



DECEASED JOINT TENANT AFFIDAVIT

02-29642 BJK

STATE OF ILLINOIS)
)SS:
COUNTY OF COOK)

DATE: 9/30/02

COMMITMENT NO: 02-29642 J P sw

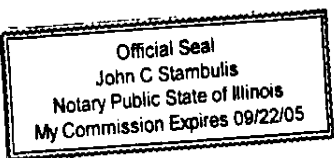
MARTHA JACOBSON, being first duly sworn, for the purpose of inducing BROKERS TITLE INSURANCE CO., to issue its title insurance policy covering the land described in the above captioned commitment, deposes and says:

1. That he/she resides at: 2617 OLD GLENVIEW RD, WILMETTE, IL 60091
2. That he/she was acquainted with SEYMOUR M. JACOBSON who died on 12/14/2000, as evidenced by the attached certified copy of the death certificate.
3. That said decedent was one of the owners of the land described in the above captioned commitment.
4. That said decedent died:
 Leaving no Last Will and Testament.
 Leaving a Last Will and Testament, a copy of which is attached.
5. That the total value of said decedent's estate for State of Illinois Inheritance Tax/Estate Tax and Federal Estate Tax purpose does not exceed \$ 100,000.00.

Martha Jacobson
Affiant's Signature

Subscribed and Sworn to before me this 30th day of SEPTEMBER, 2002.

John C. Stambulis



UNOFFICIAL COPY

Property of Cook County Clerk's Office

STATE OF ILLINOIS

REGISTRATION DISTRICT NO. **16.10**


MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER **619855**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
MAR 12 2002

DECEASED-NAME SELMA M. JACOBSON		SEX 2. FEMALE		DATE OF DEATH (MONTH, DAY, YEAR) 3. DECEMBER 14, 2000	
COUNTY OF DEATH 4. COOK		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. 10-10-1906		IF HOSP OR INST INDICATE D.O.A. OPERATOR, RM, INPATIENT (SPECIFY) 6c. INPATIENT	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. CHICAGO		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. NEVER MARRIED		WAS DECEASED EVER IN US ARMED SERVICES? (YES/NO) 9. NO	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Joliet, IL.		KIND OF BUSINESS OR INDUSTRY 11b. Public School		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (11.1 or 11.2)	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. NEVER MARRIED		USUAL OCCUPATION 11a. TEACHER		INSIDE CITY (YES/NO) 13c. YES	
SOCIAL SECURITY NUMBER 10. 337-38-3545		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. CHICAGO		COUNTY 13d. COOK	
RESIDENCE (STREET AND NUMBER) 13a. 5641 W. WARWICK		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14b. white		OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14c. NO	
ZIP CODE 13f. 60634		MOTHER-NAME (LAST) 16. JACOBSON		SPECIFY: FIRST MIDDLE (MAIDEN) LAST 17. RECORDS W. ADDISON CHICAGO I.L. 60634	
FATHER-NAME (FIRST MIDDLE) 15. Albin JACOBSON		RELATIONSHIP 18. MARIA MATIAS		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. RECORDS W. ADDISON CHICAGO I.L. 60634	
INFORMANT'S NAME (TYPE OR PRINT) 17a. MARIA MATIAS		IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) Neuronoma		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 days	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I. (c) COPD, multiple small cerebral infarctions, etc.		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b. NO	
DATE OF OPERATION, IF ANY 20a. 12 14 2000		MAJOR FINDINGS OF OPERATION 20b. NO		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DID (D) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. 12 14 2000		WAS TOPIC OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO		HOUR OF DEATH 21c. 10:39 A.M.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE: Robert V. J. ...		DATE SIGNED (MONTH, DAY, YEAR) 22b. 12-15-2000		ILLINOIS LICENSE NUMBER 22d. 3639002	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. E.V. GHISLAINON MD 5641 W. WARWICK Park Cty 60634		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.	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24. CREMATION		CEMETERY OR CREMATORY-NAME 24b. The LAKES		DATE (MONTH, DAY, YEAR) 24d. 12-23-2000	
FUNERAL HOME 25. WEISNER 5624 W. Irving Pr. B. Chicago, IL.		CITY OR TOWN 24c. LAKE VILLA		STATE 24e. ILL.	
FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature]		STREET AND NUMBER OR R.F.D. 25c. 5624 W. Irving Pr. B. Chicago, IL.		CITY OR TOWN 25d. CHICAGO	
LOCAL REGISTRAR'S SIGNATURE 25e. [Signature]		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25f. 034-010401		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. DEC 19 2001	
LOCAL REGISTRAR'S SIGNATURE 26a. [Signature]		FUNDING AGENCY 26c. BSM		DATE OF DEATH 26d. DEC 19 2000	

I, JOHN L. WILHELM M.D., 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 OBTINANCE OF SAID LAW AND ORDINANCES.


John L. Wilhelm, MD
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

UNOFFICIAL COPY

Property of Cook County Clerk's Office

UNOFFICIAL COPY

Property Description

THE WEST ONE THIRD OF LOT FIFTY ONE (51) IN KOESTER AND ZANDER'S ADDITION TO WEST IRVING PARK, A SUBDIVISION OF THE SOUTH HALF OF THE NORTHEAST QUARTER OF SECTION TWENTY (20), TOWNSHIP FORTY (40) NORTH, RANGE THIRTEEN (13), EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN # 13-20-223-006-0000

CKA: 5641 WEST WARWICK AVENUE, CHICAGO, ILLINOIS 60634

Brokers Title Insurance Co.
1111 W. 22nd Street
Suite C-10
Oakbrook, IL 60523

0021119453

UNOFFICIAL COPY

Property of Cook County Clerk's Office