

UNOFFICIAL COPY

**DECEASED JOINT TENANCY
AFFIDAVIT**



Doc#: 0828218002 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 10/08/2008 10:02 AM Pg: 1 of 3

State of Illinois)
) SS
County of Cook)

Above Space for Recorder's Use Only

Lorna N. Mikita, being duly sworn,
states that she resides at:
9525 W. Forest Place
Des Plaines, Il 60016

That she was acquainted with *Ronald M. Mikita*, (the "Deceased") who, at the time of his death,
was one of the owners of the land in Cook County, Illinois, described as:

✧ SEE LEGAL DESCRIPTION ATTACHED HERETO AND
EXPRESSLY MADE A PART HEREOF. ✧

Common Address: 9525 W. Forest Place, Des Plaines, Il 60016.

P.I.N.: 09-10-105-004-0000.

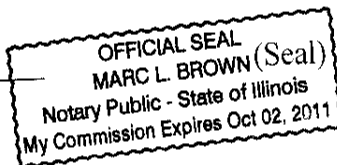
That the Deceased died June 2, 2008, as evidenced by a certified copy of death certificate of the
Deceased attached hereto.

Dated this 15 day of Aug, 2008.

Lorna N. Mikita

SUBSCRIBED AND SWORN TO before me this 15 day of August, 2008.

Notary Public



Mail To/Document Prepared By:
Marc L. Brown
The Law Offices of Marc L. Brown
422 N. Northwest Hwy, Ste. 150
Park Ridge, Illinois 60068

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LEGAL DESCRIPTION:

LOT 33 IN CENTRAL ROAD ACRES SECOND ADDITION,
BEING A SUBDIVISION OF THE WEST ½ (EXCEPT THE
EAST 333 FEET THEREOF) OF THE NORTH WEST
FRACTIONAL ¼ OF SECTION 10, TOWNSHIP 41 NORTH,
RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN,
ACCORDING TO THE PLAT THEREOF RECORDED ON
JULY 24, 1947, AS DOCUMENT NO. 14107922.

Common Address: 9525 W. Forest Place, Des Plaines, IL 60016.

P.I.N.: 09-10-105-004-0000.

Property of Cook County Clerk's Office

UNOFFICIAL COPY

STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16-36		STATE FILE NUMBER	
LOCAL FILE NUMBER 26085		2. SEX Male	3. DATE OF DEATH (Month/Day/Year) (Spell Month) June 2, 2008
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) Ronald M. Mikita			
4. COUNTY OF DEATH Cook	5a. AGE AT LAST BIRTHDAY (Years) 79	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____
7a. CITY OR TOWN Skokie		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in a hospital, give street and number) Midwest Hospice	
7c. PLACE OF DEATH (Check only one; see instructions) IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify): _____ IF DEATH OCCURRED SOMEWHERE OTHER THAN HOSPITAL: <input checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long-Term care facility			
8. BIRTHPLACE (City and State or Foreign Country) Chicago, IL	9. SOCIAL SECURITY NUMBER 341-20-6159	10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
11. SURVIVING SPOUSES NAME (If wife, give full name prior to first marriage) Lorna Bussell		12. EVER IN THE US ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
13a. RESIDENCE (Street and Number) 9525 Forest Place		13b. APT. NO.	13c. CITY OR TOWN DesPlaines
13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14. FATHER'S NAME (First, Middle, Last) Nicholas Mikita	
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Helen Unavailable		16a. INFORMANT'S NAME Mrs. Lorna Mikita	
16b. RELATIONSHIP Wife		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 9525 Forest Place, DesPlaines, IL 60016	
17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) Acacia Park Crematory	
19. LOCATION - CITY, TOWN AND STATE Chicago, IL		20. DATE OF DISPOSITION (Month/Day/Year) 6-5-2008	
21a. FUNERAL HOME NAME STREET NUMBER CITY OR TOWN STATE ZIP Friedrichs Funeral Home, Inc., 320 West Central Road, Mount Prospect, Illinois 60056			
21b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-014719	
22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) JUN 5 2008	
CAUSE OF DEATH (See instructions and examples) 24. PART I. Enter the chain of events - diseases, injuries or complications - that directly cause the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. Metastatic Lung Cancer			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. _____ Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury initiated the events resulting in death) LAST b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of):			
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
28. IF FEMALE: <input type="checkbox"/> Not pregnant within the past 12 months <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Pregnant, but pregnant 43 days to 1 year before death. <input type="checkbox"/> Unknown if pregnant within the past 12 months			29. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation
30. DATE OF INJURY (Month/Day/Year)	31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	32. PLACE OF INJURY (e.g. Decedent's home; construction site, restaurant, wooded area)	33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code			
35. DESCRIBE HOW INJURY OCCURRED:			
36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____			
37. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE (Month/Day/Year) 2/20/08		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	39. DATE PRONOUNCED (Month/Day/Year) June 2, 2008
40. TIME OF DEATH 7:05 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		41. CERTIFIER (Check only one): <input type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.	
42. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) DR. EINSTEIN 1985 SHERMER RD. NORTHBROOK IL		43. PHYSICIAN'S LICENSE NUMBER 036078149	
44. TITLE OF CERTIFIER MD		45. DATE CERTIFIED (Month/Day/Year) 6/4/08	
46. SIGNATURE OF CERTIFIER <i>[Signature]</i>		49. DECEDENT'S RACE - Check one or more races to indicate what the decedent considered himself or herself to be.	
47. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at the time of death.			
48. DECEDENT OF HISPANIC ORIGIN? - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "Other" box if decedent is not Spanish/Hispanic/Latino.			

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

JUN 5 2008

Lowell Huckleberry