## **UNOFFICIAL COPY**

DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 0508134100 Eugene "Gene" Moore Fee: \$26.50 Cook County Recorder of Deeds Date: 03/22/2005 02:28 PM Pg: 1 of 2

_	•
STATE OF ILLINOIS ]	
COUNTY OF COOK 1	sephine Tropp being duly
	resides at
4844 Kinicoly Court	_in the city of <u>Vak torest</u>
Illinois	•
LIMIN J	ed John Tropp
That was acquaint	deceased who, at the time of
	•
H/5 death, was one of	the owners of the land in
Cook county, Illinois,	described as:
Last in Kimberly Court, bein	y a resubdivision in water of the Third
· of the Indian Doundary ~	- Conscieved in the Othice of The
Principal Meridian, according	in Touriship 36 North, kange to the Office of the g to Plat increof registered in the Office of the ountry Illinois on March 24, 1975 as Document
Kiaistrar of little of cook of	ounty, Illinois on March 24, 1975 as Document
10001100	
P.I.N. <u>28-28-262-043</u>	September 1, 2004
That the deceased died	
as evidenced by a certified co	py of death certificate of the
deceased attached hereto.	Upon Recordation Please Mail to
	Jennifer Crissey
Subscribed and sworn to b	oforo me by the said 171595 Parkside Hve
Josephine Tropp	Tinley Park, 12 60477
<del></del>	2005
this 21st day of March	h , A.D. # 2005
N. A.	& Targe
Notary Public	(affiant signature)
~~	"OFFICIAL SEAL"
	Claudine Wicker Notary Public, State of Illinois
M M	y Commission Exp. 09/21/2005

-0508134100 Page: 2 of 2-

## With ORR, County (le

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 THEREOF, 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.

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

REGISTRATION 16.0			STATE OF ILLINOIS					STATE FILE		
	REGISTERED NUMBER	M	EDICAL C	ERTIF	FICATE	OF D	<b>EATH</b>	, N	IUMBER	
Type or Print in PERMANENT INK	DECEASE VALLE	FIRST	MIDDLE	A:	ST	logy .				
re Funeral Directors, papital, or Physicians	1 JOKES		Α.	Tr	' <i>ለ</i>	SEX	ab DATE	OF DEAT	MONTH	DAY, YEAR
Handbook for	COUNTY OF DEA H		AGE-LAST	UNDER 1 YE	AF UNDER	1DAY 1043	1/Co 3.C	4/	ens	RM 12004
INSTRUCTIONS	4. Cook	5	BIRTHDAY (YRS)	MOS. DA	YS HOURS	MIN.	EOFBIRTH (N			7
	CITY, TOWN, TWP, OR HOL OL	/ X	HOSPITALOROTE	HER INSTITUTI	ON-NAME (IE NOT	5d.	May 1'	7, 19		
<b>A</b>	6a Hazel Cres		I 6b. Advoca	ata Sou	th Caba	al TT	STREET AND NU	MBEA)	IF HOSP, COP/EMER.	OR INST, INDICATE D.O.A. PM, INPATIENT (SPECIFY)
DECEASED	BIRTHPLACE (CITY AND STATE ( FOREIGN COUNTRY)	MARRIED, N	IEVER MARRIED DIVORCED (SPECIFY)	NAMEOFS	URVIVING SPO	roan Ho	spital		6c. In	patient
	7. Chicago, I	L 8a N	rried	1						WAS DECEASED EVER IN U ARMED FORCEST (YESAN
В	SOCIAL SECURITY NUMBER	USUALUCC	UPTITION	KIND OF BL	osephine ISINESSORIND	Majch	rzak			Ια ΥΔα
C	10. 718-03-209	6 11a. Ma	<u>achinist</u>				OUCATION (SP mentary/Secondar	CIFY ONLY	HIGHEST G	RADE COMPLETED)
D	RESIDENCE (STREET AND NUME	3ER)		11b. S	tee1 OR ROAD DIST	147	10			P(1-403+)
