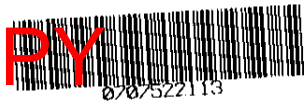


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Doc#: 0707522113 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 03/16/2007 03:10 PM Pg: 1 of 3

**DECEASED JOINT
TENANCY AFFIDAVIT**

Prepared by/Mail to:

Howard M. Helsinger, Esq.
Sugar, Friedberg & Felsenthal LLP
30 N. LaSalle St., Suite 3000
Chicago, Illinois 60602

JEAN A. STERN, being duly sworn, being first duly sworn on oath, hereby depose and state as follows:

That Jean A. Stern resides at 88 W. Schiller St., Apt. 1702-L, Chicago, Illinois 60610.

That Jean A. Stern was married to Martin R. Stern, deceased, who, at the time of his death, was one of the owners, in joint tenancy, of certain real estate located and situate in Cook County, Illinois (the "Property"), described as:

Unit No. 1702-L in Lowell House Condominium as delineated on a survey of the South 98.50 feet of Lot 8 in Chicago Land Clearance Commission No. 3, being a consolidation of Lots and Parts of Lots and Vacated Alleys in Bronson's Addition to Chicago and certain Resubdivisions, all in the Northeast Quarter of Section 4, Township 39 North, Range 14 East of the Third Principal Meridian, in Cook County, Illinois; together with that part of the following described premises lying below an elevation of +20.30 Chicago Datum: the South 99.89 feet of Lot 6, Lot 8 (except the South 98.50 feet thereof) all in said Chicago Land Clearance No. 3 and Lots 1, 2, 3, 4 and 5 in the Resubdivision of Lots 25, 27, 30 and 31 in Burton's Subdivision of Lot 14 in said Bronson's Addition to Chicago; all in the Northeast Quarter of Section 4, 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 as Document No. 25288099 together with its undivided percentage interest in the Common Elements.

Property address: 88 West Schiller Avenue, Apartment 1702, Chicago, IL 60610

Permanent index number: 17-04-209-043-1042

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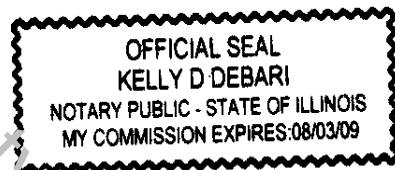
That Martin A. Stern died on January 7, 2007, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That Jean A. Stern, surviving joint tenant, is now the sole owner of the Property, in fee simple.

Jean A. Stern
JEAN A. STERN, Affiant

Subscribed and sworn to before me by the said Jean A. Stern, affiant, this 13th day of March, A.D. 2007.

Kelly D. DeBari
Notary Public



MEDICAL CERTIFICATE OF DEATH

10.10
100257

REGISTERED NUMBER: 10.10
 DECEASED-NAME: **Martin** FIRST: **R.** MIDDLE: **Stern** LAST: **Stern** SEX: **2. Male** DATE OF DEATH (MONTH, DAY, YEAR): **3. January 7, 2007**

COUNTY OF DEATH: **4. Cook** AGE-LAST BIRTHDAY (YRS): **5a. 75** UNDER 1 YEAR: **5b. 1** UNDER 1 DAY: **5c. 1** DATE OF BIRTH (MONTH, DAY, YEAR): **5d. November 24, 1931**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **6b. 88 W. Schiller #1702** IF HOSP. OR INST. INDICATE D.O.A., OP/EMER, RM, INPATIENT (SPECIFY): **6c. Inpatient**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **7. Chicago, Illinois** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **8a. Married** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **8b. Jean Tracy** WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): **9. Yes**

SOCIAL SECURITY NUMBER: **10. 342-24-1047** USUAL OCCUPATION: **11a. Sales** KIND OF BUSINESS OR INDUSTRY: **11b. Furniture** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12. 12** College (1-4 or 5-1):

RESIDENCE (STREET AND NUMBER): **13a. 88 W. Schiller #1702** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Chicago** OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.): **13c. Yes** COUNTY: **13d. Cook**

STATE: **Illinois** ZIP CODE: **60610** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): **14a. White** MOTHER-NAME FIRST: **14b. NO** MIDDLE: **14c. NO** SPECIFY: **14d. NO** LAST: **14e. Adele** (MOTHER'S LAST)

FATHER-NAME FIRST: **Maurice** MIDDLE: **Auslander** LAST: **Stern**

INFORMANT'S NAME (TYPE OR PRINT): **17a. Jean Stern** RELATIONSHIP: **17b. Wife** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **17c. 88 W. Schiller #1702 Chicago, IL 60610**

18. PART I. Immediate Cause (Final disease or condition resulting in death): **(a) Waldenströms Anemia**
 Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory e. est. shock, or heart failure. List only one cause on each line.
 WHICH GAVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CAUSE LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

DATE OF OPERATION, IF ANY: **20b. Major Findings of Operation** AUTOPSY (YES/NO): **19a. No** WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO): **19b. NO**

19. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
 SIGNATURE: **21c. 8:10 AM.** DATE SIGNED (MONTH, DAY, YEAR): **21b. Jan. 9, 2007**
 NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **22a. Michael Preader MD, 251 E. Huron Chicago, Illinois 60611** ILLINOIS LICENSE NUMBER: **22d. 36-51005**

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):

24. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Chicago, Illinois** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **8a. Married**

BURIAL, CREMATION, REMOVAL (SPECIFY): **24a. Cremation** CEMETERY OR CREMATORY-NAME: **24b. Willow Lawn Crematory** LOCATION: **24c. Vernon Hills, Illinois** DATE (MONTH, DAY, YEAR): **24d. Jan. 11, 2007**

FUNERAL HOME: **25a. Weinstein Funeral Homes 111 Skokie Blvd. Wilmette, Illinois 60091**

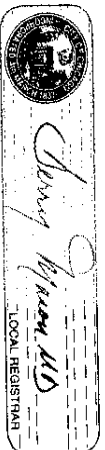
FUNERAL DIRECTOR'S SIGNATURE: **25b. [Signature]** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **25c. 034015761**

LOCAL REGISTRAR'S SIGNATURE: **26a. [Signature]** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **26b. JAN 10 2007**

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

JAN 10 2007

I, TERRY MASON 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 OBLIVANCE OF SAID LAW AND ORDINANCES.



CITY OF CHICAGO
 DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.