



Doc#: 0525549008 Fee: \$50.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 09/12/2005 11:22 AM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF _____

ss.

Order No. _____

_____ Miriam Holgerson

states that she resides at 131 Hazelnut Drive being duly sworn
Streamwood, IL 60107 in the City of _____

That she was acquainted with Frank Holgerson
deceased who, at the time of his death, was one of the owners of the land in Cook
County, Illinois, described as: _____

See legal description attached.

Permanent real estate index number: 06-24-414-045

That the deceased died August 3rd, 2005, 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

this 15th day of Sept, A.D. 19 2005

Maria Lafata
Notary Public

Miriam Holgerson
(Affiant's Signature)



UNOFFICIAL COPY

LOT 9 IN BLOCK 20 IN STREAMWOOD GREEN UNIT 3-B, BEING A SUBDIVISION OF PART OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 24, TOWNSHIP 41 NORTH, RANGE 9, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED SEPTEMBER 3, 1987 AS DOCUMENT NUMBER 87486450, (EXCEPT THAT PART THEREOF DESCRIBED AS FOLLOWS: BEGINNING AT THE SOUTHWEST CORNER OF SAID LOT 9; THENCE NORTH 0 DEGREES 1 MINUTES 48 SECONDS WEST ALONG THE WEST LINE OF SAID LOT 9, A DISTANCE OF 45.03 FEET; THENCE NORTH 89 DEGREES 57 MINUTES 48 SECONDS EAST, A DISTANCE OF 57.85 FEET; THENCE NORTH 0 DEGREES 2 MINUTES 48 SECONDS WEST, A DISTANCE OF 44.86 FEET TO A POINT ON THE NORTH LINE OF SAID LOT 9; THENCE NORTH 89 DEGREES 58 MINUTES 17 SECONDS EAST ALONG SAID NORTH LOT LINE A DISTANCE OF 79.39 FEET TO THE NORTHEAST CORNER OF SAID LOT 9; THENCE SOUTH 0 DEGREES 69 MINUTES 50 SECONDS WEST ALONG THE EAST LINE OF SAID LOT 9, A DISTANCE OF 90.01 FEET TO THE SOUTHEAST CORNER OF SAID LOT 9; THENCE SOUTH 89 DEGREES 98 MINUTES 17 SECONDS WEST ALONG THE SOUTH LINE OF SAID LOT 9, A DISTANCE OF 135.87 FEET TO THE PLACE OF BEGINNING), IN COOK COUNTY, ILLINOIS.

06-24-414-045-0000

COOK County Clerk's Office

DAVID ORR, County Clerk

UNOFFICIAL COPY

AUG 04 2005

I, David Orr, County Clerk of the County of Cook, in the State of Illinois, and the 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.

David Orr
COUNTY CLERK

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED'S BIRTH NO. REGISTRATION DISTRICT NO. **16.0**
REGISTERED NUMBER

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. **Rufus Frank Hologerson** 2. **Male** 3. **August 3, 2005**

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER AGE—LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
4. **Cook** 5a. **69** 5b. **69** 5c. **69** 5d. **February 25, 1936**

6a. **Hoffman Estates** 6b. **St. Alexius** 6c. **D.O.A.**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) IF HOSP. OR INST. INDICATE D.O.A., OP/EMER. RM. INPATIENT (SPECIFY)
7. **Balouville, CT** 8a. **Married** 8b. **Miriam Zaroff** 9. **Yes**

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. **042-28-3846** 11a. **Draftsman** 11b. **Drafting Eng.** 12. **12**

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP, OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
13a. **131 Hazelnut Dr.** 13b. **Streamwood** 13c. **Yes** 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. **60107** 14a. **White** 14b. **NO** 14c. **NO**

FATHER—NAME FIRST MIDDLE LAST MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST
15. **Rufus F. Hologerson** 16. **Gladys Bowen**

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. **Miriam Hologerson** 17b. **Wife** 17c. **131 Hazelnut Dr., Streamwood, IL 60107**

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) **UNCONTROLLED HYPERTENSION** **Several years**

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

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
TYPE 2 DIABETES, HYPERTENSIVE HEART DISEASE

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. **NO** 20b. **NO** 19a. **NO** 19b. **NO**

21. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
21a. **8/17/05** 21b. **Yes** 21c. **4:51 a. M.** 21d. **NO**

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
22a. SIGNATURE (TYPE OR PRINT) **Michael M. Givens** 22b. **8/03/05** 22c. **8/03/05** 22d. **036078671**

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
23. **ELU GROVE VILLAGE, IL 60007**

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. **Burial** 24b. **Hillside Cemetery** 24c. **Roselyn, PA** 24d. **Aug. 6 2005**

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25a. **Countryside Funeral Home 1640 Greenmeadows Blvd., Streamwood IL 60107**

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. **Michael M. Givens** 25c. **034-011458**

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. **David Orr** 26b. **August 4, 2005**