E	13a. 4846 Kimber	nly C+	// )  //			HICT NO.	INSIDE (	ITY	COUNTY	
	STATE	ZIPCODE	PACE (WHITE, BL., CK, AA	Oak F	Orest		1120	Yes	13d. C	ook
Į	13e. Illinois	13f, 60452	INDIAN, etc.) (SPECIFY)		OFHISPANIC	JRIGIN? (SPE	CIFY NO OR YES-I	YES, SPEC	IFY CUBAN, I	OOK MEXICAN, PUERTO RICAN, 44
PARENTS	FATHER-NAME FIRST	MIDDLE	14a. White	-	14b. 🖪 NO	DYE				
PANENIS	Sebesta:	in		$O_{r}$	MOTHER-NAM	HE FIRST	MIDD	LE	-	(MAIDEN) LAST
	INFORMANT'S NAME (TYPE OR	PRINT	Tropp	$\underline{}$	16.	Rose	•		~	و و بالمسا
1		ne Tropp		ELATIONS P.	MAILING	ADDRESS (	TREET AND NO.	DRR.F.D., C	ITY OR TOW	N STATE 701 COL CO
2			<u> </u> 1	7b. Wife						Forest, IL
3	st	hock, or heart failure.	emplications that caused to List only one cause on e	the death. Do no	t enter the mc	or tying, such a	s cardiac or resc	iratory acc	-	
•	Immediate Cause (Final disease or condition	× 11.	Jack I	Pacifilia.	/					APPROXIMATE INTERVAL BETWEEN CHSET AND DEATH
	resulting in death)	(a)	248tapks	(2)	lon d	LY Q	/		- 1	
*************	CONDITIONS, IF ANY	DUE TO, ORAS A	CONSEQUENCE OF		<u> </u>		<del></del>			
CAUSE	WHICH GIVE RISE TO IMMEDIATE CAUSE (a)	(b)				1			- 1	
CAUSE	STATING THE UNDERLYING	DUETO, OR AS A	CONSEQUENCE OF	<del></del>	<del></del>		<del></del>			
. [	CAUSE LAST.	<b>(</b> (c)						١	l l	
•	PART II. Other significant condition	te contributing to death but r	not resulting in the underlying c	ause given in PAR	TI.			C S''-1 -		
									WERE AUTO	
5							(YE.	***///	COMPLETE	OPSY FINDINGS AVAILABLE PRIOR T ON OF CAUSE OF DEATHY (VESINO).
N	DATE OF OPERATION, IF ANY	MAJOR FIND	INGS OF OPERATION			<del>-</del>	19a	3/3	19b.	ON OF CAUSE OF DEATHY (VESANO)
	20a.	20h	INGS OF OPERATION	·				3/3	19b.	OPSY FINDINGS AVAILABLE PRIOR TO OHOF CAUSE OF DEATHY (VESHIC).  RE A PREGNANCY IN PAST
	20a.	20b.	INGS OF OPERATION				19a	IFI EMAL THREET	19b.	ONOF CAUSE OF DEATHY (YESHIO)  REAPREGNANCY IN PAST
	20a. I(DID) (DID NOT) ATTEND THE CAND LAST SAW HIM/HER A LIVE 21a.	20b. DECEASED (MONT	TH, DAY, YEAR)			CONTRACT IN	19a	IFI EMAL THREET 20c.	19b.	ONOF CAUSE OF DEATHY (YESHIO)  REAPREGNANCY IN PAST
	20a. I(DID) (DID NOT) ATTEND THE CAND LAST SAW HIM/HER A LIVE 21a.	20b. DECEASED (MONT	TH, DAY, YEAR)			CONTRACT IN	19a	IFI EMAL THREET 20c.	19b.	ONOF CAUSE OF DEATHY (YESHIO)  REAPREGNANCY IN PAST
NP	20a. I(DID) (DID NOT) ATTEND THE CANDLAST SAWHIMHER ALIVE 21a. TO THE BEST OF MY KNOWLED	20b. DECEASED (MONT	TH, DAY, YEAR)	EANY) PLACEA	NP DUE TO THE	CONTRACT IN	19a	IFI EMAL THREET 20c. L HOUF IO)	19b.	ONOF CAUSE OF DEATHY (YESHIO)  REAPREGNANCY IN PAST
	20a. I(DID) (DID NOT) ATTEND THE CANDLAST SAWHIMHER ALIVE 21a. TO THE BEST OF MY KNOWLED 22a. SIGNATURE	20b. DECEASED (MONTE	TH, DAY, YEAR) RED A THETIME, DATE		NP DUE TO THE	CONTRACT IN	19a	IFI EMAL THREET 20c. L HOUF IO)	19b.  WAS THEI  VES   ROF DEATI	OHOP CAUSE OF DEATHY (YESHIO)  RE A PREGNANCY IN PAST  NO   H  A  M.
