

# UNOFFICIAL COPY



Doc#: 0733060094 Fee: \$28.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 11/26/2007 03:53 PM Pg: 1 of 3

## AFFIDAVIT PREPARED BY:

Carleen L. Schreder  
Levin & Schreder, Ltd.  
120 North LaSalle Street  
38th Floor  
Chicago, IL 60602

## WHEN RECORDED MAIL TO:

Carleen L. Schreder  
Levin & Schreder, Ltd.  
120 North LaSalle Street  
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Chicago, IL 60602

## DECEASED JOINT TENANCY AFFIDAVIT

KAREN W. BLANKSTEIN, being duly sworn, states that she resides at 729 Laburnum, Northbrook, Illinois 60062.

That she was married to STUART A. BLANKSTEIN, deceased, who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

### PARCEL 1:

LOT 18 IN BRANDESS SUBDIVISION IN THE WEST ½ OF THE SOUTHWEST ¼ OF THE SOUTHWEST ¼ OF SECTION 5 AND PART OF THE SOUTH EAST ¼ OF THE SOUTH EAST ¼ OF SECTION 6, TOWNSHIP 42 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

### PARCEL 2:

EASEMENT FOR THE BENEFIT OF PARCEL 1 FOR INGRESS AND EGRESS OVER OUT LOT A AND PRIVATE ROADS KNOWN AS LABURNUM DRIVE AND/OR LABURNUM COURT ALSO KNOWN AS OUTLOT B AS CREATED BY DECLARATION EXECUTED BY FIRST AMERICAN BANK AS TRUSTEE UNDER TRUST AGREEMENT DATED AUGUST 1, 1988 KNOWN AS TRUST NUMBER F88-148 RECORDED JUNE 29, 1989 AS DOCUMENT 89298409.

# UNOFFICIAL COPY

Permanent Real Estate Index Number: 04-05-315-018-000  
Address of Real Estate: 729 Laburnun, Northbrook, Illinois 60062

That the deceased died September 29, 2007, as evidenced by a certified copy of death certificate of the deceased attached hereto.

Affiant makes this affidavit for that purpose of inducing the Cook County Recorder of Deeds to transfer ownership of the above mentioned property to KAREN W. BLANKSTEIN, as Trustee of the Karen W. Blankstein Revocable Trust dated September 15, 1996, as amended.

Karen W Blankstein  
Karen W. Blankstein

Subscribed and sworn to before me  
by the said mary  
this 14 day of NOVEMBER, 2007

[Signature] [Seal]  
Notary Public  
My Commission Expires: 6/13/2010



Property of Cook County Clerk's Office

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16-13</b>		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		<b>UNOFFICIAL COPY</b> <b>MEDICAL CERTIFICATE OF DEATH</b>					
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. <b>Stuart A. Blankstein</b>			2. <b>Male</b>	3. <b>September 29, 2007</b>		
	COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
	4. <b>Cook</b>		5a. <b>67</b>	MOS. 5b.	DAYS 5c.	5d. <b>July 28, 1940</b>	
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)	
6a. <b>Evanston</b>		6b. <b>Evanston Hospital</b>			6c. <b>Inpatient</b>		
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)		
7. <b>Chicago, IL</b>		8a. <b>Married</b>	8b. <b>Karen Weinreich</b>		9. <b>Yes</b>		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)			
10. <b>340-32-8111</b>		11a. <b>Self Employed</b>	11b. <b>Chemicals</b>	12. <b>5+</b>			
RESIDENCE (STREET AND NUMBER)			CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY		
13a. <b>729 Laburnum Drive</b>			13b. <b>Northbrook</b>	13c. <b>Yes</b>	13d. <b>Cook</b>		
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)			
13e. <b>Illinois</b>		13f. <b>60062</b>	14a. <b>White</b>	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
FATHER—NAME FIRST MIDDLE LAST			MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST				
15. <b>Sidney Blankstein</b>			16. <b>Ruth Katz</b>				
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
17a. <b>Karen Blankstein</b>		17b. <b>Wife</b>	17c. <b>729 Laburnum Drive Northbrook, IL. 60062</b>				
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) <b>Sepsis</b>				<b>2 weeks</b>	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) <b>Non-Hodgkins Lymphoma</b>				<b>18 months</b>	
		(c)					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		<b>Hypertensive vascular disease</b>					
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"/>			
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH			
21a. <b>I did on 9/29/07</b>		21b. <b>No</b>		21c. <b>9:49 P.M.</b>			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				DATE SIGNED (MONTH, DAY, YEAR)			
22a. SIGNATURE <b>Harry Jaffe</b>				22b. <b>10/1/07</b>			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)				ILLINOIS LICENSE NUMBER			
22c. <b>Harry Jaffe MD. 1713 Central Street, Evanston, Illinois</b>				22d. <b>036-047676</b>			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE	DATE (MONTH, DAY, YEAR)		
24a. <b>Burial</b>		24b. <b>Shalom Memorial Park</b>		24c. <b>Arlington Hts, Illinois</b>	24d. <b>10/02/2007</b>		
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE ZIP			
25a. <b>Piser Funeral Services</b>		<b>9200 Skokie Blvd.</b>		<b>Skokie Illinois 60077</b>			
FUNERAL DIRECTOR'S SIGNATURE				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25b. <b>Randy Botkin</b>				25c. <b>034-014185</b>			
LOCAL REGISTRAR'S SIGNATURE				DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
26a. <b>Joy W. Terry</b>				26b. <b>October 1, 2007</b>			

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item I, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE October 1, 2007 SIGNED Joy W. Terry  
At EVANSTON, Illinois OFFICIAL TITLE LOCAL REGISTRAR

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.