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Doc#: 0425150087
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 09/07/2004 01:00 PM Pg: 1 of 3

Joint Tenancy Affidavit

Above Space for Recorder's Use Only

Dorothy Goldberg, hereinafter referred to as the affiant, states under oath that the affiant resides at 6330 N. Lincoln Avenue, in the City of Morton Grove, Illinois; that the affiant was acquainted with Sam Goldberg, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of properly recorded joint tenancy warranty deed, said property located in, County, Illinois, and legally described as follows:

ITEM 1: UNIT 2-D AS DESCRIBED IN SURVEY DELINEATED ON AND ATTACHED TO AND A PART OF A DECLARATION OF CONDOMINIUM OWNERSHIP REGISTERED ON THE 16TH DAY OF NOVEMBER, 1971 AS DOCUMENT NUMBER 2593748 AND CERTIFICATE OF CORRECTION THEREOF TO SHOW THE PROPERTY DESIGNATED UNIT NUMBERS, REGISTERED ON FEBRUARY 2, 1972 AS DOCUMENT NUMBER 2606053.

ITEM 2: AN UNDIVIDED 2.00% INTEREST (EXCEPT THE UNITS DELINEATED AND DESCRIBED IN SAID SURVEY) IN AND TO THE FOLLOWING DESCRIBED PREMISES:

LOTS ONE (1) AND TWO (2) IN THE SUBDIVISION OF PART OF LOT 45 AND PART OF LOT 40 OF COUNTY CLERK'S DIVISION IN SECTIONS 19 AND 20 IN TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS ACCORDING TO THE PLAT THEREOF RECORDED JUNE 28, 1915 AS DOCUMENT NUMBER 5661873 IN BOOK 133 OF PLATS, PAGE 25.

Permanent Index Number (PIN): 10-20-111-012-1013

Address(es) of Real Estate: 6330 Lincoln Avenue, Unit #2-D, Morton Grove, IL 60053

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on June 6, 2000, leaving ~~no~~ a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 140,000.00 ; and

That the value of the above property individually was \$ 200,000.00 .

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That the affiant makes this affidavit to induce Chicago Title Insurance Company to issue its policy of title insurance on the above-described property.

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Chicago Title Insurance Company, harmless and to reimburse the Fund for all loss, costs, damages, suites, attorney's fees and expenses and every kind and nature which the fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

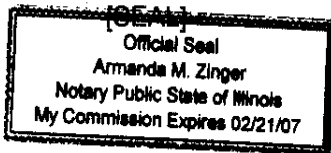
1. Claims against the estate of Sam Goldberg, the decedent;
2. Illinois State Inheritance Tax and Federal Tax which may be charges against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights to contribution.

Christy Goldberg (Seal)

_____ (Seal)

STATE OF ILLINOIS)
) SS
 COUNTY OF Cook)

Subscribed and Sworn to before me this 12th day of July, 2004.



Armanda M. Zinger
 Notary Public

This instrument was prepared by:

Gabriel S. Berrafato & Associates
 8720 Ferris Avenue
 Morton Grove, IL 60053-2843
 (847) 965-2233

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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 JUN 8 2000

SIGNED Zawell 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.

MORTON GROVE, ILLINOIS 60053
GABRIELLA BERRAIATO
LAW OFFICES OF
MORTON GROVE, ILLINOIS 60053
965-2235

DECEDENT'S BIRTH NO. _____
REGISTRATION DISTRICT NO. 16.36
REGISTERED NUMBER 18362

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

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

DECEASED

PARENTS

CAUSE

1. _____
2. _____
3. _____

CERTIFIER

DISPOSITION

DECEASED-NAME: Saim Goldberg FIRST: Saim MIDDLE: _____ LAST: _____ SEX: Male DATE OF DEATH (MONTH, DAY, YEAR): June 6, 2000

COUNTY OF DEATH: Cook CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Skokie