NP	20a.  I(DID) (DID NOT) ATTEND THE CAND LAST SAW HIM HER ALIVE 21a.  TO THE BEST OF MY KNOWLED  22a. SIGNATURE  NAME AND ADDRESS DECERT	20b. DECEASED (MONTED) DOGE, DEATH OCCURRE	TH, DAY, YEAR) RED A THETIME, DATE	EANY) PLACEA	NP DUE TO THE	CONTRACT IN	19a	IF I EMAIL THREE I 20c. L HOUF IO) 21c. DATE 22b.	19b. WAS THEI VIES  ROF DEATI	NO HONTH, DAY, YEAR)
NP	20a.  I(DID) (DID NOT) ATTEND THE CAND LAST SAW HIM HER ALIVE  21a.  TO THE BEST OF MY KNOWLED  22a. SIGNATURE  NAME AND ADDRESS DECERT  22c. HQOD   COOL	DECEASED (MONTE PORTION OF THE PORTI	TH. DAY, YEAR)  RED ATTHETIME, DATE  PRINT)  J. Kad276	EANGPLACEA US M. #3300 H	NP DUE TO THE	CONTRACT IN	19a	IFI SMAL THREE! 20c. L HOUF (O) 21c. DATE 22b. ILLING	19b. WAS THEI WISS ROF DEATI	OHOP CAUSE OF DEATHY (YESHIO)  RE A PREGNANCY IN PAST  NO   H  A  M.
NP	20a.  I(DID) (DID NOT) ATTEND THE LAND LAST SAW HIM HER ALIVE  21a.  TO THE BEST OF MY KNOWLED  22a. SIGNATURE  NAME AND ADDRESS OF CERT  22c. T GOD COO  NAME OF TIENDING PHYSICI.	DECEASED (MONTE PORTION OF THE PORTI	TH. DAY, YEAR)  RED ATTHETIME, DATE  PRINT)  J. Kad276	EANY) PLACEA	NP DUE TO THE	CONTRACT IN	19a	IFFEMAL THREE' 20c. L HOUF (O) 21c. DATE 22b. ILLING 22d.	19b.  19b.  19b.  19c.	OHOF CAUSE OF DEATH (YESHIC)  RE A PREGNANCY IN PAST  NO   (MONTH, DAY, YEAR)  NO   (MONTH, DAY, YEAR)  NO   SE NUMBER  NO   OHO  NO   OHO  NO   OHO  NO   OHO  NO  O
N	20a.  I(DID) (DID NOT) ATTEND THE AND LAST SAW HIM HER ALIVE  21a.  TO THE BEST OF MY KNOWLED  22a. SIGNATURE  NAME AND ADDRESS DECERT  22c. HOD COO  NAME OF TITENDING PHYSICI.	20b. DECEASED (MONTED) DOSE, DEATH OCCURRING INTERN (TYPEOR) AN IF OTHER THAN C	TH. DAY, YEAR)  RED ATTHETIME, DATE  PRINT)  PRINT)  LA CONTROLL  PRINTIPIER (TYPE O	EANGPLACEA US M. #3300 H	NP DUE TO THE	CONTRACT IN	19a	IFFEMAL THREE 20c. L HOUF (O) 21c. DATE 22b. ILLING 22d.(	19b.  "ASTHER OF DEATH SIGNED SIGNED FAMILURE FAMILURE THE CORON	OHOF CAUSE OF DEATH (YESHO)  RE A PREGNANCY IN PAST  NO   (MONTH, DAY, YEAR)  OH  SE NUMBER  ON  ON  ON  ON  ON  ON  ON  ON  ON  O
