

UNOFFICIAL COPY

**THIS INSTRUMENT PREPARED BY,
AND RETURN TO:**
BEN M. ROTH, ESQ.
KAMENSKY RUBINSTEIN
HOCHMAN & DELOTT, LLP
7250 N. CICERO AVENUE, SUITE 200
LINCOLNWOOD, IL 60712-1693



Doc#: 0613631120 Fee: \$26.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 05/18/2006 04:08 PM Pg: 1 of 2

**DECEASED JOINT TENANCY
AFFIDAVIT**

STATE OF ILLINOIS)
) ss.
COUNTY OF COOK)

MARIA SOCORRO GUSTAFSON, hereinafter referred to as the Affiant, being first duly sworn, on oath states that she resides at ²³⁸283 Renee Terrace, Wheeling, Illinois 60090. That Affiant was married to Robert Harold Gustafson, hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as follows:

LOT 9 IN BLOCK 2 IN DUNHURST SUBDIVISION, UNIT NO. 2, PART OF THE NORTHEAST 1/4 OF SECTION 10, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS, ON JUNE 17, 1955 AS DOCUMENT NUMBER 1602023, IN COOK COUNTY, ILLINOIS.

ADDRESS OF PROPERTY: ²³⁸283 Renee Terrace, Wheeling, Illinois 60090

PERMANENT INDEX NUMBER: 03-10-208-029-0000

That the Deceased died on August 31, 2005, as evidenced by a copy of the death certificate of the Deceased attached hereto.

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 \$200,000 -.

Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

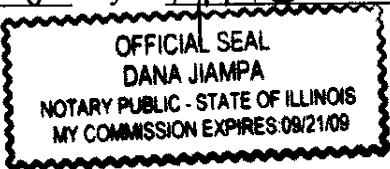
Maria Socorro Gustafson

Maria Socorro Gustafson

Subscribed and sworn to before me this 26th day of APRIL, 2006.

[Signature]

Notary Public



STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

DAVID ORR, County Clerk

SEP 02 2005

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

540 AUG 05
STATE OF ILLINOIS
MEDICAL EXAMINER'S - CORONER'S
CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. **16.0**
REGISTERED NUMBER

PERMANENT CERTIFICATE
 TEMPORARY CERTIFICATE

Type, or Print in PERMANENT INK See Coroner's or Funeral Directors Handbook for INSTRUCTIONS

A DECEASED
B
C
D
E

PARENTS

CAUSE

CERTIFIER

DISPOSITION

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1. DECEASED-NAME FIRST MIDDLE LAST ROBERT Harold GUSTAFSON		2. SEX MALE	3. DATE OF DEATH (MONTH, DAY, YEAR) 8.31.05
4. COUNTY OF DEATH COOK	5a. AGE-LAST BIRTHDAY (YRS) 52	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MIN.
6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Hoffman Estates	6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) ST. ALEXIUS	6c. IF HOSP. OR INST. INDICATED D.O.A., OP. OR INPATIENT (SPECIFY) ERC	
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, Illinois	8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Maria Socorro Lanzona	
10. SOCIAL SECURITY NUMBER 10.359-46-2950	11a. USUAL OCCUPATION Auditor	11b. KIND OF BUSINESS OR INDUSTRY Federal Govt.	12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+) 4
13a. RESIDENCE (STREET AND NUMBER) 283 RENEE TERRACE	13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. WHEELING	13c. INSIDE CITY (YES/NO) YES	13d. COUNTY COOK
13e. STATE IL	13f. ZIP CODE 60090	14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) WHITE	14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:
15. FATHER-NAME FIRST MIDDLE LAST Harold Gustafson		16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST Shirley Wilkinson	
17a. INFORMANT'S NAME (TYPE OR PRINT) Maria Gustafson		17b. RELATIONSHIP Spouse	17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 238 Renee Terr. Wheeling, IL 60090
18. PART I. Enter the diseases, injuries, 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. Immediate Cause (Final disease or condition resulting in death) → (a) HYPERTENSIVE CARDIOVASCULAR DISEASE DUE TO, OR AS A CONSEQUENCE OF CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
19a. NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY) NATURAL	20b. DATE OF INJURY (MONTH, DAY, YEAR)	20c. HOUR M. 20d.	20e. HOW INJURY OCCURRED (ENTER LETTER OF INJURY MENTIONED IN PART I OR PART II, ITEM 18)
20e. INJURY AT WORK (YES/NO)	20f. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY)	20g. LOCATION (CITY, VIL OR TOWN; OR TWP.; OR RD. DIST. NO., COUNTY, STATE)	20h. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUISITION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT		21b. THE DECEDENT WAS PRONOUNCED DEAD ON MONTH 8 DAY 31 YEAR 05	21c. AT 925p M.
22a. CORONER'S MEDICAL EXAMINER'S SIGNATURE <i>G. J. Donaghy, M.D.</i>		22b. DATE SIGNED (MONTH, DAY, YEAR) 9.1.05	22c. CORONER'S PHYSICIAN'S NAME (Type or Print) ADRIENNE SEGOVIA, M.D.
23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Crementation		24b. CEMETERY OR CREMATORY-NAME Twin Pines Crematory	24c. LOCATION CITY OR TOWN STATE Dundee, Illinois
24a. FUNERAL HOME NAME Glueckert Funeral Home Ltd.		24d. STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 1520 N. Arlington Hts. Rd. Arlington Hts., IL 60004	
25b. FUNERAL DIRECTOR'S SIGNATURE <i>John A. Nelson</i>		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-015003	
26a. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) SEP 02 2005	