AGE LAST BIRTHDAY (YRS): 81 MONTHS: 5 DAYS: 5 UNDER 1 YEAR: _____ 1-2 YEARS: _____ 2-5 YEARS: _____ 5-9 YEARS: _____ 10-14 YEARS: _____ 15-19 YEARS: _____ 20-24 YEARS: _____ 25-29 YEARS: _____ 30-34 YEARS: _____ 35-39 YEARS: _____ 40-44 YEARS: _____ 45-49 YEARS: _____ 50-54 YEARS: _____ 55-59 YEARS: _____ 60-64 YEARS: _____ 65-69 YEARS: _____ 70-74 YEARS: _____ 75-79 YEARS: _____ 80-84 YEARS: _____ 85-89 YEARS: _____ 90-94 YEARS: _____ 95-99 YEARS: _____ 100 YEARS: _____

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT NEEDED, GIVE STREET AND NUMBER): Hospice of the North Shore

IF HOSP OR INST, INDICATE D.O.A. OR OTHER FINAL INQUIRY (SPECIFY): _____

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Chicago, Illinois

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): Dorothy Goldman

SOCIAL SECURITY NUMBER: 354-01-3710 USUAL OCCUPATION: Clerk

RESIDENCE (STREET AND NUMBER): 6330 N. Lincoln Ave. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Morton Grove

STATE: Illinois ZIP CODE: 60053 RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): White

OF HISPANIC ORIGIN? (SPECIFY YES OR NO): NO

EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): 12 ELEMENTARY/SECONDARY (0-12): _____ COLLEGE (13-16): _____

INSIDE CITY (YES/NO): Yes COUNTY: Cook

FATHER-NAME: David Goldberg FIRST: David MIDDLE: _____ LAST: _____ MOTHER-NAME: Eva Klein FIRST: Eva MIDDLE: _____ LAST: _____

INFORMANT'S NAME (TYPE OR PRINT): Dorothy Goldberg RELATIONSHIP: Wife

Mailing Address (Street and No. or R.F.D., City or Town, State, ZIP): 6330 N. Lincoln, Morton Grove, IL 60053

18. PART I. Immediate Cause (Final disease or condition resulting in death): Cardiac arrest

17a. Enter the diseases, conditions 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.

(a) Cardiac arrest (b) _____ (c) _____

17b. UETO, OR AS A CONSEQUENCE OF _____

17c. DUE TO, OR AS A CONSEQUENCE OF _____

PART II. Other specific conditions contributing to death but not resulting in the underlying cause given in PART I.

DATE OF OPERATION, IF ANY: _____ MAJOR FINDINGS OF OPERATION: _____

20a. (I) DID (NAME) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: June 6, 2000

20b. (II) TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, PLACE AND PLACE AND DUE TO THE CAUSE(S) STATED.

20c. WAS CORNER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): NO

20d. HOUR OF DEATH: 6:40 PM

20e. DATE SIGNED: June 8, 2000

20f. ILLINOIS LICENSE NUMBER: 036-073146

20g. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO

20h. WERE AUTOPSY FINDINGS AVAILABLE REPORT TO COMPLETION OF CAUSE OF DEATH? (YES/NO): _____

20i. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO

22a. SIGNATURE OF CERTIFIER: Maureen McElroy M.D. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): Maureen McElroy M.D., 220 Central St., Evanston, Ill. 60201

22b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): _____

23. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): _____

23a. BIRTHDAY (MONTH, DAY, YEAR): _____

23b. CEMETERY OR CREMATORY-NAME: Shalom Memorial Park

23c. CITY OR TOWN: Arlington Heights, IL

23d. STATE: IL

23e. DATE (MONTH, DAY, YEAR): June 8, 2000

24a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): _____

24b. BIRTHDAY (MONTH, DAY, YEAR): _____

24c. CEMETERY OR CREMATORY-NAME: Lloyd Mandel Levayah Funerals, Skokie, IL

24d. CITY OR TOWN: Skokie, IL

24e. STATE: IL

24f. DATE (MONTH, DAY, YEAR): June 8, 2000

25a. LOCAL REGISTRAR'S SIGNATURE: Zawell Huchleberry

25b. LOCAL REGISTRAR'S SIGNATURE: _____

25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): JUN 8 2000

25d. FINANCIAL DIRECTOR'S SIGNATURE: _____

25e. FINANCIAL DIRECTOR'S SIGNATURE: _____

25f. DATE FILED BY FINANCIAL DIRECTOR (MONTH, DAY, YEAR): _____