



Mail To: Box # 352

Doc#: 0404111081
Eugene "Gene" Moore Fee: \$54.00
Cook County Recorder of Deeds
Date: 02/10/2004 10:51 AM Pg: 1 of 4

5024644LP
STATE OF ILLINOIS
COUNTY COOK

AFFIDAVIT OF SURVIVING SPOUSE
OR JOINT SURVIVOR

FADIA SIHWAIL, being first duly sworn,
deposes and says as follows:

1) That RONALD BRANDWEIN and PENNY K BRANDWEIN
are joint owners of property under a duly recorded survivorship or tenancy by entireties deed.

2) That the property is known as 4000 MILLER DRIVE - BLAINEVIEW, IL
COOK Street and City
County, State of ILLINOIS and also known as Permanent
Parcel Number 04-20-20724 on the records of the County Auditor. The original
Survivorship Deed is recorded in the records of the _____ County Recorder
in Volume _____, Page _____.

I have included the descriptive information requested below and have attached a full legal
description as an attachment hereto.

"SEE EXHIBIT "A" ATTACHED"

3) That Penny Brandwein died on or about 8-10-1999
28 at Lutheran General Hospital

4) That by virtue of the death of the party listed in Item #3 above,
Ronald Brandwein is the fee simple owner of the above described
property and requests that this fact be reflected on the land and tax records of the county.

Ana C. Cury
Witness ANA C. CURY

Witness

Ron Brandwein
Affiant

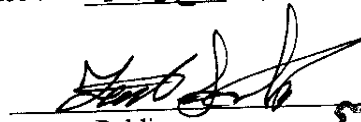
Ron Brandwein
Affiant

UNOFFICIAL COPY

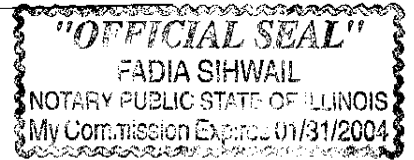
STATE OF Illinois

COUNTY OF cook

Sworn to before me and subscribed in my presence this 3rd day of Feb.,
2004.



Notary Public
My Commission Expires:



Property of Cook County Clerk's Office

UNOFFICIAL COPY

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.0B		REGISTERED NUMBER	
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED-NAME FIRST MIDDLE LAST PENNY K. BRANDWEIN		SEX 2. FEMALE	
1. DECEASED		DATE OF DEATH (MONTH, DAY, YEAR) 3. AUGUST 10, 1999			
2. COUNTY OF DEATH 4. COOK		AGE-LAST BIRTHDAY (YRS) 5a. 38		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. APRIL 27, 1961	
3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. PARK RIDGE		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. LUTHERAN GENERAL HOSPITAL		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) 6c. INPATIENT	
4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. CHICAGO ILLINOIS		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. RONALD	
5. SOCIAL SECURITY NUMBER 10. 337-58-0651		USUAL OCCUPATION 11a. HOMEMAKER		KIND OF BUSINESS OR INDUSTRY 11b. AT HOME	
6. RESIDENCE (STREET AND NUMBER) 13a. 4000 MILLER DRIVE		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. GLENVIEW		INSIDE CITY (YES/NO) 13c. YES	
7. STATE 13e. ILLINOIS		ZIP CODE 13f. 60025		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. WHITE	
8. FATHER-NAME FIRST MIDDLE LAST 15. HENRY SILVERMAN		MOTHER-NAME FIRST MIDDLE LAST 16. ANNE CONVERSA		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. NO	
9. INFORMANT'S NAME (TYPE OR PRINT) 17a. RONALD BRANDWEIN		RELATIONSHIP 17b. SPOUSE		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 4000 MILLER DRIVE GLENVIEW, IL 60025	
10. IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) Acute Myeloid leukemia		Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Months.	
11. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b)		(c)			
12. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO) 19a. NO		WERE AUTOPSY FINDINGS AVAILABLE FOR COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.	
13. DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO	
14. (I) (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON Aug 9, 1999		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO		HOUR OF DEATH 21c. 8:55 A. M.	
15. 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. Aug 10, 1999		ILLINOIS LICENSE NUMBER 22d. 36-45731	
16. SIGNATURE Jacob DiTran MD		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 1700 Luther Lane Park Ridge, IL		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
17. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL		CEMETERY OR CREMATORY-NAME 24b. WESTLAWN CEMETERY	
18. NAME OF FUNERAL HOME 25a. WEINSTEIN FAMILY SERVICES		LOCATION CITY OR TOWN STATE 24c. NORRIDGE ILLINOIS		DATE (MONTH, DAY, YEAR) 24d. AUG 12 1999	
19. FUNERAL DIRECTOR'S SIGNATURE [Signature]		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-012334		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. Aug. 13, 1999	
20. LOCAL REGISTRAR'S SIGNATURE [Signature]		LOCAL REGISTRAR			

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 13 1999** SIGNED **[Signature]** LOCAL REGISTRAR
AT **EVANSTON**, Illinois OFFICIAL TITLE

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.

UNOFFICIAL COPY

F i r s t A m e r i c a n T i t l e I n s u r a n c e C o m p a n y

Commitment No: 05024644

Schedule C

The land referred to in this policy is situated in the State of Illinois, County of Cook and is described as follows:

LOT 87 IN WILLOW NORTH, UNIT 2, A SUBDIVISION OF THE SOUTH 1/2 OF THE SOUTH 1/2 OF THE NORTHEAST 1/4 OF SECTION 20, TOWNSHIP 42 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, COOK COUNTY, ILLINOIS.

End of Schedule C.

Property of Cook County Clerk's Office