

DECEASED
JOINT TENANCY AFFIDAVIT

UNOFFICIAL COPY

Doc#: 0731934082 Fee: \$34.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 11/15/2007 02:26 PM Pg: 1 of 6

STATE OF ILLINOIS)
COUNTY OF COOK) ss.

Ida Plofsky,
being duly sworn states:

1. That she resides at
611 Thatcher Avenue, River Forest, Illinois 60305.

2. That she was acquainted with Sidney R. Plofsky, deceased, who at the time of his death,
was one of the owners of the land in Chicago, Illinois, described as:

THE NORTH 60 FEET OF LOT 34 OF FOWLER BRUNER AND BODINE'S
SUBDIVISION OF 13½ ACRES IN THE NORTH EAST QUARTER OF SECTION 11,
AND THE WEST 25% ACRES OF THE NORTH WEST QUARTER OF SECTION 12,
LYING NORTH OF LAKE STREET IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF
THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. 15-11-209-006-0000

and commonly known as 611 Thatcher Avenue, River Forest, Illinois 60305.

3. That the deceased April 25, 2006, as evidenced by a certified copy of death
certificate of the deceased attached hereto.

4. 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.

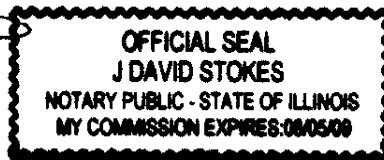
Leaving a Last Will & Testament which was filed in the Unproven Will Box of the
Probate Division of the Circuit Court of _____ County, Illinois about _____.

Ida Plofsky
Ida Plofsky

Subscribed and sworn to before
me by the said Affiant this 5th
day of November, 2007.

Mail to: Charles A. Janda, Esq.
120 N. LaSalle Street
Suite 1040
Chicago, IL 60602

J David Stokes
Notary Public



UNOFFICIAL COPY**Certified Copy of a Death Record**

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>16-92</u>	STATE OF ILLINOIS		STATE FILE NUMBER	
	REGISTERED NUMBER <u>495</u>	MEDICAL CERTIFICATE OF DEATH			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)
	1. <u>SIDNEY ROBERT PLOFSKY</u>			2. <u>Male</u>	3. <u>APRIL 25, 2006</u>
A	COUNTY OF DEATH	AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
	4. <u>COOK</u>	5a. <u>74</u>	5b.	5c.	5d. <u>September 13, 1931</u>
DECEASED	6a. <u>PROVISO TOWNSHIP</u>		6b. <u>FOSTER G. MCGAW HOSPITAL</u>		6c. <u>Inpatient</u>
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
B	7. <u>Chicago, IL</u>		8a. <u>Married</u>		8b. <u>Ida Weiss</u>
C	SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY
C	10. <u>336-24-4601</u>		11a. <u>Mechanic</u>		11b. <u>Automotive</u>
D	RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)
E	13a. <u>611 Thatcher Avenue</u>		13b. <u>River Forest</u>		13c. <u>Yes</u>
PARENTS	STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
	13e. <u>IL</u>		13. <u>60305</u>		14a. <u>White</u>
1	FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:
	15. <u>Morris Plofsky</u>		16. <u>Ida Neidich</u>		
2	INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	
3	17a. <u>Ida Plofsky</u>		17b. <u>Wife</u>	17c. <u>611 Thatcher, River Forest, IL 60305</u>	
CAUSE	18. PART I. Enter the diseases, 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.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Immediate Cause (Final disease or condition resulting in death) → (a) <u>Pneumonia</u> DUETO, OR AS A CONSEQUENCE OF (b) <u>Acute Respiratory Distress Syndrome</u> DUETO, OR AS A CONSEQUENCE OF (c)				
4	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				AUTOPSY (YES/NO)
5					19a. <u>No</u>
N	DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
	20a.		20b.		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>
P	19. (1) DID YOU ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON			WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	
	21a. <u>April 25 2006</u>			21b. <u>No</u>	
CERTIFIER	22a. SIGNATURE → <u>[Signature]</u>				HOUR OF DEATH
	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <u>2160 SOUTH FIRST AVENUE MAYWOOD ILLINOIS 60153</u>				21c. <u>12:52 P.M.</u>
DISPOSITION	22c. <u>McElligott</u>				DATE SIGNED (MONTH, DAY, YEAR)
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				22b. <u>April 26 2006</u>
23. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.					ILLINOIS LICENSE NUMBER
					22d. <u>125049824</u>
DISPOSITION	BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION CITY OR TOWN STATE	DATE (MONTH, DAY, YEAR)	
	24a. <u>Burial</u>	24b. <u>Westlawn Cemetery</u>	24c. <u>Norridge, IL</u>	24d. <u>Apr. 27, 2006</u>	
DISPOSITION	FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP				
	25a. <u>Lloyd Mandel Levayah Funerals, 4750 West Dempster Street, Skokie, IL 60076</u>				
DISPOSITION	FUNERAL DIRECTOR'S SIGNATURE			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
	25b. <u>[Signature]</u>			25c. <u>031-009435</u>	
DISPOSITION	LOCAL REGISTRAR'S SIGNATURE			DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
	26a. <u>[Signature]</u>			26b. <u>April 26, 2006</u>	

