UNOFFICIAL CO1470053 46 006 Page 1 of 2002-11-07 14:42:50

Cook County Recorder 28.50

STATE OF ILLINOIS) ss COUNTY OF COOK

DECEASED JOINT TENANCY AFFIDAVIT

I, Lenore Levin, being duly sworn state that I reside in Glenview, County of Cook, State of illingis.

That I was married to Myer Levin at the time of his death. He was one of the owners of property located in Cook County, Illinois commonly known as 4000 Triumvera #203, Glenview, Illinois 60025 and legally described as:

See attached legal description

That deceased died May 7, 1999, as evidenced by a certified copy of death certificate of the deceased attached hereto. That the value of all assets passing to the Affiant are free from any federal or state estate taxes.

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

Affiant

ubacribed and Sworn to

day before me this X 2002.

Notary Public

PIN-04-32-402-034-1009

Enie G. Matteri 500 Slevkie Blod Sule 350 Northbruk, Ill. 60062

2850 3/gr

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Property of Cook County Clerk's Office

UNIT A203 as described in survey delineated in and attached to and a part of a Declaration of Condominium Ownership registered on the 23rd day of May 19 74 as Document Number 2754082

TOGETHER WITH A PERCENTAGE OF THE COMMON ELEMENTS APPURTENANT TO SAID UNIT AS SET FORTH IN SAID DECLARATION, AND AS AMENDED FROM TIME TO TIME.

IN AND TO THE FOLLOWING DESCRIBED PREMISES:

Opon of (

A parcel of land in the South Half (4) of the Southeast Quarter (4) of Section 32, Township 42 North, Range 12 East of the Third Principal Meridian in Cook County, Illinois, and more particularly described as follows:- Commencing at the intersection of the North line of the South Half (4) of the Southeast Quarter (4) of said Section 32 with the Southwesterly Right of Way line of Milwaukee Avenue as established by Document No. 2492593; thence along the North line of the South Half (4) of the Southeast Quarter (4) of said Section 32, South 89 degrees 58 minutes 14 seconds West 201.74 feet; thence South 0 degrees 01 minutes 46 seconds East 2.98 feet to the point of beginning; thence South 40 degrees 39 minutes 32 seconds East 121.34 feet; thence South 49 degrees 20 minutes 08 seconds West 138.49 feet; thence North 40 degrees 37 seconds 41 minutes West 121.35 feet; thence North 49 degrees 22 minutes 19 seconds East 138.58 feet to the point of beginning.

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Property of Cook County Clerk's Office

Date

Date

At Cook County Department of Public Health

At Cook Co

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record in my office in accordance with the provisions of Illinois statues relating to the registrar of birth, stillbirth and death.

/Fab (Rev. 5/89)

Illinoic Department of Public Health—Division of Vital Records

Tan

AM MACIETAN

ALKASOS JANES SES TATOL

HUNERAL DIRECTOR'S SIGNATURE

THE PISER CHAPEL 9200 N.

SKOKIE

BLVD., SKOKIE,

FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

ILLINOIS

STATE

25c, 034-014954

(BASEDON 989US STANDARD CERTIFICATE)

1500

CITY OR TOWN

STREET AND NUMBER OR R.F.D.

FUNERAL HOME

0021234617 _{Page} 3 Οf CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER COUNTY OF DEATH REGISTERED NUMBER 7 CHICAGO, IL. 68. PARK RIDGE.
BIRTHPLACE (CITY AND STATE OR
FOREIGN COUNTRY) DECEASED-NAME INFORMANT'S NAME (TYPE OR PRINT) RESIDENCE (STREET AND NUMBER) 174 AURIE TOMASZKIEWICZ REGISTRAK 1175 HOSP REC1176 1775 W. DEMPSTER PARK RIDGE, ILLINOIS TO THE BEST CONTINUOUS EDGE, DEATH OCCUMINED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED MATE OF OPERATION, IF AN FATHER-NAME NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 22a. SICN TURE AND LAST SAW HIL WHELL ALIVE ON MAN E. NO ADDRESS OF CERTIFIER 24a. BURIAL EMOVAL (SPECIFY) reumen i PART II. Other significant conditions continuiting a death buy not resulting in the underlying cause given in PART. disease or condition Immediate Cause (Final suiting in death) 4000 TRIUMVERA #203 337-01-4475 ILLINOIS CHARLES Enter the diseases, or complication: ``a` '> ised the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only cine cluse on each line. 131. 60025 ZIP CODE CEMETERY OR CREMATORY-NAME DUE TO, OR AS A CONSEQUENCE OF DUE TO CHASS CONSEQUENCE OF FIRST MYER MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 11a SALES USUAL OCCUPATION 8a. MARRIED MAJOR FINDINGS OF OPERATION 1450 WESTLAWN CEMETERY PE OR PRINT) (MONTH, DAY, YEAR) 14a. NDIAN SIC BIRTHDAY (YRS) 66. LUTHERAN GENERAL HOSPITAL MARE FWIFE PARABELLE CONTROL OF SURVIVING SPOUSE CALLED AMELIFWIFE HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE'S PLE) AND NUMBER) Ę, (WHITE, BLACK, AMERICAN etc.) (SPECIFY) WHITE MIDDLE 10%P ex Nr LEVIN 555 000 CITY, LNIBA HOGALL HEIA IONSHIP UNDER 1 YEAR TOWN, TWP. OR SCAD DISTRICT NO GLENVIE KIND OF BUSINESS OR INDUST. LEVIN LENORE COHN 24c LOCATION 10" HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PLERTO RICAN &C. Ventria MOTHER-NAME 14b. XXNO NORRIDGE, HOURS MAILING ADDRESS (STREET AND NO ORREF D. CITY OR TOWN, STATE, 219) 60068 WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YESNO) CITY OR TOWN SARAH DATE OF BIRTH (MONTH DAY YEAR) MALE ILLINOIS EDUÇATION ISPECIFYONLY HIGHEST GRADE COMPLETED College (1.4 or 5 +)
12 12 YEARS INSIDE CITY (YES/NO) 13c,YES DECEMBER 30, SPECIFY: DATE OF DEATH (MONTH DAY YEAR) MIDOLE AUTOPSY (YESNO) 19a. MAY 7, 1999 IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? ð NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. HOUR OF DEATH DATE SIGNED 22d 036 035 (12) ILLINOIS LICENSE NUMBER OP/EMER AM, INPATIENT (SPECIFY) YES | NO | 6c INPATIENT 195 WERE AUTOPSY FINDINGS AVAILABLE PRICH TO COMPLETION OF CAUSE OF DEATHY IVES NO! DATE 1916 SOLOMON 9. YES WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) BETWEEN ONSET AND DEATH Y Pay MAY 10,1999 2:30 P.M L 1888 [MONTH, DAY YEAR] (MONTH, DAY YEAR)

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

3

DISTRICT NO.

6

STATE FILE

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