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2465/0048 49 001 Page 1 of 4

2002-10-21 10:55:29

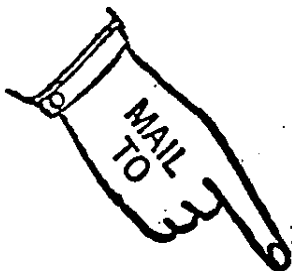
Cook County Recorder 30.50



0021152406

JOINT TENANCY AFFIDAVIT

TYPE OF DOCUMENT



MAIL TO:

NAME AND ADDRESS OF PREPARER:

JAY A. SLUTZKY

JAY A. SLUTZKY

7749 N. MILWAUKEE

7749 N. MILWAUKEE

NILES, IL 60714

NILES, IL 60714

RE-RECORDED DOCUMENT



EUGENE "GENE" MOORE

RECORDER OF DEEDS / REGISTRAR OF TORRENS TITLES
COOK COUNTY, ILLINOIS

THIS INSTRUMENT IS BEING RE-RECORDED TO CORRECT PERMANENT INDEX NUMBER.

ATGF, INC.

Property of Cook County Clerk's Office

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STATE OF ILLINOIS)
COUNTY OF COOK)

SS

13:58
23:00
16:50
16:58
0011 MCH#
RECORDIN #
MAILINGS #
97409040 #
0011 MCH#

Joint Tenancy Affidavit (Decedent)

SVEND HANSEN, hereby referred to as the affiant, states under oath that the affiant resides at 2521 Fontana Drive, in the City of Glenview, Illinois; that the affiant was acquainted with ANNEISE M. HANSEN, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property, located in Cook County, Illinois, and legally described as follows:

06/09/97
06/09/97

Lot 8 in Block 4 in Del-Air Gardens Addition to Glenview, being a Subdivision of part of the North fractional 1/2 of Fractional Section 12, Township 41 North, Rane 12 East of the Third Principal Meridian in Cook County, Illinois

Address - 2521 Fontana Drive, Glenview, IL 60025

Permanent Index No.: 09-11-305-015
105

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on AUG. 27, 1987 as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the decedent died leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 160,000⁰⁰, and that the value of the above property individually was \$ 120,000⁰⁰

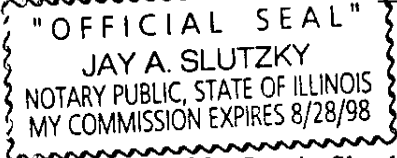
That the Illinois Estate Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

That the affiant makes this affidavit to induce any insurance company to issue its policy of title insurance on the above described property free and clear of the following objections:

1. Claims against the estate of ANNEISE M. HANSEN, the decedent;
2. Illinois Estate Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

Svend E Hansen (Seal)

Subscribed and sworn to before me this 20th day of MAY, 1997.



Jay A. Slutzky
Notary Public

This instrument prepared by Jay A. Slutzky, 7749 N. Milwaukee, Niles, IL 60714

97409040

0021152406

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RETURN TO:
JAY A. SLUTZKY, ATTORNEY AT LAW
7749 N. Milwaukee Avenue
NILES, ILLINOIS 60714

REGISTRATION DISTRICT NO. 16.01
REGISTERED NUMBER

UNOFFICIAL COPY MEDICAL CERTIFICATE OF DEATH

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. ANNELISE HANSEN 2. FEMALE 3. AUGUST 26, 1987

RACE- (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) ORIGIN OR DESCENT AGE- LAST BIRTHDAY (YRS) UNDER YEAR UNDER DAY DATE OF BIRTH (MO., DAY, YEAR) COUNTY OF DEATH
4a. WHITE 4b. DANISH 5a. 64 5b. 5c. 6. NOVEMBER 28, 1922 7a. COOK

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATED DOA OP/EMER. RM. INPATIENT (SPECIFY)
7b. GLENVIEW 7c. 2521 FONTANA 7d.

STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
8. DENMARK 9. U. S. A. 10. MARRIED 11. SVEND HANSEN

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) WAR OR DATES OF SERVICE
12. 348 34 4209 13a. TEACHER 13b. JR. HIGH SCHOOL 13c. NO 13d.

RESIDENCE STREET AND NUMBER CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY STATE
14a. 2521 Fontana 14b. GLENVIEW 14c. YES 14d. COOK 14e. ILLINOIS

FATHER-NAME FIRST MIDDLE LAST MOTHER-MAIDEN NAME FIRST MIDDLE LAST
15. NOT AVAILABLE JENSEN 16. ELSE MEYER

INFORMANT NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)
17a. MR. SVEND HANSEN 17b. HUSBAND 17c. 2521 FONTANA GLENVIEW ILLINOIS 60025

18. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. IMMEDIATE CAUSE
(a) Hypocalcemia induced cause 1 MONTH
DUE TO OR AS A CONSEQUENCE OF:
(b) Multiple bone metastasis 3 YEARS
DUE TO OR AS A CONSEQUENCE OF:
(c) End stage multiple myeloma 4 years

PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) AUTOPSY (YES/NO) IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a. 19b. 19c. 19d.

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a. 20b. 20c. YES NO

1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO) HOUR OF DEATH
21a. 8/13/87 21b. NO 21c. 6:16 P.M. M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MO., DAY, YEAR)
22a. SIGNATURE Eladio Vargas M.D. 22b. AUG 27 1987

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
22c. Eladio Vargas M.D. 1500 Waukegan Rd. Glenview, Illinois 60025 22d. 36-51813

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.

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. Cremation 24b. Belford Services 24c. Elmhurst, Illinois 24d. Aug. 30, 1987

FUNERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP
25a. Wm. H. Scott Guardian Chapel 1104 Waukegan Rd. Glenview, Illinois 60025

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. [Signature] 25c. 7058

LOCAL REGISTRAR'S SIGNATURE DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. REGISTRAR [Signature] 26b. August 28, 1987

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 August 28, 1987 SIGNED [Signature]

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.

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