

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 0834731036 Fee: \$40.25
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 12/12/2008 10:44 AM Pg: 1 of 2

MICHIGAN
STATE OF ~~ILLINOIS~~]
COUNTY OF ~~BERRIEN~~]

Lawrence I. Frankle being duly sworn states that he resides at 49013 E. McKean Drive, Grand Beach, Michigan 49117 in the ^{Township} ~~City~~ of New Buffalo Berrien County, Michigan.

That I was acquainted as son and successor trustee of the Helene S. Frankle Revocable Living Trust deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as: 155 N. Harbor Drive, Unit #4310, Chicago, Illinois 60611. See attached legal description

P.I.N. 17-10-401-005-1584

That the deceased died September 4, 2005 as evidenced by a certified copy of death certificate of the deceased attached hereto.

Subscribed and sworn to before me by the said

Lawrence I. Frankle
this 7th day of November A.D. ~~19~~ 2008

Patricia J. Gedert
Notary Public
Patricia J. Gedert

PATRICIA J. GEDERT
Notary Public, State of Michigan
County of Berrien
My Commission Expires 02-12-2011
Acting in the county of Berrien

[Signature]
(affiant signature)

\$54.25

54
124
3
my
JH

MEDICAL CERTIFICATE OF DEATH

SEP 07 2005

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO. THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

1. COUNTY OF DEATH COOK		2. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER CHICAGO		3. AGE - LAST BIRTH (YRS) MOS. DAYS 85		4. SEX F		5. DATE OF BIRTH (MONTH, DAY, YEAR) SEPTEMBER 29, 1923	
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) WIDOWED		7. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) FRANKIE E. FRANKIE		8. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) WESTERN MEMORIAL HOSPITAL		9. IF HOSP. OR INST. PATIENT (SPECIFY) OR HOME BIRTH (SPECIFY) IN PATIENT		10. DATE OF DEATH (MONTH, DAY, YEAR) SEPTEMBER 4, 2005	
11. RESIDENCE (STREET AND NUMBER) 155 W. HARBOUR DRIVE 3510		12. CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO		13. STATE ILLINOIS		14. ZIP CODE 60611		15. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) WHITE	
16. FATHER - NAME FIRST MIDDLE LAST PAUL RIEBICKI		17. MOTHER - NAME FIRST MIDDLE LAST ESTHER		18. INFORMANT'S NAME (TYPE OR PRINT) LYNN JACOBSON		19. RELATIONSHIP Medical Records		20. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 2518 THURMAN AVE CHICAGO ILLINOIS	
18. PART I. Immediate Cause (Final disease or condition resulting in death) SEPSIS									
18. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Post operative to aortic valve replacement									
19. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) ESOPHAGEAL PERFORATION. (c)									
20. DATE OF OPERATION, IF ANY Sept 4 2005									
21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) STATED.									
22. SIGNATURE OF DECEASED Stamps									
23. SIGNATURE OF ATENDING PHYSICIAN (TYPE OR PRINT) Stamps									
24. BURIAL, CREMATION, REMOVAL, (SPECIFY) Greenwood Cemetery (Small Section)									
25. FUNERAL HOME Stamps									
26. LOCAL REGISTRAR'S SIGNATURE John L. Wilhelm									



John L. Wilhelm
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.