



Doc#: 0607434002 Fee: \$30.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 03/15/2008 08:39 AM Pg: 1 of 4

STATE OF ILLINOIS

SS

COUNTY OF COOK

JOINT TENANCY AFFIDAVIT

Marshall Rothstein, hereby referred to as the affiant, states under oath that the affiant resides at 3431 North Plainfield, Chicago, IL 60634, that the affiant was acquainted with Concetta G. Rothstein, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property, located in Cook County, Illinois, and legally described as follows:

See attached

Permanent Index Number(s): 12-23-411-007-0000

Property Address: 3431 North Plainfield, Chicago, IL 60634

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on FEBRUARY 18, 1998 leaving no last will and testament;

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

UNOFFICIAL COPY

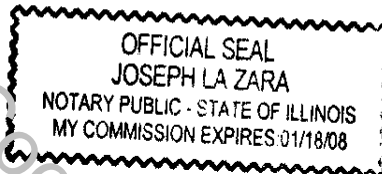
That there are no:

1. Claims against the estate of Concetta G. Rothstein, the decedent;
2. Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Rights of contribution.

Marshall Rothstein (Seal)

Subscribed and sworn to before me this 3 day
of MARCH, 2008.

Joseph A. La Zara
Notary Public



Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to us for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

Prepared by:
Joseph A. La Zara
7246 West Touhy
Chicago, IL 60631

Mail to
Marshall Rothstein
3431 North Plainfield
Chicago, IL 60634

Property of Cook County Clerk's Office

UNOFFICIAL COPY

**LOT 19 IN BLOCK 5 IN GEORGE GAUNTLETT'S FOREST DRIVE SUBDIVISION IN THE WEST
OF FRACTIONAL SOUTHEAST 1/4 NORTH OF THE INDIAN BOUNDARY LINE OF FRACTION
SECTION 23, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN
COOK COUNTY, ILLINOIS**

Permanent Index Number: 12-23-411-007-0000

Address of Property: 3431 North Plainfield, Chicago, IL 60634

Property of Cook County Clerk's Office

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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 FEB 23 1998

SIGNED Zowell Buckleberry

AT SKOKIE, Illinois

OFFICIAL TITLE DIRECTOR OF HEALTH

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.

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 1638
REGISTERED NUMBER 16570

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH
<u>Coraetta</u>		<u>Grace</u>	<u>Rothstein</u>	<u>Female</u>		<u>Feb. 18-1998</u>
1. COUNTY OF DEATH	4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	6b. HOSPITAL OR OTHER INSTITUTION (IF NOT IN OTHER, GIVE STREET AND NUMBER)	7. CHICAGO SOCIAL SECURITY NUMBER	8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	8b. NAME OF SURVIVING SPOUSE (MARRIED NAME IF WIFE)
<u>COOK</u>	<u>Chicago</u>	<u>Chicago</u>	<u>Rush Northridge Hospital</u>	<u>11100</u>	<u>Never Married</u>	<u>Marshall Rothstein</u>
10. RESIDENCE (STREET AND NUMBER)	11a. RESIDENCE (CITY, TOWN, TWP. OR ROAD DISTRICT NO.)	11b. RESIDENCE (CITY, TOWN, TWP. OR ROAD DISTRICT NO.)	12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	13a. STATE	13b. INSIDE CITY	13c. COUNTY
<u>330-22-4975</u>	<u>Chicago</u>	<u>Chicago</u>	<u>Elementary/Secondary (9-12)</u>	<u>Ill.</u>	<u>Yes</u>	<u>COOK</u>
13a. FATHER-NAME	FIRST	MIDDLE	LAST	14. MOTHER-NAME	FIRST	MIDDLE
<u>Michael</u>	<u>Michael</u>	<u>Russ</u>	<u>White</u>	<u>Ida</u>	<u>Ida</u>	<u>Novola</u>
15. INFORMANT'S NAME (TYPE OR PRINT)	17a. RELATIONSHIP	17b. Mailing Address (Street and No. or R.F.D., City or Town, State, ZIP)				
<u>Marshall Rothstein</u>	<u>Husband</u>	<u>170 Hubbard Chicago Ill. 60634</u>				

CAUSE

1. Immediate Cause (Final disease or condition resulting in death)

2. Intermediate Cause (a) (b) (c)

3. Conditions, if any, which give rise to immediate cause (a) (b) (c)

4. Cause last stated

Metsstatic Breast Cancer

1 year

Due to or as a consequence of

DISPOSITION

20a. DATE OF OPERATION, IF ANY

20b. MAJOR FINDINGS OF OPERATION

20c. DATE OF OPERATION, IF ANY

20d. MAJOR FINDINGS OF OPERATION

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

21b. (MONTH, DAY, YEAR) Feb 18, 1998

21c. (MONTH, DAY, YEAR) 18-1998

21d. (MONTH, DAY, YEAR) Feb 23, 1998

21e. (MONTH, DAY, YEAR) 036-058971

22a. SIGNATURE OF CERTIFIER

22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)

I. Winters

6607 Center, Skokie 60076

22c. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER, TYPE OR PRINT)

23. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)

24a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)

24b. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)

24c. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)

24d. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)

25a. FUNERAL HOME

25b. FUNERAL HOME

25c. FUNERAL HOME

25d. FUNERAL HOME

25e. FUNERAL HOME

25f. FUNERAL HOME

25g. FUNERAL HOME

25h. FUNERAL HOME

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25p. FUNERAL HOME

25q. FUNERAL HOME

25r. FUNERAL HOME

25s. FUNERAL HOME

25t. FUNERAL HOME

25u. FUNERAL HOME

25v. FUNERAL HOME

25w. FUNERAL HOME

25x. FUNERAL HOME

25y. FUNERAL HOME

25z. FUNERAL HOME

DISPOSITION

26a. LOCAL REGISTRAR'S SIGNATURE

26b. LOCAL REGISTRAR'S SIGNATURE

26c. LOCAL REGISTRAR'S SIGNATURE

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