



Doc#: 0723202133 Fee: \$46.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 08/20/2007 10:07 AM Pg: 1 of 2

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

MURIEL MARKS being duly sworn states that she resides at 8437 St. Louis Avenue, Skokie, Illinois 60076.

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

LOTS 8 AND THE NORTH 10 FEET OF LOT 9, BLOCK 3 IN NORTH SIDE REALTY CO.'S DEMPSTER GOLF COURSE SUBDIVISION IN NE ¼ OF SECTION 23, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

P.I.N.: 10-23-221-046-0000

ADDRESS: 8437 St. Louis Avenue, Skokie, Illinois 60076

That the deceased died January 11, 1992, as evidenced by a copy of the State of Illinois Medical Certificate of Death 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 Cook 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 _____.

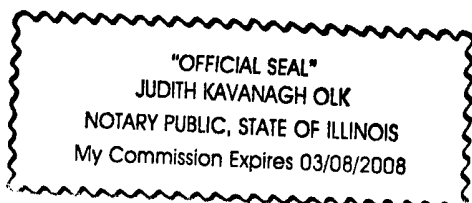
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually at the time of the death of the deceased, does not exceed the sum of Twenty Thousand and No/100 Dollars (\$20,000).

Affiant makes this affidavit for that purpose of inducing Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said affiant this 9th day of March, 2007.

Notary Public

(Affiant's signature)



UNOFFICIAL COPY

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.23	STATE OF ILLINOIS				STATE FILE NUMBER
	REGISTERED NUMBER 42	MEDICAL CERTIFICATE OF DEATH				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME FIRST MIDDLE LAST William Marks		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. January 11, 1992		
	COUNTY OF DEATH Cook	AGE-LAST BIRTHDAY (M/Y/A) 5a. 69	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. December 26, 1922	
A.....	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. Evanston		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. Evanston Hospital		IF HOME, OR INST. INDICATE D.O.A. OFFICER, P.M., INFANT (SPECIFY) 6c. Inpatient	
DECEASED	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. Muriel Lipschultz		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 8c. Yes	
B.....	SOCIAL SECURITY NUMBER 10. 319-16-9439	USUAL OCCUPATION 11a. Salesperson	KIND OF BUSINESS OR INDUSTRY 11b. Retail Clothing	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Secondary (Specify P-12) 12. 4 College (1-4 of 3-4)		
C.....	RESIDENCE (STREET AND NUMBER) 13a. 8437 N. St. Louis		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Skokie	INSIDE CITY (YES/NO) 13c. Yes	COUNTY 13d. Cook	
D.....	STATE 13a. Illinois	ZIP CODE 13i. 60076	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		
E.....	FATHER-NAME FIRST MIDDLE LAST 15. George Marks		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. Sarah Boris			
PARENTS	INFORMANT'S NAME (TYPE OR PRINT) 17a. Muriel Marks		RELATIONSHIP 17b. Wife	MAILING ADDRESS (STREET AND NO. OR R.F.D.) CITY OR TOWN, STATE, ZIP 17c. 8437 N. St. Louis, Skokie, Illinois		
1.....	18. PART I. Enter the other or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heat stroke. List only one cause on each line. APPROXIMATE INTERVAL BETWEEN DEATH AND DEATH					
2.....	(a) RESPIRATORY FAILURE					
3.....	(b) MYOCARDIAL INFARCTION of the lung					
CAUSE	(c)					
4.....	PART II. Other significant conditions contributing to death but not resulting in the underlying cause? (Yes/No) NO					
5.....	DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO		
6.....	(WHO) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. I did 1/11/92, Jan. 11, 1992		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. No	HOUR OF DEATH 21c. 2:20 P.M.		
7.....	SIGNATURE 22a. J.A. Stobard M.D.		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22b. 500 DAVIS ST. EVANSTON, ILL 60201		ILLINOIS LICENSE NUMBER 22c. 036 07061	
CERTIFIER	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.					
8.....	BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY-NAME 24b. Shalom Memorial Park	LOCATION CITY OR TOWN STATE 24c. Palatine, Illinois	DATE (MONTH, DAY, YEAR) 24d. Jan. 14, 1992		
9.....	FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. Piser Weinstein Menorah Chapels 9200 N. Skokie Blvd., Skokie, Illinois 60077		FUNERAL DIRECTOR'S SIGNATURE 25b. Joseph J. Roth			
DISPOSITION	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-009696		LOCAL REGISTRAR'S SIGNATURE 26a. C. Lavinia Brown			
10.....	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. Jan 14, 1992					

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 January 14, 1992 SIGNED C. Lavinia Brown
 AT EVANSTON LOCAL REGISTRAR
 Illinois OFFICIAL TITLE

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.