N	20a.  I(DID) (DID NOT) ATTEND THE AND LAST SAW HIM HER ALIVE  21a.  TO THE BEST OF MY KNOWLED  22a. SIGNATURE  NAME AND ADDRESS DECERT  22c. HOD COO  NAME OF ATTENDING PHYSICI.  23.  BURIAL CREMATION, REMOVAL (SPECIFY)	20b. DECEASED (MONTED PROPERTY OF CREETERY	TH. DAY, YEAR)  RED ATTHE TIME, DATE  PRINT;  J. K. d. 236  ERTIFIER (TYPEO)	#3300 H	NP DUE TO THE	21b. CAUSE(S) ST	ER PRIMEDICA TO MEST ATED.  STATE	IF I EMAL THREE' 20C. L HOUF O) 21C. DATE 22b. ILLING PATH DEATH MUST E	I 19b.  I 19b.	OHOF CAUSE OF DEATH (VESHIC)  RE A PREGNANCY IN PAST  NO   (MONTH, DAY, VEAR)  OH  OH  OH  OH  OH  OH  OH  OH  OH  O
CERTIFIER	20a.  I(DID) (DID NOT) ATTEND THE AND LAST SAW HIM HER ALIVE  21a.  TO THE BEST OF MY KNOWLED  22a. SIGNATURE  NAME AND ADDRESS DECERT  22c. HOO COO  NAME OF TITENDING PHYSICI.  23.  BURIAL CREMATION, REMOVAL (SPECIFY)  24a. Burial	20b. DECEASED (MONTED PROPERTY OF CREETERY	TH. DAY, YEAR)  RED ATHETIME, DATE  PRINT)  J. K. d. 2 feb.  CERTIFIER (TYPEO  EMATORY-NAME  Cross Cemet	#3300 /	NP DUE TO THE	21b. CAUSE(S) ST	ER PRIMEDICA TO MEST ATED.  STATE	IF I EMAL THREE' 20C. L HOUF O) 21C. DATE 22b. ILLING PATH DEATH MUST E	I 19b. F "AS THEIL LIVE IS? LIVE IS. LI	OHOF CAUSE OF DEATH (VESHO)  RE A PREGNANCY IN PAST  NO   (MONTH, DAY, YEAR)  (MONTH, DAY, YEAR)  (MONTH, DAY, YEAR)  (MONTH, DAY, YEAR)
CERTIFIER	20a.  I(DID) (DID NOT) ATTEND THEE AND LAST SAW HIM HER ALIVE 21a.  TO THE BEST OF MY KNOWLED  22a. SIGNATURE  NAME AND ADDRESS OF CERT  22c. HOO COO NAME OF ATTENDING PHYSICI. 23.  BURIAL CREMATION, REMOVAL (SPECET) 24a. BURIAL FUNERAL HOME	20b. DECEASED (MONTED) DOGE, DEATH OCCURRING THER (TYPEORIC) AN IF OTHER THAN COMMETERY OR CRE 24b. HO1y NAME	TH. DAY, YEAR)  RED ATTHE TIME, DATE  PRINT;  J. K. d. 236  ERTIFIER (TYPEO  EMATORY-NAME  Cross Cemet  STREET AND	#3500 /	NP DUE TO THE	21b. CAUSE(S) ST  CAUSE(S) ST  CITYOR TOWN  CITYOR TOWN	ER PRIMEDICA TO MEST ATED.  STATE , Illin	IFFEMAL THREE I 20c. L HOUF (O) 21c. DATE 22b. ILLING 22d. MOTE:: DEATH MUST B	I 19b.  I 19b.	OHOF CAUSE OF DEATH (VESHO)  RE A PREGNANCY IN PAST  NO   H  (MONTH, DAY, YEAR)  OH  SE NUMBER  OGA  OF WAS INVOLVED IN THES  HER OR IMEDICAL EXAMINER  (MONTH, DAY, YEAR)  O9/04/2004
