

# UNOFFICIAL COPY



0430649071

Doc#: 0430649071  
Eugene "Gene" Moore Fee: \$28.00  
Cook County Recorder of Deeds  
Date: 11/01/2004 01:16 PM Pg: 1 of 3

**DECEASED JOINT  
TENANCY AFFIDAVIT**

STATE OF ILLINOIS    )  
                                  )  
COUNTY OF COOK     )

IRMA SPIELBERG being duly

sworn states that SHE resides at 1243 E. BALDWIN LN #104  
in the City of PALATINE

That SHE was acquainted WITH MARY GOLDSTEIN  
deceased who, at the time of HER  
death, was one of the owners of the land in  
COOK County, Illinois, described as:

P.I.N. 02-12-200-021-1021

That the deceased died ON 12-26-03  
as evidenced by a certified copy of death certificate of the  
deceased attached hereto.

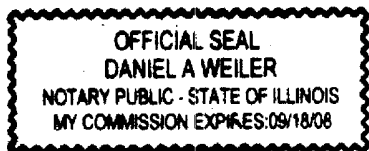
Subscribed and sworn to before me by the said

IRMA SPIELBERG

this 1<sup>st</sup> day of November, A.D. 19 2004

Notary Public

Irma Spielberg  
(affiant signature)



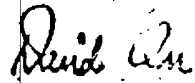
**UNOFFICIAL COPY**STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

DEC 29 2003

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 WHEREOF, 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.



COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.0</b>		STATE OF ILLINOIS		STATE FILE NUMBER		
		REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)			
A		1. Mary Goldstein		2. Female	3. December 26, 2003			
B		COUNTY OF DEATH		AGE - LAST BIRTHDAY (YRS) MOS DAYS	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
C		4. Cook		5a. 100	5b.	5c.	5d. May 17, 1903	
D		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)		
E		6a. Palatine		6b. 1243 Baldwin Lane		6c.		
DECEASED		BIRTHPLACE (CITY AND STATE OF FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		
B		7. Chicago, IL		8a. Widowed		8b.		
C		SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		
D		10. 344-28-0393		11a. Clerical		11b. General Office		
E		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		
		12. 12		1243 Baldwin Lane		13b. Palatine		
		INSIDE CITY (YES/NO)		CITY		COUNTY		
		13c. Yes		13d. Cook				
		STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		
		13e. IL		13f. 60074		14a. White		
		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)		FATHER - NAME FIRST MIDDLE LAST		MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST		
		14b. NO		15. Isadore Isaacson		16. Johanna Lowensohn		
PARENTS		INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
1		17a. Irma Goldstein		17b. Daughter	17c. 1243 Baldwin Lane, Palatine, IL 60074			
2		18. 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 heart failure. List only one cause on each line.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
3		Immediate Cause (Final disease or condition resulting in death)		(a) CONGESTIVE HEART FAILURE				
CAUSE		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF				
4		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)			WAS AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
5		20a.		20b.		19. No		
N		DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST 12 RE MONTHS?		
P		20a.		20b.		20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
		I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH		
		21a. last attended Dec. 16, 2003		21b. Yes		21c. 11:40 A.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)				
CERTIFIER		22a. SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER		
		22a. Lynn Piest		60035		22b. 12/26/03		
		22c. Lynn Piest M.D., 625 Roger Williams, Highland Park, IL		22d. 036082435		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
		23. Barry Goldberg						
DISPOSITION		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY - NAME		LOCATION CITY OR TOWN STATE		
		24a. Burial		24b. Kurlander Cemetery		24c. Forest Park, IL		
		FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE ZIP		
		25a. Lloyd Mandel Levayah Funerals, 4750 Dempster, Skokie, IL 60076		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
		25b. Doran J. Puckett		25c. 034-010756				
		LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				
		26a. David Orr		26b. DEC 29 2003				

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Unit 104 IN SAN TROPAL CONDOMINIUM, AS DELINEATED ON SURVEY, OF THE FOLLOWING DESCRIBED PARCEL OF LAND (HEREINAFTER REFERRED TO AS PARCEL):

THAT PART OF THE SOUTH 780.0 FEET, AS MEASURED AT RIGHT ANGLES OF THE SOUTH LINE THEREOF, OF THE NORTH WEST QUARTER OF THE NORTH EAST QUARTER OF SECTION 12, TOWNSHIP 42 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTH WEST QUARTER OF SAID NORTH WEST QUARTER OF THE OF THE NORTH EAST QUARTER, THENCE EAST ALONG THE SOUTH LINE OF SAID NORTH WEST QUARTER OF THE NORTH EAST QUARTER, 282 FEET: ( THE SOUTH LINE OF SAID NORTH WEST QUARTER OF THE NORTH EAST QUARTER BEING ASSUMED AS RUNNING DUE EAST AND WEST FOR THIS LEGAL DESCRIPTION) THENCE NORTH 167.0 FEET TO A POINT FOR A PLACE OF BEGINNING OF THE PARCEL OF LAND THEREIN DESCRIBED; THENCE WEST 77.0 FEET; THENCE NORTH 88.0 FEET; THENCE WEST 13.40 FEET; THENCE NORTH 217.17 FEET; THENCE EAST 77.0 FEET; THENCE SOUTH 123.0 FEET; THENCE EAST 71.40 FEET; THENCE SOUTH 59.12 FEET; THENCE WEST 58.0 FEET; THENCE SOUTH 123.0 FEET; TO THE PLACE OF BEGINNING IN COOK COUNTY, ILLINOIS. WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO DECLARATION OF CONDOMINIUM MADE BY CHICAGO TITLE AND TRUST COMPANY AS TRUSTEE UNDER TRUST NO. 1067400 AND RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS AS DOCUMENT NO. 23448135, TOGETHER WITH AN UNDIVIDED 1.222 PER CENT INTEREST IN SAID PARCEL (EXCEPTING FROM SAID PARCEL ALL THE PROPERTY AND SPACE COMPRISING ALL THE UNITS THEREOF AS DEFINED AND SET FORTH IN SAID DECLARATION AND SURVEY ).

88199523

County Clerk's Office