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Doc#: 0903749057 Fee: \$40.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 02/06/2009 01:53 PM Pg: 1 of 3

RECORDING COVER SHEET

FREEDOM TITLE CORP.

6711085

Property of Cook County Clerk's Office

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DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
County of Cook) SS

Date: December 22, 2008

Order No: 6711085

Conrad Novak being duly sworn states that he resides at 4227 N. Sayre in the city of Norridge

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

Lot 8 in Conrad Noak Subdivision, being a resubdivision of part of Lots 1 and 4 in Block 1 in Arthur T. McIntosh & Co.'s Palatine Estates Number 1 of the Southeast 1/4 of the Southeast 1/4 of Section 22 and the Southwest 1/4 of the Southwest 1/4 of Section 23, Township 42 North, Range 10, East of the third principal meridian, According to the Plat thereof recorded March 7, 2001 as document no. 0010177878, in Cook County Illinois.

COMMONLY KNOWN AS: 632 SOUTH OAK STREET, PALATINE, I 60067.

That the deceased died 09/28/08, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament
- Leaving a Last Will and 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 _____ County, Illinois.
- 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 properly 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.

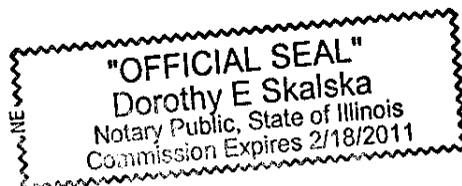
Affiant makes this affidavit for the purpose of inducing Freedom Title Corporation and Chicago Title Insurance Company to issue its title insurance policy describing the above mentioned property.

Conrad Novak
Affiant

Affiant

Subscribed to and sworn before me this 22nd day of December, 2008.

Dorothy E Skalska
Notary Public



5801169214

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STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0		LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) MAGDALENA NOVAK			2. SEX FEMALE	3. DATE OF DEATH (Month/Day/Year) (Spell Month) SEPTEMBER 28, 2008	
4. COUNTY OF DEATH COOK	5a. AGE AT LAST BIRTHDAY (Years) 75	5b. UNDER 1 YEAR Months _____ Days _____	5c. UNDER 1 DAY Hours _____ Minutes _____	6. DATE OF BIRTH (Month/Day/Year) JUNE 2, 1933	
7a. CITY OR TOWN NORRIDGE		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) 4227 N. SAYRE			
7c. PLACE OF DEATH (Check only one: see instructions)					
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____		
8. BIRTHPLACE (City and State or Foreign Country) SLOVANIA	9. SOCIAL SECURITY NUMBER 330 36 5428	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 SPOUSE'S NAME (If wife, give full name prior to first marriage) CONRAD NOVAK	12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13a. RESIDENCE (Street and Number) 4227 N. SAYRE		13b. APT. NO.	13c. CITY OR TOWN NORRIDGE	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13a. COUNTY COOK	13f. STATE IL	13g. ZIP CODE 60706	14. FATHER'S NAME (First, Middle, Last) IVAN KUMPARIC		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) MAGDALENA CIMERMAN
16a. INFORMANT'S NAME CONRAD NOVAK		16b. RELATIONSHIP HUSBAND		16c. MAILING ADDRESS (Street and No./City or Town, State, ZIP Code) 4227 N. SAYRE, NORRIDGE, IL 60706	
17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) IRVING PARK CEMETERY		19. LOCATION - CITY, TOWN AND STATE CHICAGO, ILLINOIS	20. DATE OF DISPOSITION (Month/Day/Year) OCTOBER 2, 2008
21a. FUNERAL HOME NAME CUMBERLAND CHAPELS		STREET AND NUMBER 8300 W. LAWRENCE		CITY OR TOWN NORRIDGE	STATE ILLINOIS
21b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031-008880		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) SEP 30 2008	
22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year)			
24. PART I. Enter the <i>chain of events</i> - diseases, injuries or complications that directly caused 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. CEREBRAL VASCULAR ACCIDENT 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 that initiated the events resulting in death) LAST b. _____ Due to (or as a consequence of): _____ c. _____ Due to (or as a consequence of): _____					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 DAYS
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I. DIABETES, CONGESTIVE HEART FAILURE					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 type="checkbox"/> No <input checked="" type="checkbox"/> Unknown					26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
28. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within last 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. 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, (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 9/28/08		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) 9/28/08	40. TIME OF DEATH 11:00 A.M.
41. CERTIFIER (Check only one): <input checked="" 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. PATRICIA BLOOM, 444 N. NORTHWEST HIGHWAY, PARK RIDGE, IL 60068					43. PHYSICIAN'S LICENSE NUMBER 032-079582
44. TITLE OF CERTIFIER M.D.		45. DATE CERTIFIED (Month/Day/Year) 9/29/08	46. SIGNATURE OF CERTIFIER <i>[Signature]</i>		

Illinois Department of Public Health - Division of Vital Records
VR200 (Rev. 1/08)

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.

STATE OF ILLINOIS
County of Cook)

DAVID ORR, County Clerk

SEP 30 2008

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

[Signature]
COUNTY CLERK