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Cook County Recorder

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DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)

)

) SS

Order No. _____

COUNTY OF)

Sam Cohen

being duly sworn states that he resides at 5730 North Kimball-Unit 102 in the City of Chicago, Illinois.

That he was acquainted with Goldye Gail Cohen, deceased, who at the time of her death was one of the owners of the land in Cook County, Illinois, described as:

See legal attached hereto as Exhibit 'A'

That the deceased died November 5, 1997, as evidenced by a certified copy of a death certificate 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.

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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 or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$ 350,000.00.

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

Sam Cohen
Affiant's signature

Subscribed and Sworn to before me by the said

Sam Cohen
this 23 day of November, 1998.

Michael H. Erde
Notary Public



EXHIBIT "A"

Unit No. 102 as delineated on survey of the following described parcel of real estate (hereinafter referred to as "Parcel"): The South half of Lot eight (8) and all of Lot nine (9) in Block sixty three (63) in W. F. Kaiser & Company's Bryn Mawr Avenue Addition to Arcadia Terrace, being a subdivision of that part of the South West quarter of Section one (1) and the South half of the South East quarter of Section two (2) lying West of the Westerly line of the Right-of-Way of the North Shore Channel of the Sanitary District of Chicago (except streets heretofore dedicated) in Township forty (40) North, Range thirteen (13), East of the Third Principal Meridian, in Cook County, Illinois. Which survey is attached as Exhibit "A" to Declaration of Condominium made by Cosmopolitan National Bank of Chicago, a National Banking Association, as Trustee under Trust Agreement dated May 21, 1954 and known as Trust No. 2907 recorded October 16, 1974 in the Office of Recorder of Cook County, Illinois as Document No. 22879061; together with an undivided 25% interest in said Parcel (excepting from said Parcel all the property and space comprising all the units thereof as defined and set forth in said Declaration and Survey).

Cook County Clerk's Office

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 NOV 7 1997 SIGNED Lowell Huchleberry
 AT SKOKIE, Illinois OFFICIAL TITLE DIRECTOR OF HEALTH

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.

DECEASED'S BIRTH NO.		REGISTRATION DISTRICT NO.		REGISTERED NUMBER		STATE OF ILLINOIS		STATE FILE NUMBER	
		16.36		16398		MIDDLE		2 Female	
DECEASED-NAME		FIRST		MIDDLE		LAST		DATE OF DEATH (MONTH, DAY, YEAR)	
1. Goldye		Gall		Cohen		Cohen		5, 1997	
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. Cook		58, 80		5b. 80		5d. April 5, 1917			
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		NAME OF SURVIVING SPOUSE (MARRIAGE, IF WIFE)		IF HOSP OR INST. INDICATE D.O.A. (OPERATED BY, INPATIENT (SPECIFY))		6c. Inpatient	
6a. Skokie		6b. Manor Care Nursing Home							
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		8b. Sam		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
7. Detroit, Mich		8a. Married				11b. Heating & A.C.		Elementary/Secondary (0-12) College (1-4 or 5+)	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		11a. Book Keeper		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	
10. 321-09-1939		13a. 5730 N. Kimball		13b. Chicago		13c.		COUNTY	
RESIDENCE (STREET AND NUMBER)		FACE (WHITE, BLACK, ASIAN, INDIAN, WHITE)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		14b. X NO		SPECIFY:	
13a. Illinois		14a. White		14c. U.S.		14d. X NO		MIDDLE	
FATHER-NAME		FIRST		MIDDLE		LAST		MOTHER-NAME	
15. Morris		Alterman		Adelle		Not Available		16.	
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		17b. Husband		17c. 5730 N. Kimball Chgo, ILL 60659	
17a. Sam Cohen		17a. Husband							
18. PART I.		Immediate Cause (Final disease or condition resulting in death)		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		METICULOUSLY OR AS A CONSEQUENCE OF (B) SUICIDE, OR AS A CONSEQUENCE OF (C)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		Metastatic ovarian cancer						2 years	
CAUSE		DATE OF OPERATION		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	
		20a.		20b.		19a. No		19b.	
DATE OF OPERATION, IF ANY		MONTH, DAY, YEAR		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		21c. NO		21d. NO	
20a. I DID		11/5/97							
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		22a. SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22b. November 6, 1997		ILLINOIS LICENSE NUMBER	
		Charles A. Jensen MD		500 Davis, Evanston Ill.		036-056182			
CERTIFIER'S SIGNATURE		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		23.		24d. November 7, 1997			
		Charles Thorsen MD		500 Davis, Evanston Ill.					
DISPOSITION		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION		CITY OR TOWN	
		24a. Burial		24b. Shalom Memorial Park		24c. Arlington Hts, Ill		STATE	
		FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN	
		25a. Piser Originala		Weinstein Chapel		3019 Peterson, Chicago Ill.		STATE	
		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S SIGNATURE		25c. 034011042		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
		Lowe P. Nolan		Dennis P. Nolan		NOV 7 1997			
		FUNERAL DIRECTOR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		28b.			
		Lowe P. Huchleberry		NOV 7 1997					