

DECEASED JOINT TENANCY  
AFFIDAVIT



STATE OF ILLINOIS ) SS  
COUNTY OF COOK )

Leo M. Furie being duly sworn states  
that he resides at  
7141 North Kedzie, Unit 1108  
Chicago, Illinois 60045.

That he was acquainted with Rita L. Furie deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

See Exhibit "A" attached hereto and made a part hereof.

That the deceased died May 31, 1994 as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

◇ Leaving a Last Will & Testament which was filed ~~in the Improper Will Box of the~~  
in Probate Division of the Circuit Court of Cook County, Illinois on or about  
June 10, 1994.

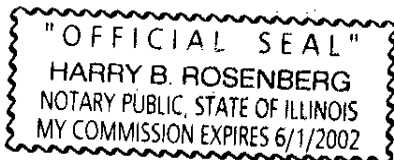
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of 1,800,000 dollars (~~\$1,800,000~~). No federal estate tax was due as all assets qualified for the marital deduction or unified credit.

X Leo M. Furie  
Leo M. Furie

Subscribed and sworn to before me

this 24 day of May, A.D. 2000

Harry B. Rosenberg  
Notary Public



**EXHIBIT A  
LEGAL DESCRIPTION**

**PARCEL ONE:**

Unit 1108, as delineated on the plat of survey of the following described parcel of real estate (hereinafter referred to as "Parcel"): The North half of the Northwest quarter of the Northwest quarter of Section 36, Township 41 North, Range 13 East of the 3rd Principal Meridian (except the North 33 feet thereof, the East 698 feet thereof, and the West 40 feet thereof and except therefrom that part described as follows: Beginning on the South line of West Touhy Avenue at a point 26 ft. E. of the intersection of the East line of North Kedzie Avenue and the South line of West Touhy Avenue; thence South parallel to said line of North Kedzie Avenue 100 feet; thence Southwest 352.26 feet to a point on said East line of North Kedzie Avenue, said point being 450.00 feet South of said South line of West Touhy Avenue; thence North, along said East line of North Kedzie Avenue, 450.00 feet, to said South line of West Touhy Avenue; thence East, along said South line of West Touhy Avenue, 26.00 feet to the point of beginning) in Cook County, Illinois, which plat of survey is attached as Exhibit A to the Declaration of Condominium Ownership by Centex Homes Corporation, recorded in the Office of the Recorder of Deeds of Cook County, Illinois as Document No. 21906206 together with an undivided .6572% interest in the above described parcel, excepting therefrom all of the units, as defined and set forth in the said Declaration of Condominium Ownership and survey.

**PARCEL TWO:**

Easement for the benefit of Parcel 1 as set forth in the Declaration of Easement dated June 3, 1968 and recorded June 14, 1968 as Document 20520336 made by Winston Gardens, Incorporated, a corporation of Illinois, for vehicular ingress and egress over the following described land: The North 30 feet, as measured at 90 degrees to the North line thereof, of a tract of land consisting of Blocks 4 and 5 together with all that part of vacated North Albany Avenue lying North of the South line of Block 5 extended West, said extension also being the South line of vacated West Lunt Avenue, and lying South of the North line of said Block 5 extended West, said extension also being the North line of vacated West Estes Avenue, together with all of the vacated West Lunt Avenue, lying East of the East line of North Kedzie Avenue and together with all of vacated West Estes Avenue, lying East of the East line of North Kedzie Avenue all in College Green Subdivision of part of the West half of the North West quarter of Section 36, Township 41 North, Range 13, East of the Third Principal Meridian (except that part of the above described tract described as follows: Beginning at the North East corner of said tract; thence West along the North line of said tract 505.51 feet; thence South along a line parallel to the East line of said tract 681.49 feet to the South line of said tract; thence East along the South line of said tract 505.49 feet to the South East corner of said tract; thence North along the East line of said tract 681.82 feet to the point of beginning) in Cook County, Illinois.

Common Address: 7141 N. Kedzie Avenue, Unit 1108  
Chicago, Illinois 60645

Permanent Index Number: 10-36-100-015-1162

# UNOFFICIAL COPY

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 AUG 2 1994 SIGNED Zowell Huchleberry  
 AT SKOKIE, Illinois OFFICIAL TITLE DIRECTOR of HEALTH

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.

