12/04/2007 17:28 FAX 630777839OFFICIAL COPY



Doc#: 0802357134 Fee: \$28.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 01/23/2008 12:24 PM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

To Be Recorded in COOK County, Illinois

Law Title Insurance Agency Inc.-Naperville File Number 282893STC Property Address: 6633 NORTH KEDZIE AVENUE UNIT 515, CHICAGO, IL 60645

The undersigned affiant being first duly two n and under penalty of perjury on oath states that he or she resides at the following address:
That he or she was acquainted with EUCIEE ACOLDBERG, 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 June 4, 2004 (dr.e) is 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 Unprove. Vill 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 as Case # 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.
Afflant makes this affidavit for the purpose of inducing Law Title Insurance Agency IncNaperville 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: State of Illinois, County of Ook , SS. Subscribed and sworn before me on 12/4/01 Signature of Notary public: Hull and Subscribed and Sworn before me on 12/4/01 Signature of Notary public: Hull and Subscribed and Sworn before me on 12/4/01

"UNOFFICIAL COPY

2004/004

Legal Description (as shown in Law Title Insurance Agency Inc.-Naperville File Number 282893STC:

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.

OR INFORMATION ONLY: 10-50
5833 NORTH KEDZIE AVENUE UNIT 515,
PLEASE NOTE: THE PROPERTY ADDRESS AIN.
ARE NOT INSURED.

Tax Identification Number: 10-36-120-003-1073 PLEASE NOTE: THE PROPERTY ADDRESS AND ZIP CODE ARE PROVIDED FOR CONVENIENCE ONLY AND

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

Directors, hysicians NOITI 5 13e ILLINOIS STATE 13a. BIRTHPLACE (CITYAND STATE OR FOREIGN COUNTRY) CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER COUNTY OF DEATH 22a. SIGNATURE ▶
NAME AND ADDRESS OF CERTIFIE TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED RESIDENCE (STREET AND NUMBER) 10332-18-9034 SOCIAL SECURITY NUMBER BURIAL, CHEMATION, HEMOVAL (SPECIFY) 248, MED . STUDY 220. CORY CHEN, MD 4833 N. MILWAUKEE, CHICAGO, ILLINOIS 60630 NAMEOFATTENDING PHYSICIAN IF OTHER THANCES. THER (TYPE OF PRINT) I(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON DATE OF OPERATION, IF ANY CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING INFORMANT'S NAME (TYPEORPRINT) FUNERAL DIRECTOR'S SIGNATURE 25a MEDICAL DONATION TRANSPORTATION 3601 W. DIVERSEY CHICAGO, FUNERAL HOME PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PARTI. FATHER-NAME LOCAL REGISTRAR'S SIGNATUS i 8. PART I. CHICAGO, disease or condition Immediate Cause (Final 200 (0... 5/00) esulting in death) 3800 NORTH CALIFORNIA CHICAGO MIRIAM MOCTEZUMA JOSEPH ILL. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardic no respiratory arrest, shock, or heart failure. List only one cause on each line. _{13f.} 60618 ZIP CODE 24b ANATOMICAL GIFT ASSOC. 24c. CEMETERY OR CREMATORY-NAME (b) ALZHELMEKS
DUETO, OR AS A CONSEQUENCE OF <u>(</u> DUE TO, OR AS A CONSEQUENCE OF MIDDLE 8a. NEVER MARRIED MARRIED, NEVER MARRIED WIDOWED, DIVORCED (SPI MAJOR FINDINGS OF OPERATION 11a. SECRETARY USUAL OCCUPATION MYOCARDIAL INFARCTION ALZHEIMERS (MONTH, DAY, YEAR) Tweel Design RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
14a. WHITE 148 AGE-LAST BIRTHDAY (YRS) 5a. 85 HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER CIVE STREET AND NUMBER)

6b. HEBITALY CENTER RESURRECTION GOLDBERG STREET AND NUMBER OR R.F.D. 13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO. ATA AND PLACE AND DUE TO THE CAUSE(S) STATED MOS. DAYS KINDOF BUSINESS OF INDUSTRY ELECTRICAL 115. SUPPLY CO. NAME OF SURVIVING SPOUSE (MAIDENNAME, IF WIFE) CHICAGO LOCATION OF HISPANIC ORIGIN? (SPECIFYNOOR YES-IF YES, SPECIFY CUE. N, MEXICAN, PUERTO RICAN, etc.) MOTHER-NAME 14b. CHICAGO, ILLINOIS MAILING ADDRESS (STREET AND VS. 79 9.F.D., CITY OR TOWN, STATE, ZIP) e¥no 5645 W. ADDISON, CHICAGO, IL 60634 21b. EXAMINER NOTIFIED? CITY OH TOWN NONE MINNIE DATE OF BIRTH (MONTH, DAY, YEAR) EDUCATION (SPECIFYONLY HIGHEST GRADECO (PLETE 2)
Elementary/Secondary (0-12)
College (1-4 or 5 . 1
12. BALE BITE BARAGETABONE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER SEXONSEAL SPECIFY: 130 034-014321 STATE AUTOPSY (YESNO) MIDDLE FEBRUARY 14, 1919 (YES/NO) ILLINOIS 60647 IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 8 HOUR OF DEATH DATE SIGNED ILLINOIS LICENSE NUMBER NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER _{22d.} 036-095449 MASEDON 1989 HS STANDARDOFFITIEICATE YES | NOXE 6c.INPATIENT †3d. OP/EMEA. HM, INPATIENT (SPICIFY) COUNTY 19b. MITTLACHER WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 7:24 DATE 2004 20-6-9 ARMED FORC SE OF BETWEEN ONSET AND JEATH WAS DECEASED EXTAINED (MONTH, DAY, "EAR) (MONTH, DAY, YEAR) THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF REGISTRAR OF VITAL STATISTICS OF BY VIRTUE OF THE LAWS OF THE STATE AND DEATHS FOR THE CITY OF CHICAGO THE RECORDS OF BIRTHS, STILLBIRTHS I, JOHN L. WILHELM M.D., LOCAL KEPT BY ME IN ORDINANCE OF SAID SHEET IS A TRUE COPY OF A RECORD OF ILLINOIS AND THE ORDINANCES OF ACCOMPANYING CERTIFICATE ON THIS THE CITY OF CHICAGO; THAT THE LAW AND ORDINANCES. **MULTICOLOR SIGNATURE SEAL IS** THIS CERTIFICATE COPY VALID WHEN AFFIXED.

Willelm,

LOCAL REGISTRAR

COUNTY OF COOK CITY OF CHICAGO NUC 0 9 2004

STATE OF ILLINOIS

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Print In

DIN IT NO.

DISTRICT NO. 16.10

REGISTERED NUMBER

DECEASED-NAME

JANET

FIRST

MIDDLE

GOLDBERG

2. FEMALE

DATE OF DEATH

JUNE 6,

2004

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE