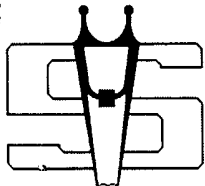


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STEWART TITLE OF ILLINOIS
2 N. LaSalle Street
Suite 625
Chicago, IL 60602
312-848-4243



Sanctity of Contract

Stewart Title Company of Illinois



Doc#: 0520314038
Eugene "Gene" Moore Fee: \$30.00
Cook County Recorder of Deeds
Date: 07/22/2005 07:42 AM Pg: 1 of 4

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF) SS.

STCI File Number: 439890

Barbara Rubin 9648 Tripp, Blake
being duly sworn states that _____ resides at _____ in the City of _____

That Barbara was acquainted with Bernard Rubin - husband deceased who, at the time of death, was one of the sworn of the land in _____ County, Illinois, describes as:

That the deceased died 4/16/04, 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 the purpose of inducing Stewart Title Company to issue its Title Insurance Policy., describing the above mentioned property.

Subscribed and sworn to before me by the said

this 21 day of June, A.D. 2005

[Signature]
Notary Public



[Signature]
(Affiant's Signature)

[Signature]

Jun 12 05 06:59p

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p. 1

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <u>10.23</u>		STATE OF ILLINOIS				STATE FILE NUMBER		
		REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH						
Type or Print in PERMANENT INK See Funeral Directors, Hospitals, or Physicians Handbook for INSTRUCTIONS		DECEASED-NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)				
A.....		1. <u>Bernard Robert Rubin</u>			2. <u>Male</u>	3. <u>April 16, 2004</u>				
B.....		COUNTRY OF DEATH		AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)			
C.....		4. <u>Cook</u>		5a. <u>74</u>	5b. <u></u>	5c. <u></u>	5d. <u>August 27, 1929</u>			
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/REMER. RM, INPATIENT (SPECIFY)			
E.....		6a. <u>Evanston</u>		6b. <u>Evanston Hospital</u>			6c. <u>Inpatient</u>			
DECEASED		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)		
B.....		7. <u>Chicago, IL</u>		8a. <u>Married</u>		8b. <u>Barbara Hassen</u>		9. <u>Yes</u>		
C.....		SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
D.....		10. <u>346-20-2692</u>		11a. <u>Electrician</u>		11b. <u>Electrical Maintenance</u>		12. <u>12</u>		
E.....		RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY		
		13a. <u>9648 N. Tripp</u>		13b. <u>Skokie</u>		13c. <u>Yes</u>		13d. <u>Cook</u>		
		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.)		
		13a. <u>Illinois</u>		13f. <u>60076</u>		14a. <u>White</u>		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
PARENTS		FATHER-NAME FIRST MIDDLE LAST			MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST					
1.....		15. <u>Abraham Rubin</u>			16. <u>Esther Fleischer</u>					
2.....		INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
3.....		17a. <u>Barbara S. Rubin</u>		17b. <u>Wife</u>		17c. <u>9648 N. Tripp, Skokie, Illinois 60077</u>				
CAUSE		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	
4.....		(a) <u>CARDIAC ARREST</u>							<u>10 min</u>	
5.....		(b) <u>ADVANCED CORONARY ARTERY DISEASE</u>							<u>MONTHS</u>	
6.....		(c) <u>DIABETES MELLITUS</u>							<u>YEARS</u>	
7.....		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.								
8.....		DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? (YES/NO)		
9.....		20a. <u>3/3/04</u>		20b. <u>MULTIVESSEL CORONARY DISEASE</u>		19a. <u>No</u>		20c. <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>		
10.....		I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)			WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH			
11.....		21a. <u>I did</u>			21b. <u>No</u>		21c. <u>4:00 A /M.</u>			
12.....		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)	
13.....		22a. SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER				
14.....		22a. <u>Paul Helman M.D.</u>		22b. <u>9977 Woods Drive, Skokie, Illinois 60077</u>		22d. <u>036-042441</u>				
15.....		23. <u>Paul Helman</u>		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.						
DISPOSITION		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)		
16.....		24a. <u>Burial</u>		24b. <u>Waldheim Cemetery</u>		24c. <u>Forest Park, Illinois</u>		24d. <u>April 19, 2004</u>		
17.....		FUNERAL HOME		NAME STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE		ZIP		
18.....		25a. <u>Piser Funeral Services</u>		25b. <u>9200 N. Skokie Blvd. Skokie, Illinois 60077</u>		25c. <u>034-014984</u>				
19.....		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER						
20.....		25b. <u>Joshua M. Weil</u>		25c. <u>034-014984</u>						
21.....		LOCAL REGISTRAR'S SIGNATURE		DATE SIGNED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)						
22.....		26a. <u>Jay W. Torrey</u>		26b. <u>April 19, 2004</u>						

(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 APRIL 19, 2004

SIGNED

Jay W. Torrey

AT EVANSTON

Illinois OFFICIAL TITLE

LOCAL 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, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