NP	20a.  I(DID) (DID NOT) ATTEND THEE AND LAST SAW HIM HER ALIVE 21a.  TO THE BEST OF MY KNOWLED  22a. SIGNATURE  NAME AND ADDRESS OF CERT  22c. HOO COO NAME OF ATTENDING PHYSICI. 23.  BURIAL CREMATION, REMOVAL (SPECET) 24a. BURIAL FUNERAL HOME	20b. DECEASED (MONTED) DOGE, DEATH OCCURRING THER (TYPEORIC) AN IF OTHER THAN COMMETERY OR CRE 24b. HO1y NAME	TH. DAY, YEAR)  RED ATTHE TIME, DATE  PRINT;  J. K. d. 236  ERTIFIER (TYPEO  EMATORY-NAME  Cross Cemet  STREET AND	#3500 /	NP DUE TO THE	21b. CAUSE(S) ST  CAUSE(S) ST  CITYOR TOWN  CITYOR TOWN	ER PRIMEDICA TO MEST ATED.  STATE , Illin	IFFEMAL THREE I 20c. L HOUF (O) 21c. DATE 22b. ILLING 22d. MOTE:: DEATH MUST B	I 19b.  I 19b.	CHOP CAUSE OF DEATH (VESHO)  RE A PREGNANCY IN PAST  NO   H  (MONTH, DAY, YEAR)  OH  SE NUMBER  OGA 946  (WAS INVOLVED IN THES  IER OR IMEDICAL EXAMINER  (MONTH, DAY, YEAR)  O9/04/2004  ZIP
CERTIFIER	20a.  I(DID) (DID NOT) ATTEND THE EAND LAST SAW HIM HER ALIVE 21a.  TO THE BEST OF MY KNOWLED  22a. SIGNATURE  NAME AND ADDRESS DECERT  22c. TGOD COO  NAME OF TIENDING PHYSICI.  23.  BURIAL CREMATION, REMOVAL (SPECIFY)  24a. BURIAL  FUNERAL HOME	20b. DECEASED (MONTED) DOGE, DEATH OCCURRING THER (TYPEORIC) AN IF OTHER THAN COMMETERY OR CRE 24b. HO1y NAME	TH. DAY, YEAR)  RED ATTHE TIME, DATE  PRINT;  J. K. d. 236  ERTIFIER (TYPEO  EMATORY-NAME  Cross Cemet  STREET AND	#3500 /	NP DUE TO THE	21b. CAUSE(S) ST  CAUSE(S) ST  CITYOR TOWN  CITYOR TOWN	STATE  STATE  ATED  STATE  OWN  Oak For	IFFEMAL THREE 20c. L HOUF (O) 21c. DATE 22b. ILLING 22d. NOTE:: DEATH MUSTE OIS	I 19b. F "AS THEIL CAT I ST CAT CAT I ST CAT CAT CAT CAT CAT CAT CAT CAT CAT CA	OHOF CAUSE OF DEATH (VESHO)  RE A PREGNANCY IN PAST  NO   H  (MONTH, DAY, YEAR)  OHOF CAUSE OF THE SHOW OF THE SHO
CERTIFIER	20a.  I(DID) (DID NOT) ATTEND THEE AND LAST SAW HIM HER ALIVE 21a.  TO THE BEST OF MY KNOWLED  22a. SIGNATURE  NAME AND ADDRESS OF CERT  22c. HOO COO  NAME OF TITENDING PHYSICI.  23.  BURIAL CREMATION, REMOVAL (SPECIFY)  24a. BURIAL  FUNERAL HOME  25a. MCKepzie Fu  FUNERAL PHISCOOR'S SIGNAT  25b.	20b. DECEASED (MONTED) DOGE, DEATH OCCURRING DIFFER (TYPEOR) AN IF OTHER THANCO CEMETERY OR CRE 24b. Holy NAME LINETAL HOMITURE	TH. DAY, YEAR)  RED ATTHE TIME, DATE  PRINT;  J. K. d. 236  ERTIFIER (TYPEO  EMATORY-NAME  Cross Cemet  STREET AND	#3500 /	NP DUE TO THE	21b. CAUSE(S) ST  CAUSE(S) ST  CITYOR TOWN  CITYOR TOWN	STATE  STATE  Oak For  FUNERAL DIRECT	IFI SMALL THREE 20c. LO HOUF 21c. DATE 22b. ILLING 11LING	I 19b.  I 19b.	REAPREGNANCY IN PAST  NO   H  (MONTH, DAY, YEAR)  SE NUMBER  OO   WAS INVOLVED IN THES  IER OR MEDICAL EXAMINER  (MONTH, DAY, YEAR)  09/04/2004  ZIP  60452
