

# UNOFFICIAL COPY



Doc#: 0802357133 Fee: \$28.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 01/23/2008 12:23 PM Pg: 1 of 3

LAW TITLE INSURANCE  
2800 OGDEN STE 101  
LISLE, IL 60532

282893STC

## DECEASED JOINT TENANCY AFFIDAVIT

To Be Recorded in COOK County, Illinois

Law Title Insurance Agency Inc.-Naperville File Number 282893STC

Property Address: 6333 NORTH KEDZIE AVENUE UNIT 515, CHICAGO, IL 60645

The undersigned affiant being first duly sworn and under penalty of perjury on oath states that he or she resides at the following address:

That he or she was acquainted with LUCILLE M. GOLDBERG, deceased, who at the time of death was one of the owners of the land described in the above referenced Title Commitment.

That the deceased died on August 12, 2006 (date) as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will and Testament
- Leaving a Last Will and Testament, a copy of which is attached hereto. The original of the unproven will is to be filed with the clerk of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois.
- Leaving a Last Will and Testament, which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois on \_\_\_\_\_ (date).
- Leaving a Last Will and Testament which was probated in the Probate Division of the Circuit court of \_\_\_\_\_ County, Illinois, on about \_\_\_\_\_ as Case # \_\_\_\_\_

That from the Estate of the Deceased:

- All State Inheritance and /or Federal Estate Taxes which were due have been paid and evidence thereof is attached hereto.
- No State Inheritance and/or Federal Estate Taxes were due.

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 \$ \_\_\_\_\_ dollars.

Affiant makes this affidavit for the purpose of inducing Law Title Insurance Agency Inc.-Naperville to issue a Title Insurance Policy(s) describing the land shown in file 282893STC and agrees to indemnify said company or its assigns against any false statement(s) willfully made herein.

Signature of Affiant: Robert J. Galbraith

Rec 4 01  
Date

State of Illinois, County of COOK, SS. Subscribed and sworn before me on 12/4/07.

Signature of Notary Public: Paula Michele



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Legal Description (as shown in Law Title Insurance Agency Inc.-Naperville File Number 2828935TC:

UNIT 5-15 AS SHOWN AND IDENTIFIED ON THE SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE (HEREINAFTER REFERRED TO AS 'PARCEL'): BLOCK 2 ALSO THAT PART OF VACATED WEST MORSE AVENUE, LYING EAST OF THE EAST LINE OF NORTH KEDZIE AVENUE AND WEST OF THE EAST LINE OF VACATED NORTH ALBANY AVENUE, ALSO THAT PART OF VACATED NORTH ALBANY AVENUE LYING NORTH OF THE NORTH LINE OF WEST PRATT AVENUE AND SOUTH OF THE SOUTH LINE OF VACATED WEST MORSE AVENUE, ALL IN COLLEGE GREEN SUBDIVISION OF PART OF THE WEST 1/2 OF THE NORTH WEST 1/4 OF SECTION 36, TOWNSHIP 41 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM OWNERSHIP BY WINSTON-GARDENS, INC. RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS AS DOCUMENT 19882456, TOGETHER WITH AN UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN SAID PARCEL (EXCEPTING FROM SAID PARCEL ALL THE UNITS THEREOF, AS DEFINED AND SET FORTH IN SAID DECLARATION AND SURVEY) IN COOK COUNTY, ILLINOIS.

FOR INFORMATION ONLY: 10-36-120-003-1073

6833 NORTH KEDZIE AVENUE UNIT 515, CHICAGO IL 60645

PLEASE NOTE: THE PROPERTY ADDRESS AND ZIP CODE ARE PROVIDED FOR CONVENIENCE ONLY AND ARE NOT INSURED.

Tax Identification Number: 10-36-120-003-1073

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

STATE OF ILLINOIS

STATE FILE NUMBER

PERMANENT CERTIFICATE  
 TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. 16.28  
REGISTERED NUMBER: 8102

## MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

205 AUG 00

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

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)  
 1. LUCILLE MARIAN GOLDBERG 2. Female 3. August 12 2000

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)  
 4. Cook 5a. 85 5b. MOS. DAYS 5c. HOURS MIN 5d. July 18, 1915

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. Evanston 6b. ST. FRANCIS HOSPITAL 6c. Emer Room

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. Chicago IL 8a. Never Married 8b. — 9. No

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)  
 10. 10359-10-2991 11a. Attorney 11b. At Law 12. 5

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY  
 13a. 6833 N. Kedzie #515 13b. Chicago 13c. Yes 13d. Cook

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. Illinois 13f. 60645 14a. White 14b.  NO  YES SPECIFY:

A DECEASED

B

C

D

E

PARENTS

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST  
 15. Joseph Goldberg 16. Minnie Mittlacher

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)  
 17a. Robert Goldberg 17b. Brother 17c. 6833 N. Kedzie #515 Chgo IL 60645

1

2

3

4

5

CAUSE

18. PART I. Enter the disease, 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. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Immediate Cause (Final disease or condition resulting in death) (a) Pneumonia

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) — (c) —

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

NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18) AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)  
 20a. Natural 20b. — 20c. — 20d. — 19a. No 19b. —

INJURY AT WORK (YES/NO) PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) LOCATION (CITY, VIL. OR TOWN, OR TWP., OR RD. DIST. NO., COUNTY, STATE) IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?  
 20e. — 20f. — 20g. — 20h. YES  NO

N

P

H.G.

RIF

UNK

CERTIFIER

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT THE DECEASED WAS PRONOUNCED DEAD ON AT  
 21a. August 12, 2000 21b. August 12, 2000 21c. 9:57 A.M.

CORONER'S MEDICAL EXAMINER'S SIGNATURE DATE SIGNED (MONTH, DAY, YEAR)  
 22a. G. V. Donoghue, M.D. / Namong Chiu, M.D. 22b. August 13, 2000

CORONER'S PHYSICIAN'S NAME (Type or Print) 5 DATE SIGNED (MONTH, DAY, YEAR)

#51

DISPOSITION

BURIAL, CREMATION, REMOVAL, SPECIFIC FUNERARY HOME CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)  
 24a. Study 24b. Anatomical Gift Assn. 24c. Chicago Illinois 24d. Aug 15, 2000

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP  
 25a. THE PISER CHAPEL 5206 N. Broadway Chicago Illinois 60640

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER  
 25b. Gregory J. Lindeman 25c. 034-015150

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  
 26a. Jay W. Torry 26b. August 15, 2000

VR202 (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 the record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE AUGUST 15, 2000 SIGNED Jay W. Torry  
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 a 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.