

UNOFFICIAL COPY 021090013

9234/0022 43 005 Page 1 of 2  
2002-10-04 11:04:36  
Cook County Recorder 26.50

COOK COUNTY  
RECORDER  
EUGENE "GENE" MOORE  
ROLLING MEADOWS



AFFIDAVIT RE:  
DECEASED JOINT TENANT

JOSEPHINE SMITH, being duly sworn, states as follows:

1. That she resides at 1444 Carol Court #2A, Palatine, Cook County, Illinois;
2. That she is the surviving spouse of WILLIAM G. SMITH, who died on August 10, 1998, as evidenced by the attached certified copy of death certificate;
3. That said decedent was one of the owners of the following described land:

UNIT NO. 64 IN LONG VALLEY CONDOMINIUM AS DELINEATED ON SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE (HEREINAFTER REFERRED TO AS "PARCEL") OF PARTS OF THE SOUTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 12, TOWNSHIP 42 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS, TOGETHER WITH AN UNDIVIDED 101452% INTEREST IN SAID PARCEL EXCEPTING FROM SAID PARCEL ALL THE PROPERTY AND SPACE COMPRISING ALL THE UNITS THEREOF AS DEFINED AND SET FORTH IN SAID DECLARATION.

Permanent Real Estate Index Number: 02-12-206-041-1064

Address: 1444 Carol Court, #2A, Palatine, IL 60074

4. That said decedent died leaving a Last Will and Testament, a copy of which is attached.

SUBSCRIBED AND SWORN TO  
before me this 2<sup>nd</sup> day  
of October, 2002.

NOTARY PUBLIC

*Prepared by*

JOSEPHINE SMITH



MAIL TO: Norman I. Kurtz, Ltd. 32 W. Busse Ave., Mt. Prospect, IL 60056

*28*

# UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statues relating to the registrar of birth, stillbirth and death.

Date: AUG 11 1998 Signed: Nadine McCurry  
 At Cook County Department of Public Health Official Title Deputy Registrar  
 1010 Lake Street Suite 300 Oak Park, Illinois 60301

## STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 1610  
 REGISTERED NUMBER

DECEASED-NAME: WILLIAM GEORGE SMITH SEX: MALE DATE OF DEATH (MONTH, DAY, YEAR): AUGUST 10, 1998

1. COUNTY OF DEATH: COOK AGE-LAST BIRTHDAY (YRS): 77 UNDER 1 YEAR: 3 DATE OF BIRTH (MONTH, DAY, YEAR): SEPTEMBER 3 1920

4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: CHICAGO IL 5a. 77 5b. 77 5c. 77 5d. 77 5e. 77 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 1444 CAROL CT. 6c. COOK

6a. PALATINE 6b. 1444 CAROL CT. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE): JOSEPHINE DAMIARI 9. YES

7. CHICAGO IL 8a. MARRIED 8b. JOSEPHINE DAMIARI 8c. MARRIED 8d. MARRIED 8e. MARRIED 8f. MARRIED 8g. MARRIED 8h. MARRIED 8i. MARRIED 8j. MARRIED 8k. MARRIED 8l. MARRIED 8m. MARRIED 8n. MARRIED 8o. MARRIED 8p. MARRIED 8q. MARRIED 8r. MARRIED 8s. MARRIED 8t. MARRIED 8u. MARRIED 8v. MARRIED 8w. MARRIED 8x. MARRIED 8y. MARRIED 8z. MARRIED

10. 330-14-1569 11a. SALESMAN 11b. INSURANCE 11c. INSURANCE 11d. INSURANCE 11e. INSURANCE 11f. INSURANCE 11g. INSURANCE 11h. INSURANCE 11i. INSURANCE 11j. INSURANCE 11k. INSURANCE 11l. INSURANCE 11m. INSURANCE 11n. INSURANCE 11o. INSURANCE 11p. INSURANCE 11q. INSURANCE 11r. INSURANCE 11s. INSURANCE 11t. INSURANCE 11u. INSURANCE 11v. INSURANCE 11w. INSURANCE 11x. INSURANCE 11y. INSURANCE 11z. INSURANCE

13a. ILLINOIS 13b. 60067 13c. WHITE 13d. WHITE 13e. WHITE 13f. WHITE 13g. WHITE 13h. WHITE 13i. WHITE 13j. WHITE 13k. WHITE 13l. WHITE 13m. WHITE 13n. WHITE 13o. WHITE 13p. WHITE 13q. WHITE 13r. WHITE 13s. WHITE 13t. WHITE 13u. WHITE 13v. WHITE 13w. WHITE 13x. WHITE 13y. WHITE 13z. WHITE

15. CLAUDE A SMITH 16. KATHERINE F ECKERLY 17a. JOSEPHINE SMITH 17b. WIFE 17c. 1444 CAROL CT PALATINE ILLINOIS 17d. 1444 CAROL CT PALATINE ILLINOIS 17e. 1444 CAROL CT PALATINE ILLINOIS 17f. 1444 CAROL CT PALATINE ILLINOIS 17g. 1444 CAROL CT PALATINE ILLINOIS 17h. 1444 CAROL CT PALATINE ILLINOIS 17i. 1444 CAROL CT PALATINE ILLINOIS 17j. 1444 CAROL CT PALATINE ILLINOIS 17k. 1444 CAROL CT PALATINE ILLINOIS 17l. 1444 CAROL CT PALATINE ILLINOIS 17m. 1444 CAROL CT PALATINE ILLINOIS 17n. 1444 CAROL CT PALATINE ILLINOIS 17o. 1444 CAROL CT PALATINE ILLINOIS 17p. 1444 CAROL CT PALATINE ILLINOIS 17q. 1444 CAROL CT PALATINE ILLINOIS 17r. 1444 CAROL CT PALATINE ILLINOIS 17s. 1444 CAROL CT PALATINE ILLINOIS 17t. 1444 CAROL CT PALATINE ILLINOIS 17u. 1444 CAROL CT PALATINE ILLINOIS 17v. 1444 CAROL CT PALATINE ILLINOIS 17w. 1444 CAROL CT PALATINE ILLINOIS 17x. 1444 CAROL CT PALATINE ILLINOIS 17y. 1444 CAROL CT PALATINE ILLINOIS 17z. 1444 CAROL CT PALATINE ILLINOIS

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. MYASTHENIC CRISIS OF PASCALS

19. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. NO

20a. DATE OF OPERATION, IF ANY 20b. MAJOR FINDINGS OF OPERATION 20c. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 20d. DATE SIGNED (MONTH, DAY, YEAR) 20e. 5:10 A.M.

22a. SIGNATURE: [Signature] 22b. NAME AND ADDRESS OF CERTIFIER: POTERBERG, M.D. 1532 W. WASHINGTON ST. CHICAGO, IL 60604 22c. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): [Signature]

23. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): CHICAGO IL 24. CREMATION: NO 25. CREMATION SOCIETY: GERALD SULLIVAN 26. LOCAL REGISTRAR'S SIGNATURE: [Signature] 27. REGISTRAR: [Signature]

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