaries hereunder to enjoy the use in kind during the administration of my estate, of any tangible personal property without liability on the part of the personal representative for injury, consumption or loss of the property so used, without liability on the part of the beneficiary for unintentional, non-negligent injury, consumption or loss of the property so used.

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SEVENTH: I direct that no executor or other fiduciary shall be required to provide security or surety on any bond for the performance of any official duty.

IN WITNESS WHEREOF, I, the undersigned Testator have this 20TH day of JUNE, 1988, subscribed, sealed, published and declared the foregoing instrument, consisting of 2 typewritten pages, this page included as my Last Will and Testament.

David Solomon

Signed, sealed and declared by DAVID SOLOMON, the Testator above named, to be his Last Will and Testament, in our presence, and we, at his request and in his presence, and in the presence of each other, and believing him to be of sound and disposing mind and memory, have hereunto subscribed our names as witnesses thereto.

James M. Wilson RESIDING AT 218 HUNTINGTON DR.

Erin S. Wilson RESIDING AT 1532 W. MARSH CT. PALM BEACH, FL

Paul G. Wilson Jr. RESIDING AT 218 HUNTINGTON DR.

STATE OF ILLINOIS ) ) SS
COUNTY OF COOK )

We the attesting witnesses to the Will of the Testator, DAVID SOLOMON, on oath state that each of us saw the Testator sign the Will, of which this Affidavit is a part of in our presence, that the Will was attested by each of us in the presence of the Testator, that each of us believed the Testator to be of sound mind and memory at the time of signing.

James M. Wilson RESIDING AT 218 HUNTINGTON DR. Streamwood, Ill.

Erin S. Wilson RESIDING AT 1532 W. MARSH CT. PALM BEACH, FL

Paul G. Wilson Jr. RESIDING AT Huntington Dr. Streamwood, Ill.

SUBSCRIBED AND SWORN to before me this 20th day of June, 1988.

Norman B. Padnos Notary Public

OFFICIAL SEAL NORMAN B. PADNOS NOTARY PUBLIC STATE OF ILLINOIS MY COMMISSION EXPIRES 2/21/92