UNOFFICIAL COP

Eugene "Gene" Moore Fee: \$30.50 Dook County Recorder of Deeds Date: 05/14/2003 09:01 AM Pg: 1 of 4

World Title Guaranty, Inc. 880 N. York Rd., 3rd Floor Elmharst, IL 60126

File# 0303/3826 13

Recording Cover Sheet

This Recording Cover Sheet is Attached to a

Deceased Sourt Terancy AFFIDAUIT

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World Title Guaranty, Inc. UNOFFICIAL COPY
880 N. York Road
Elmhurst, IL 60126
WORLD TITLE # 13226 1/3

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)) ss Order No.: 13226/3
County of Cook)
ENID SILVERHAN, being duly sworn states that he/she resides at 724 PICARDY CIRCLE HORTHBROOK IL 60062
That he/she was acquainted with IRVING SILVERHAN deceased v.n., at the time of death was one of the owners of the land in COOK. County, Illinoir described as follows:
5 e itle commitment, order number 13226
That the deceased died or $\frac{9 \cdot 20 \cdot 94}{20 \cdot 94}$, 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 unproven will should be filed with the clark of the Probate Division of the Circuit Court of County, Thinkis
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 \$ 100,000.00
Affiant makes this affidavit for the purpose of inducing World Title Guaraniy, Inc., as agent for Lawyers Title Insurance to issue its Title Insurance Policy describing the Love-mentioned property.
Enil Silver man
(Affiant's signature)
Subscribed to and sworn before me this 20! day of MARCH, 1999. 2003 "OFFICIAL SEAL" SUSIE KAPUDIJA NOTARY PIBLIC, STATE OF ILLINOIS (Notary Public) (Notary Public)
(INOTORY PUBLIC)

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DECEDENT'S BIRTH NO. REGISTRATION STATE FILE DISTRICT NO. NUMBER MEDICAL CERTIFICATE OF DEATH REGISTERED NUMBER DECEASED-NAME MIDDLE LAST DATE OF DEATH (MONTH DAY, YEAR) SEX Type or Print in PÉRMANENT INK 2. Male 13. See Funeral Directors August 20, 1994 IRVING ILVERMAN Hospital, or Physicians COUNTY OF DEATH AGE-LAST UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY YEAR) Handbook for BIRTHDAY (YAS) HOURS INSTRUCTIONS 65. March 26, Cook 5a 5b. 5c. 5d. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP, OR INST, INDICATE D.O.A. OP-EMER, RM, INPATIENT (SPECIFY) 6c.Inpatient Evanston Hospital Evanston MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S ARMED FORCES? (YES NO) BIRTHPLACE (CITYAND STATE OR DECEASED 7Chicago.Illinois SOCIAL SECURITY NUMBER Married Enid Levy 9 Yes USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) tary:Secondary (0-12) 359-18-3766 Manager Automobile 12 11h INSIDE CITY (YES/NO) COUNTY RESIDENCE (STREET AND NUMBER CITY, TOWN, TWP, OR ROAD DISTRICT NO 724 Picardy Cir. Northbrook Yes 13h 13c. 13d. 13a. ZIP CODE OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) RACE (WHITE, BLACK, AMERICAN Illinois 13f, 60062 White ☑XNO ☐ YES SPECIFY: (MAIDEN) LAST FIPST MIDDI E LAST MOTHER-NAME FIRST MIDDLE FATHER-NAME PARENTS Silverman Daniel Jean Moret MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) INFORMANT'S NAME (TYPE OR LAP TO RELATIONSHIP 17a. Enid Silvernan Wife 17c724 Picardy Cir, Northbrook, IL 60062 18 PARTI Enter thouseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart an ire. List only one cause on each line. Immediate Cause (Final disease or condition DUE TO, OR AS A CONS. QUENCE OF Glioclastoma resulting in death) CONDITIONS, IF ANY WHICH GIVE RISE TO DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (a) STATING THE UNDERLYING **CAUSE** CAUSE LAST. VEREAUTOPSYFINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YELLNO) 19b. 4CS AUTOPSY PART II. Other significant conditions contributing to death but not resulting in the underlyin, cause given in PART I 765 | 19b. MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? DATE OF OPERATION FANY 20a. 2/1/94 Gliablastoma Mulliforme NO 20c. YES 🗆 WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO 21b. (ADD) (DID NOT) ATTEND THE DECEASED AND LAST SAW (WHEN ALIVE ON THOUR OF DEATH 8-19-94 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE YOTH CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR) 8/20/94 22a. SIGNATURE > CERTIFIER ILLINOIS LICENSE NUMBER NAME AND ADDRESS OF CERTIFIER 22c. Nina Paledoge MD 2. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 22d. 036-0742 プペシン Ridge 0600 NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. (TYPE OR PRINT) STA E (MONTH, DAY, YEAR) LOCATION CITYORTOWN BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME 24b. Rosemont Park Cemetery 24c
NAME STREET AND NUMBER OR R.F.D. Chicago, Illinois 24a. Buria. **FUNERAL HOME** DISPOSITION Levayah Funerals 4750 Demoster, Skokie, Illirois 60076. LLoyd Mandel 25a FUNERAL DIRECTOR'S SIGNATI 034-014622 John J. Leadroot, Jr DATE FILED SYLOCAL REGISTRAR (MONTH, DAY, YEAR) LOCAL REGISTRAR'S SIGNATURE 26a. BASED ON 1989 U.S. STANDARD CERTIFICATE) VR200 (Rev. 5/89) 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 Illino Vital Records Act. AUGUST 22, 1994 SIGNED . DATE LOCAL REGISTRAR EVANSTON Illinois OFFICIAL TITLE AT. 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 facle evidence in all courts

OFFICE OF VITAL RECORDS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62761

and places of the facts therein stated.

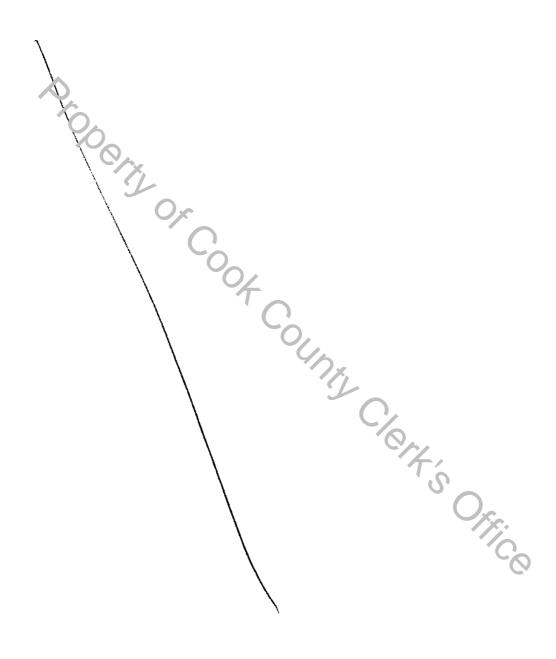
VR-201 (1978)

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THE WEST 27.0 FEET OF THE EAST 64.0 FEET (AS MEASURED AT RIGHT ANGLES) OF LOT 8 IN PICARDY CIRCLE P.U.D., BEING A SUBDIVISION IN THE SOUTHWEST 1/4 OF SECTION 6, TOWNSHIP 42 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN 04-06-308-042



(030313226.PFD/030313226/11)