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0601918061

DECEASED JOINT TENANCY AFFIDAVIT

Doc#: 0601918061 Fee: \$28.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 01/19/2006 12:29 PM Pg: 1 of 3

STATE OF ILLINOIS)
COUNTY OF cook)

Musia Farber being duly sworn states that Musia Farber resides at 10 E. Huron, Unit 1802 in the City of Chicago

State of Illinois
That she was acquainted Frank Farber deceased who, at the time of his death, was one of the owners of the land in 600 North Dearborn Unit 205 Cook County, Illinois, described as:

see attached legal description

P.I.N. 17-09-233-024-1166 and 17-09-233-024-1167

That the deceased died July 24, 2002 as evidenced by a certified copy of death certificate of the deceased attached hereto.

Subscribed and sworn to before me by the said Musia Farber this 14th day of October, A.D. 19 2005

Ethel Spyratos
Notary Public

M. Farber
(affiant signature)



MAIL TO: David P Rabin
600 North Dearborn,
Unit 2005
Chicago, Illinois 60610

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LEGAL DESCRIPTION

PARKING SPACES **4 AND 5** IN FARALLON CONDOMINIUM AS DELINEATED AND DEFINED ON THE PLAT OF SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE:

THAT PART OF THE FOLLOWING DESCRIBED PROPERTY (ALL TAKEN AS ONE TRACT) LYING EAST OF THE WEST 140.00 FEET THEREOF: LOTS 1 THROUGH 6 BOTH INCLUSIVE, IN OGDEN'S SUBDIVISION OF BLOCK 18 IN WOLCOTT'S ADDITION TO CHICAGO, AND LOTS 1 TO 5 BOTH INCLUSIVE, IN JOHN SEPA'S SUBDIVISION OF LOTS 7 AND 8 IN OGDEN'S SUBDIVISION OF BLOCK 18 IN WOLCOTT'S ADDITION TO CHICAGO IN THE EAST ½ OF THE NORTHEAST ¼ OF SECTION 9, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY ILLINOIS.

WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM RECORDED AUGUST 29, 2001 AS DOCUMENT NUMBER 0010802895, AS AMENDED FROM TIME TO TIME, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

Cook County Clerk's Office

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
STATE FILE NUMBER
611285

REGISTRATION DISTRICT NO. 4000
REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF BIRTH (MONTH, DAY, YEAR)
1. **Frank** **Farber** **Moisey** **Male** **July 29, 2002**

COUNTY OF DEATH 4. **Cook** AGE LAST BIRTHDAY (YRS) 5a. **74** UNDER 1 YEAR 2. **1** UNDER 1 DAY 3. **1** DATE OF BIRTH (MONTH, DAY, YEAR)
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. **Chicago** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. **Northwestern Memorial** 6c. **Impatiens**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7a. **Ukraine** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. **Married** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. **Musia Barshtrak**

SOCIAL SECURITY NUMBER 7. **325-58-8624** USUAL OCCUPATION 11a. **Optician** KIND OF BUSINESS OR INDUSTRY 11b. **Optical** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. **Elementary/Secondary (9-12)** College (1-4 or 5+)

RESIDENCE (STREET AND NUMBER) 13a. **100 E. Huron #1802** CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. **Chicago** INSIDE CITY (YES/NO) 13c. **Yes** COUNTY 13d. **Cook**

STATE 13e. **Illinois** ZIP CODE 13f. **60611** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. **White** OF HISPANIC ORIGIN? (SPECIFY NO OR YES. IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. **NO** 14c. **NO** SPECIFY: 14d. **NO** 14e. **NO** 14f. **NO**

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST
5. **Moisey Farber Betty Kovlyar**

INFORMANT'S NAME (TYPE OR PRINT) 17a. **Stelle Smith** RELATIONSHIP 17b. **Daughter** MAILING ADDRESS (STREET AND NO. OR P.O. CITY OR TOWN, STATE, ZIP) 17c. **251 E. Huron Chicago 60611**

17d. **Stelle Smith** Enter the disease, 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.
17e. **Cerebral vascular accident**

17f. **Cerebral vascular accident** (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF

17g. **Cerebral vascular accident** (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF

17h. **Cerebral vascular accident** (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF

17i. **Cerebral vascular accident** (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF

17j. **Cerebral vascular accident** (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF

17k. **Cerebral vascular accident** (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF

17l. **Cerebral vascular accident** (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF

17m. **Cerebral vascular accident** (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF

17n. **Cerebral vascular accident** (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF

17o. **Cerebral vascular accident** (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF

17p. **Cerebral vascular accident** (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF

17q. **Cerebral vascular accident** (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF

17r. **Cerebral vascular accident** (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
JUL 25 2002

JOHN L. WILHELM, M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO. THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

John L. Wilhelm, M.D.
LOCAL REGISTRAR

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

20. MAJOR FINDINGS OF OPERATION 20a. **NO**
21. HOURS OF DEATH 21a. **8:30 A**
21b. **M**
21c. **July 29, 2002**
22. ILLINOIS LICENSE NUMBER 22a. **3654567**
22b. **3654567**
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23a. **William M. D.**
23b. **251 E. Huron Chicago 60611**
24. CEMETERY OR CREMATORY-NAME 24a. **Memorial Park** LOCATION 24b. **Skokie** CITY OR TOWN 24c. **IL** STATE 24d. **July 25, 2002** DATE (MONTH, DAY, YEAR)
25. FUNERAL HOME 25a. **Weinstein Family Services** STREET AND NUMBER OR R.F.O. 25b. **111 Skokie Blvd.** CITY OR TOWN 25c. **Wilmette** STATE 25d. **IL** ZIP
25e. **60091**
26. LOCAL REGISTRAR'S SIGNATURE 26a. **Stelle Smith** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. **JUL 25 2002**

26c. **034015752**
26d. **JUL 25 2002**

26e. **Stelle Smith**

26f. **Stelle Smith**