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1034/0017 93 005 Page 1 of 3
2003-01-24 09:59:34
Cook County Recorder 28.50

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
) ss.
County of Cook)

COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
ROLLING MEADOWS



ELAINE R. ASCHER being duly sworn states:

That she is at least eighteen years of age and currently resides at 1832 A Fox Run Drive, Elk Grove Village, Illinois.

That she was married to SHERMAN J. ASCHER, deceased, who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

UNIT NUMBER 10-1 IN FOX RUN MANOR HOMES CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: PART OF THE NORTH EAST 1/4 OF SECTION 25, TOWNSHIP 41 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT "B" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 27469146 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number: 07-26-200-005-0000
Address of Real Estate: 1832 A Fox Run Drive, Elk Grove Village, Illinois

That the deceased died on September 20, 1993, as evidenced by a certified copy of 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 Cook County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois, on or about _____.

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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 \$100,000 dollars.


ELAINE R. ASCHER

Subscribed and sworn to me by ELAINE R. ASCHER on January 18, 2003.


Notary Public



This instrument was prepared by and MAIL TO:

Christopher J. Goluba
947 N. PLUM GROVE ROAD
SCHAUMBURG, IL 60173
847-517-4310



Property of Cook County Clerk's Office

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr
COUNTY CLERK

0030110691
STATE FILE NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH B-058492

S BIRTH NO.	REGISTRATION DISTRICT NO. 16.92	REGISTERED NUMBER 1342	
	DECEASED—NAME FIRST MIDDLE LAST 1. SHERMAN J ASCHER		SEX 2. MALE
COUNTY OF DEATH 4. COOK		AGE—LAST BIRTHDAY (YRS) 5a. 69	DATE OF DEATH (MONTH, DAY, YEAR) 3. SEPTEMBER 20, 1993
CITY, TOWN, TWP OR ROAD DISTRICT NUMBER 6a. PROV SO TOWNSHIP		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. FOSTER G MCGAW HOSPITAL	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. MARCH 17, 1924
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO, ILLINOIS		MARRIED NEVER MARRIED, WIDOWED / DIVORCED (SPECIFY) 8a. MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. ELAINE SAPERSTON
SOCIAL SECURITY NUMBER 10. 347-14-4799		USUAL OCCUPATION 11a. DESIGNER	KIND OF BUSINESS OR INDUSTRY 11b. RESTAURANT
RESIDENCE (STREET AND NUMBER) 13a. 1832A FOX RUN DRIVE		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 11c. ELK GROVE VILLAGE	EDUCATION (SPECIFY ON Y. HIGHEST GRADE COMPLETED) 12. I
STATE 13e. ILLINOIS		ZIP CODE 13f. 60007	INSIDE CITY (YES/NO) 13c. YES
FATHER—NAME FIRST MIDDLE LAST 15. HARRY ASCHER		MOTHER—NAME FIRST MIDDLE LAST (MAIDEN) LAST 16. ANNA ERlich	COUNTY 13d. COOK
INFORMANT'S NAME (TYPE OR PRINT) 17a. MARGIE MARSHALL		RELATIONSHIP 17b. HOSPITAL RECORDS	MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 2160 S 1ST AVE MAYWOOD IL 60153
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 heat failure. List only one cause on each line.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Immediate Cause (Final disease or condition resulting in death) (a) ISCHEMIC HEART FAILURE			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (b) MYOCARDIAL INFARCTION			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I (c) CARDIOGENIC SHOCK			
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES/NO
(I DID/ DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a. DID HIM 9/20/93 4pm		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO	HOUR OF DEATH (P.M./A.M.) 21c. 4 PM M.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		DATE SIGNED (MONTH, DAY, YEAR) 22b. 9/21/93	
SIGNATURE 22a. [Signature]		ILLINOIS LICENSE NUMBER 22d. 125025941	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. JOHN LEVENTIS M.D. 2160 S 1ST AVE MAYWOOD IL 60153		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.			
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. CREMATION	CEMETERY OR CREMATORY—NAME 24b. MONTROSE	LOCATION (CITY OR TOWN) STATE 24c. CHICAGO, ILLINOIS	DATE (MONTH, DAY, YEAR) 24d. SEPT. 22, 1993
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. FURTH FUNERAL DIRECTION 9200 N. SKOKIE BLVD, SKOKIE, ILLINOIS 60077		FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature]	
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-009430		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. September 22, 1993	