

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT



0512349032

Doc#: **0512349032**
Eugene "Gene" Moore Fee: \$28.50
Cook County Recorder of Deeds
Date: 05/03/2005 08:00 AM Pg: 1 of 3

State of Illinois)
) SS
County of Cook)

George J. Mazarr, being duly sworn, states that he resides at 2601 Central St., #205, Evanston, Illinois 60201.

Above Space For Recorder's Use Only

That he was acquainted with Isobel S. Mazarr deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

<SEE LEGAL DESCRIPTION ATTACHED HERETO AND EXPRESSLY MADE A PART HEREOF.>

Common Address: 2601 Central St., #205, Evanston, Illinois 60201
P.I.N.: 05-34-323-040-1005 & 05-34-323-040-1041

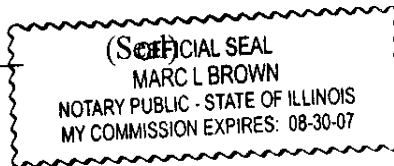
That the deceased died 3/21/05, as evidenced by a certified copy of death certificate of the deceased attached hereto.

Dated this 8TH day of APRIL, 20 05.

George J. Mazarr
George J. Mazarr

SUBSCRIBED AND SWORN TO before me this 8 day of April, 20 05.

Marc L. Brown
Notary Public



Mail To/Document Prepared By:
Marc L. Brown
The Law Offices of Marc L. Brown
422 N. Northwest Hwy, Ste. 150
Park Ridge, Illinois 60068

UNOFFICIAL COPY

LEGAL DESCRIPTION

UNIT 205 AND P-17 IN MORNINGSIDE TERRACE CONDOMINIUM AS DELINEATED ON PLAT OF SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE: LOT 1 IN PETERSON'S CONSOLIDATION OF LOTS 7, 8 AND 9 IN JOHN CULVER'S ADDITION TO NORTH EVANSTON (IN WILMETTE RESERVATION) IN TOWNSHIP 42 NORTH RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, WHICH PLAT OF SURVEY IS ATTACHED AS EXHIBIT 'D' TO THE DECLARATION OF CONDOMINIUM RECORDED DECEMBER 14, 1995 AS DOCUMENT NUMBER 95870631 IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS.

Common Address: 2601 Central Street, #205, Evanston, IL 60201

P.I.N.: 05-34-323-040-1005 & 05-34-323-040-1041

Property of Cook County Clerk's Office

UNOFFICIAL COPY MEDICAL CERTIFICATE OF DEATH

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)

1. Isobel S. Mazarr 2. Female 3. March 21, 2005

COUNTY OF DEATH AGE—LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)

4. Cook 5a. 77 5b. MOS. DAYS HOURS MIN. 5d. September 3, 1927

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INPATIENT, (SPECIFY)

6a. Evanston 6b. Evanston Hospital 6c. Inpatient

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)

7. Scotland 8a. Married 8b. George J. Mazarr 9. No

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

10. 078-28-9342 11a. Business Manager 11b. Interior Decorating 12. Elementary/Secondary (0-12) College (1-4 or 5+)

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP, OR ROAD DISTRICT NO. INSIDE CITY COUNTY

13a. 2601 Central St., Unit 205 13b. Evanston 13c. IL 13d. Cook

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)

13e. Illinois 13f. 60201 14a. White 14b. NO YES SPECIFY:

A DECEASED B C D E

FATHER—NAME FIRST MIDDLE LAST MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST

15. William Simpson 16. Isobella Many

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

17a. Mr. George J. Mazarr 17b. Husband 17c. 2601 Central St., Unit 205, Evanston, IL

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

Immediate Cause (Final disease or condition resulting in death) (a) acute myelogenous leukemia 2 month

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF (c)

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

PARENTS 1 2 3 CAUSE 4 5 N P

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)

20a. 20b. 19a. No 19b.

I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 20c. YES NO

21a. March 20, 2005 21b. NO 21c. 5:45 A. M.

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

22a. SIGNATURE Robert M. Maguro M.D. DATE SIGNED (MONTH, DAY, YEAR)

22b. March 21, 2005

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER

22c. R. MAGLISSO, M.D. 530 Winnetka Ave Winnetka IL 22d. 036064360

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

23. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

CERTIFIER

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

24a. Cremation 24b. Trisons Crematory 24c. Lombard, Illinois 24d. March 22, 2005

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP

25a. Wm. H. Scott Funeral Home, 1100 Greenleaf Avenue, Wilmette, Illinois 60091

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25b. Angela D. Anello 25c. 034-014347

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26a. Jay W. Terry 26b. March 22, 2005

DISPOSITION

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

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 March 22, 2005 SIGNED Jay W. Terry 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.