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

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

APR 26 2006

SIGNED

[Signature]

DATE

BROADVIEW, ILLINOIS

Illinois OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

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 of the facts

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LAST WILL AND TESTAMENT

OF

SIDNEY R. PLOFSKY

IN THE NAME OF GOD, AMEN.

I, the undersigned, SIDNEY R. PLOFSKY, a male of legal years, being a resident of the County of Cook, and State of Illinois, being of sound and disposing mind and memory, but sensible of the uncertainty of life, do hereby make, publish and declare this instrument to be my Last Will and Testament, hereby expressly revoking any and all other former Wills, codicils, and letters testamentary heretofore made by me.

FIRST: I hereby direct that all Estate, inheritance and other succession taxes, all just debts, funeral expenses, and all duties and transfer charges and expenses which may be levied, or gifts made in this, my Will, shall be paid by my Executors out of the principal of my Estate.

SECOND: All of the rest, residue and remainder of my property both real, personal or mixed, of whatsoever character, and wheresoever situated, of which I may die seized and possessed, which I may own or have any interest in at the time of my demise, I give, devise and bequeath to my Beloved Wife, IDA W. PLOFSKY, to have and to hold as her property, absolutely.

In the event that my Beloved Wife, IDA W. PLOFSKY, shall predecease me, then and in that event, I give, devise and bequeath all of my property to my Beloved Sons, NATHAN PLOFSKY and JORDAN PLOFSKY, to share and share equally, share and share

Sidney R. Plofsky

2007

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Page Two (2) of a Four (4) Page Will

THIRD: I give, devise and bequeath to my son, LAWRENCE PLOFSKY, nothing whatsoever under this My Last Will and Testament, the reason being that SIDNEY PLOFSKY'S business known as BERWYN LUBRITORY was sold to him at a greatly reduced amount below the value.

FOURTH: I hereby nominate and appoint JORDAN PLOFSKY and NATHAN PLOFSKY as Co-Executors of this, my Last Will and Testament, and I hereby give to them as Co-Executors full power and authority at any time or times to sell, mortgage, pledge, exchange or otherwise deal with or dispose of the property comprising my Estate, upon such terms as they shall deem best, to settle and compound any and all claims in favor of or against my Estate, as they shall deem advisable. I further authorize my Executors, at their discretion, to retain any of the Estate which I may own, or to which I may be entitled, at the time of my demise, and make distribution thereof in kind. I hereby direct that no person named as Co-Executor shall be required to give security on their bond in the Circuit Court of Cook County, County Department, Probate Division, or any other Court where this, my Last Will and Testament will be probated.

FIFTH: I hereby suggest that RONALD M. GILFORD be made attorney for the Co-Executors.

IN WITNESS WHEREOF, I have hereunto set my hand, subscribed my name and seal, to this my Last Will and Testament consisting

Sidney R. Plofsky

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Page Three (3) of a Four (4) Page Will

of four (4) pages, written on one side on the margin of each of which I have affixed my signature for better identification this 18 day of JAN, 1989, at Chicago, Illinois.

Sidney R. Plofsky (SEAL)

The foregoing instrument was, at the date hereof, subscribed by the Testator, SIDNEY R. PLOFSKY, in the presence of us, the undersigned, and was at that time declared by him to be his Last Will and Testament, and we at the same time, in his presence, at his request, and in the presence of each other, have hereunto subscribed our names as witnesses. We do hereby certify that at the time of the execution of the foregoing Will, the Testator was of sound mind and memory.

Diana R. Lischer, residing at 160 N. La Salle, Chgo. Ill. 60601
Darlene Maggione, residing at 180 N. La Salle, Chgo. Ill. 60601
 _____, residing at _____

