

UNOFFICIAL COPY

DECEASED JOINT TENANT AFFIDAVIT

00297341

2986/0034 52 001 Page 1 of 3
2000-04-28 09:42:22
Cook County Recorder 25.50

STATE OF ILLINOIS)
) SS.
COUNTY OF)

Order No. N/A



Barbara R. Hoffman being duly sworn states that she

For Recorder's use only

resides at 2200 Bouterse, Unit 109B in the Village of Park Ridge, County of Cook, State of Illinois.

That Barbara Hoffman was acquainted with Dr. Frank A. Hoffman deceased who, at the time of his death was one of the owners of the land in Cook County, Illinois, legally described as:
See Exhibit "A" which is attached hereto and made a part hereof.

P.I.N. 09-27-200-053-1009

Common Address: 2200 Bouterse, Unit 109B, Park Ridge, IL 60068

That the deceased died April 27, 1996, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

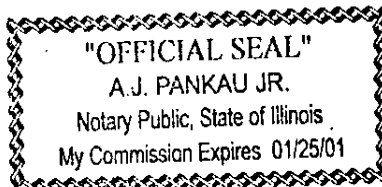
Leaving no Last Will & Testament.

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 _____ 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 _____

Affiant makes this affidavit for that purpose of inducing N/A to issue its Title Insurance Policy, describing the above-mentioned.



X Barbara Rose Hoffman
AFFIANT

Subscribed and sworn to before me by the said

BARBARA ROSE HOFFMAN as affiant
this 5th day of APRIL, A.D. 2000

A J Pankau
NOTARY PUBLIC

AFTER RECORDING
RETURN TO

JOHN PANKAU
Box 247

ITNSCA IL 60143

Handwritten initials/signature

EXHIBIT "A"

Unit No. 2200-109B in The Gallery of Park Ridge Condominium as delineated on a survey of the following described real estate:

Lot 2 in Oakton School Resubdivision, being a resubdivision of various lots, parcels and vacated alleys in the West 1/2 of the Northeast 1/4 of Section 27, Township 41 North, Range 12, East of the Third Principal Meridian in Cook County, Illinois

Property of Cook County Clerk's Office

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
 00297341

REGISTRATION DISTRICT NO. **16.0**
 REGISTERED NUMBER

DECEASED-NAME **Dr Frank A Hoffman** SEX **Male** DATE OF DEATH **3 April 27, 1996**

COUNTY OF DEATH **Cook** AGE LAST BIRTHDAY (YR:MO:DA) **54 65** UNDER 1 YEAR **2** MONTHS **2** DAYS **5** HOURS **54** MINUTES **54** DATE OF BIRTH (MONTH DAY YEAR) **June 5, 1930**

CITY/TOWN/TWP./OR ROAD/DISTRICT NUMBER **Cook** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER OF THE ABOVE STREET AND NUMBER) **St. Luke's Hospital**

6a. **Park Ridge** 6b. **Lutheran General Hospital** 6c. **D.O.A.**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Celpepper Va** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **8a Married** NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) **Barbara Vondelka** 8b. **Barbara Vondelka** 8c. **Yes**

7. **Celpepper Va** 8a. **Married** 8b. **Barbara Vondelka** 8c. **Yes**

SOCIAL SECURITY NUMBER **10 231 34 5733** USUAL OCCUPATION **11a Chiropractor** 11b. **Health Care** 11c. **Yes**

RESIDENCE (STREET AND NUMBER, CITY, TOWN, OR ROAD/DISTRICT NO.) **2200 Boulevard Unit # 109 Park Ridge** 12. **Yes** 13a. **Yes** 13b. **Yes** 13c. **Yes** 13d. **Cook**

13a. **2200 Boulevard Unit # 109** 13b. **Park Ridge** 13c. **Yes** 13d. **Cook**

STATE **Illinois** ZIP CODE **131 60068** RACE (WHITE, BLACK, AMERICAN INDIAN OR SPECIFY) **14a White** 14b. **X** NO 14c. **Yes** 14d. **Yes**

FATHER-NAME **Norman Hoffman** 15. **Norman Hoffman** 16. **Ethel Corder**

17a. **Barbara Hoffman** 17b. **Alvina** 17c. **2200 Boulevard #109 Park Ridge Tl 60068**

18. PART I. Enter the immediate cause of death (in accordance with the International Classification of Diseases, 9th Revision) and the underlying cause of death (in accordance with the International Classification of Diseases, 9th Revision) as cause of death, special sense, or external cause of death. (See instructions on the reverse side of this certificate.)

Immediate Cause (Final disease or condition resulting in death) **(a) Carcinoma of the Colon**

Underlying Cause (a) **(b) Due to or as a consequence of** (c) **1**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **(b) Due to or as a consequence of** (c) **1**

PART II. Enter significant conditions contributing to death, but not ranking as the underlying cause given in PART I

DATE OF OPERATION, IF ANY **20b. 12/20/95** MAJOR FINDINGS OF OPERATION **20c. 12/20/95**

20a. **12/20/95** 20b. **12/20/95** 20c. **12/20/95**

21a. **12/20/95** 21b. **12/20/95** 21c. **12/20/95**

22a. SIGNATURE OF CERTIFIER **Chas W Freeman** 22b. **Chas W Freeman** 22c. **Chas W Freeman**

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22a. SIGNATURE OF CERTIFIER **Chas W Freeman** 22b. **Chas W Freeman** 22c. **Chas W Freeman**

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 statutes relating to the registrar of birth, stillbirth and death.

OCT 3 1 1996

UNOFFICIAL COPY

At Cook County Department of Public Health, Office of the Deputy Registrar, 1010 Lake Street Suite 300 Park Park, Illinois 60601