NON-UNIFORM COVENANTS. Borrower and Lender further covenant and agree as follows:

19. Acceleration; Remedies. Lender shall give notice to Borrower prior to acceleration following Borrower's breach of any covenant or agreement in this Security Instrument (but not prior to acceleration under paragraphs 13 and 17 unless applicable law provides otherwise). The notice shall specify: (a) the default; (b) the action required to cure the default; (c) a date, not less than 30 days from the date the notice is given to Borrower, by which the default must be cured; and (d) that failure to cure the default on or before the date specified in the notice may result in acceleration of the sums secured by this Security Instrument, foreclosure by judicial proceeding and sale of the Property. The notice shall further inform Borrower of the right to reinstate after acceleration and the right to start in the foreclosure proceeding the non-existence of a default or any other defense of Borrower to acceleration and foreclosure. If the default is not cured on or before the date specified in the notice, Lender at its option may require immediate payment in full of all sums secured by this Security Instrument without further demand and may foreclose this Security Instrument by judicial proceeding. Lender shall be entitled to collect all expenses incurred in pursuing the remedies provided in this paragraph 19, including, but not limited to, reasonable attorneys' fees and costs of title evidence.

20. Lender in Possession. Upon acceleration under paragraph 19 or abandonment of the Property and at any time prior to the expiration of any period of redemption following judicial sale, Lender (in person, by agent or by judicially appointed receiver) shall be entitled to enter upon, take possession of and manage the Property and to collect the rents of the Property including those past due. Any rents collected by Lender or the receiver shall be applied first to payment of the costs of management of the Property and collection of rents, including, but not limited to, receiver's fees, premiums on receiver's bonds and reasonable attorneys' fees, and then to the sums secured by this Security Instrument.

21. Release. Upon payment of all sums secured by this Security Instrument, Lender shall release this Security Instrument without charge to Borrower. Borrower shall pay any recordation costs.

22. Waiver of Homestead. Borrower waives all right of homestead exemption in the Property.

23. Riders to this Security Instrument. If one or more riders are executed by Borrower and recorded together with this Security Instrument, the covenants and agreements of each such rider shall be incorporated into and shall amend and supplement the covenants and agreements of this Security Instrument as if the rider(s) were a part of this Security Instrument. (Check applicable box(es))

- Adjustable Rate Rider
- Condominium Rider
- 2-4 Family Rider
- Graduated Payment Rider
- Planned Unit Development Rider
- Other(s) [specify]

BY SIGNING BELOW, Borrower accepts and agrees to the terms and covenants contained in this Security Instrument and in any rider(s) executed by Borrower and recorded with it.



Bernard R. Rubin (Seal)
 BERNARD R. RUBIN - Borrower

Barbara S. Rubin (Seal)
 BARBARA S. RUBIN/HIS WIFE - Borrower

DEPT-91 RECORDING (Seal) \$14.00
 139999 TRNN 1058 12/13/2004 15:00
 42447 R.D. 44-016-42395.1
 COOK COUNTY RECORDER (Seal)
 -Borrower

STATE OF ILLINOIS, *Cook* County is
 I, *Judy Hall*, a Notary Public in and for said county, do hereby certify that BERNARD R. RUBIN AND BARBARA S. RUBIN, HUSBAND AND WIFE, personally known to me to be the same person(s) whose name(s) appears subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed and delivered the said instrument as THEIR free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal, this *15* day of *Dec*, 2004.
 My Commission expires: *1-19-07*

PREPARED BY:
 JUDY HALL
 DES PLAINES, IL 60016

RECORD AND RETURN TO:
 BOX 130
 TALMAN HOME FEDERAL SAVINGS AND
 ASSOCIATION OF ILLINOIS
 MEMBERS
 DES PLAINES, ILLINOIS 60016
 JUDY HALL

86-62395

13

623981

File Number: TM180029

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LEGAL DESCRIPTION

LOT 165 IN KRENN AND DATO'S SECOND NILES EVANSTON ADDITION, BEING A SUBDIVISION OF THAT PART LYING SOUTHEASTERLY OF THE CENTER LINE OF NILES CENTER ROAD OF THE SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 TOGETHER WITH THAT PART LYING EAST OF SAID ROAD OF A STRIP OF LAND ON THE SOUTH LINE OF THE NORTHWEST 1/4 OF SAID SOUTHEAST 1/4 MEASURED 11-1/2 FEET ON THE EAST 8-1/2 FEET ON THE WEST LINE OF SAID NORTHWEST 1/4 OF THE SOUTHEAST 1/4 ALL IN SECTION 10, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN THE VILLAGE OF NILES CENTER, IN COOK COUNTY, ILLINOIS.

Commonly known as: 9648 Tripp

Skokie IL

PIN/Tax Code: 10-10-422-018-0000

Property of Cook County Clerk's Office