CERTIFIER	20a.  I(DID) (DID NOT) ATTEND THEE AND LAST SAW HIM HER ALIVE 21a.  TO THE BEST OF MY KNOWLED  22a. SIGNATURE  NAME AND ADDRESS DECERT  22c. HOD COO NAME OF ATTENDING PHYSICI.  23.  BURIAL CREMATION, REMOVAL (SPECET)  24a. BURIAL FUNERAL HOME  25a. MCKEDZIE FU  FUNERAL PHISO (OR'S SIGNAT)	20b. DECEASED (MONTED) DOGE, DEATH OCCURRING DIFFER (TYPEOR) AN IF OTHER THANCO CEMETERY OR CRE 24b. Holy NAME LINETAL HOMITURE	TH. DAY, YEAR)  RED ATTHE TIME, DATE  PRINT;  J. K. d. 236  ERTIFIER (TYPEO  EMATORY-NAME  Cross Cemet  STREET AND	#3500 /	NP DUE TO THE	21b. CAUSE(S) ST  CAUSE(S) ST  CITYOR TOWN  CITYOR TOWN	STATE , Illin Oak For FUNERAL DIRECT	IFFEMALITHREE 220. DATE 22b. ILLING 22d. NOTE:: DEATH MUST B	I 19b. F MASTHEI  ONT 187  SIGNED  I 2    SIGNED  F AN INJURY  THE CONON  E NOTIFIED  STATE  IL  OSSLICENS  D222	OHOF CAUSE OF DEATH (VESHO)  RE A PREGNANCY IN PAST  NO   (MONTH, DAY, YEAR)  OH  (MONTH, DAY, YEAR)  (MONTH, DAY, YEAR)  (MONTH, DAY, YEAR)  (MONTH, DAY, YEAR)  OP / OH / 2004  ZIP  60452  ENUMBER
CERTIFIER	20a.  I(DID) (DID NOT) ATTEND THEE AND LAST SAW HIM HER ALIVE 21a.  TO THE BEST OF MY KNOWLED  22a. SIGNATURE  NAME AND ADDRESS OF CERT  22c. HOO COO  NAME OF TITENDING PHYSICI.  23.  BURIAL CREMATION, REMOVAL (SPECIFY)  24a. BURIAL  FUNERAL HOME  25a. MCKepzie Fu  FUNERAL PHISCOOR'S SIGNAT  25b.	20b. DECEASED (MONTED) DOGE, DEATH OCCURRING DIFFER (TYPEOR) AN IF OTHER THANCO CEMETERY OR CRE 24b. Holy NAME LINETAL HOMITURE	TH. DAY, YEAR)  RED ATTHE TIME, DATE  PRINT;  J. K. d. 236  ERTIFIER (TYPEO  EMATORY-NAME  Cross Cemet  STREET AND	#3500 /	NP DUE TO THE	21b. CAUSE(S) ST  CAUSE(S) ST  CITYOR TOWN  CITYOR TOWN	STATE , Illin Oak For FUNERAL DIRECT	IFFEMALITHREE 220. DATE 22b. ILLING 22d. NOTE:: DEATH MUST B	I 19b. F MASTHEI  ONT 187  SIGNED  I 2    SIGNED  F AN INJURY  THE CONON  E NOTIFIED  STATE  IL  OSSLICENS  D222	OHOF CAUSE OF DEATHT (YESHO)  RE A PREGNANCY IN PAST  NO