



Doc#: 0432750072
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 11/22/2004 11:04 AM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

} ss.

Order No. _____

Gary Rosenthal being duly sworn
states that 1 resides at 587 GREENWOOD AVE in the City of
GLENDEN

That 1 was acquainted with SEYMOUR ROSENTHAL
deceased who, at the time of his death, was one of the owners of the land in COOK
County, Illinois, described as:

SEE ATTACHED

That the deceased died 9/14/2002, 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 of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- 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 _____ dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Melissa O'Malley

this 22nd day of November, A.D. 2004

Melissa O'Malley
Notary Public

UNOFFICIAL COPY
MELISSA O'MALLEY
NOTARY PUBLIC - STATE OF ILLINOIS

[Signature]
(affiant's signature) 3

UNOFFICIAL COPY

SEE ATTACHED LEGAL DESCRIPTION

UNIT NO. D-177 IN CASTILIAN COURT CONDOMINIUM AS DELINEATED ON A SURVEY OF PART OF THE NORTH 1/2, SECTION 32, TOWNSHIP 42 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTHEASTERLY OF MILWAUKEE AVENUE IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 26378419, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

THIS DEED IS SUBJECT TO ALL RIGHTS, EASEMENTS, COVENANTS, CONDITIONS, RESTRICTIONS, AND RESERVATIONS CONTAINED IN SAID DECLARATION THE SAME AS THOUGH THE PROVISIONS ON SAID DECLARATION WERE RECITED AND STIPULATED AT LENGTH HEREIN.

PROPERTY INDEX NUMBERS

04	32	206	026	1099
A	SA	BLK	PCL	UNIT

1026 CASTILLIAN COURT Apt 207
GLENVIEW ILLINOIS 60025

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 Statistics Act.

UNOFFICIAL COPY

DATE SEP 17 2002 SIGNED Doris W. Juwinn
AT HIGHLAND PARK, Illinois. OFFICIAL TITLE REGISTRAR

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 or the local registrar or the county clerk shall be considered as prima facie evidence of the facts therein stated.

VS 201B (1968) BUREAU OF STATISTICS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62706

REGISTRATION NO. 49.6 STATE OF ILLINOIS
DISTRICT NO. 1250 MEDICAL CERTIFICATE OF DEATH
REGISTERED NUMBER 1250 STATE FILE NUMBER

DECEASED-NAME Seymour FIRST Rosenthal MIDDLE Rosenthal LAST Rosenthal SEX Male DATE OF DEATH (MONTH, DAY, YEAR) September 14, 2002

1. COUNTY OF DEATH Lake AGE-LAST BIRTHDAY (YRS) 77 UNDER 1 YEAR 2 DATE OF BIRTH (MONTH, DAY, YEAR) December 23, 1924
4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Buffalo Grove 5a. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 118 Lillac Lane 5d. DATE OF BIRTH (MONTH, DAY, YEAR) December 23, 1924
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, IL 8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed 8b. NAME OF SURVIVING SPOUSE (M, MRS, NAME, IF WIFE) Edith 6c. IF HOSP. OR INST. INDICATE D.O.A. OR EMER. RM. INPATIENT (SPECIFY) Inpatient
6b. SOCIAL SECURITY NUMBER 10 348 14 2947 11a. SELF EMPLOYED General 11b. MOTHER OR FATHER DISTRICT NO. 12 6d. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) NO
10. RESIDENCE (STREET AND NUMBER) 1458 S. Pennsylvania Ave. 13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Des Plaines 13c. INSIDE CITY (YES/NO) Yes 13d. COUNTY Cook
13a. STATE Illinois ZIP CODE 60018 14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) white 14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) NO 9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) NO
13e. FATHER-NAME FIRST Max MIDDLE Rosenthal LAST Rosenthal 14c. MOTHER-NAME FIRST Edith MIDDLE Cohen LAST Cohen
15. INFORMANT'S NAME (TYPE OR PRINT) Gary Rosenthal 17b. MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP) 17c. 587 Greenwood Glencoe, IL 60022
17a. PART I. IMMEDIATE CAUSE (Final disease or condition resulting in death) Myocardial Infarction 17d. RELATIONSHIP Son 17e. CITY OR TOWN, STATE, ZIP Glencoe, IL 60022
18. PART II. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) Myocardial Infarction
19. DATE OF OPERATION, IF ANY 9-5-02 20a. DATE OF OPERATION, IF ANY 9-5-02 20b. MAJOR FINDINGS OF OPERATION Myocardial Infarction
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 9-5-02 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO 21c. HOUR OF DEATH 6 P.M. 21d. DATE SIGNED (MONTH, DAY, YEAR) 9/16/02 21e. M. M.
22a. SIGNATURE OF CERTIFIER Doris W. Juwinn (TYPE OR PRINT) 22b. ILLINOIS LICENSE NUMBER 036-180555-2
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) D. Steen 22d. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE COMMON OR MEDICAL EXAMINER MUST BE NOTIFIED.
23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Westlawn Cemetery 24a. FUNERAL HOME Westlawn Cemetery 24b. STREET AND NUMBER OR R.F.D. Chicago 24c. CITY OR TOWN Chicago 24d. STATE Illinois 24e. DATE (MONTH, DAY, YEAR) 18.2002
25a. WEINSTEIN FAMILY SERVICE 111 Skokie Blvd. Wilmette, Illinois 60091
25b. LOCAL REGISTRAR'S SIGNATURE Doris W. Juwinn
25c. FUNERAL DIRECTOR'S SIGNATURE Michaela
25d. LOCAL REGISTRAR'S SIGNATURE Doris W. Juwinn
25e. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 036-011533
25f. DATE OF DEATH (MONTH, DAY, YEAR) SEP 17 2002
26a. (Rev. 5/89) (BASED ON 1969 U.S. STANDARD CERTIFICATE)