DECEASED'S BIRTH NO. \_\_\_\_\_  
 REGISTRATION DISTRICT NO. 16.34  
 REGISTERED NUMBER 14180  
 STATE OF ILLINOIS  
 STATE FILE NUMBER \_\_\_\_\_  
**MEDICAL CERTIFICATE OF DEATH**

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

1. DECEASED-NAME: **1. Rita L. Furie** (FIRST, MIDDLE, LAST)  
 2. SEX: **Female**  
 3. DATE OF DEATH (MONTH, DAY, YEAR): **May 31, 1994**

4. COUNTY OF DEATH: **Cook**  
 5. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Skokie**  
 6a. BIRTH PLACE (CITY AND STATE OR FOREIGN COUNTRY): **Chicago, Illinois**  
 6b. RUSH NORTH SHORE MEDICAL CENTER  
 6c. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT A CENTER, GIVE STREET AND NUMBER): **Leo Furie**  
 6d. NAME OF SURVIVING SPOUSE (MARRIENAME, F WIFE): **Leo Furie**  
 6e. F HOSP OR INST. INDICATE D.O.A. (DECEASED OR INST. INPATIENT (SPECIFY)): **Inpatient**  
 6f. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): **No**

7. SOCIAL SECURITY NUMBER: **340-22-9021**  
 8. USUAL OCCUPATION: **Illegal Secretary**  
 9. KIND OF BUSINESS OR INDUSTRY: **Law Office**  
 10. RESIDENCE (STREET AND NUMBER): **7141 N. Kedzie**  
 11. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Chicago**  
 12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12**  
 13. INSIDE CITY (YES/NO): **Yes**  
 13a. STATE: **Illinois**  
 13b. ZIP CODE: **60645**  
 13c. YES  NO  SPECIFY: \_\_\_\_\_  
 13d. COUNTY: **Cook**

14. FATHER-NAME: **Harry S. Leon**  
 15. MOTHER-NAME: **Fannie Pollack**  
 16. MOTHER'S MIDDLE: \_\_\_\_\_  
 17. RELATIONSHIP: **Husband**  
 17a. INFO: **Leo Furie**  
 17b. ADDRESS: **7141 N. Kedzie, Chicago, Illinois 60645**

18. PART I: **CEPSIS**  
 18a. IMMEDIATE CAUSE (Final disease or condition resulting in death): **CEPSIS**  
 18b. CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATED IN FULL TO SHOW A CONSEQUENCE OF CAUSE LAST: **METASTATIC COLON CARCINOMA**  
 18c. APPROXIMATE INTERVAL, BE TWEEN ONSET AND DEATH: **DAYS**  
 18d. APPROXIMATE INTERVAL, BE TWEEN ONSET AND DEATH: **MONTHS**

19. PART II: Other significant condition contributing to death but not resulting in the underlying cause given in PART I: **HYPERTENSION, HYPERTHYROID**  
 19a. DATE OF OPERATION, IF ANY: \_\_\_\_\_  
 19b. MAJOR FINDINGS OF OPERATION: \_\_\_\_\_  
 19c. AUTOPSY (YES/NO): **No**  
 19d. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO): **No**  
 19e. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **NO**

20. (ADD) DID YOU ATTEND THE DECEASED AND AS SAVVY/HIM/HER ALIVE ON: **NO**  
 21. BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: **MAY 27, 1994**  
 21a. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **Dr. B. J. Jander**  
 21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): **9669 KENON, SKOKIE**  
 21c. HOUR OF DEATH: **12:05 a.**  
 21d. DATE SIGNED (MONTH, DAY, YEAR): **5.31.94**  
 21e. ILLINOIS LICENSE NUMBER: **036-073400**  
 22. NOTE: IF AN INQUIRY IS MADE IN THIS DEATH BY THE CORONER OR MEDICAL EXAMINER, MUST BE NOTIFIED.

23. BIRTHAL CREMATION, REMOVAL (SPECIFY): \_\_\_\_\_  
 24a. BURIAL: **Westlawn**  
 24b. CEMETERY OR CREMATORY-NAME: **Westlawn**  
 24c. LOCATION: **Norridge, Illinois**  
 24d. CITY OR TOWN: **Illinois**  
 24e. STATE: **Illinois**  
 24f. DATE: **June 1, 1994**

25a. Piser Weinstein Menorah Chapels 9200 N. Skokie Blvd., Skokie, Illinois 60077  
 25b. LOCAL REGISTRARS SIGNATURE: **Zowell Huchleberry**  
 25c. FURNAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **034-009916**  
 25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **MAY 31 1994**

26a. \_\_\_\_\_  
 26b. \_\_\_\_\_  
 26c. \_\_\_\_\_  
 26d. \_\_\_\_\_

DISPOSITION: \_\_\_\_\_  
 ILLINOIS DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS  
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