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04/01/2008 17:21 3126035107

RECORDER OF DEEDS

Doc#: 0904155008 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 02/10/2009 09:55 AM Pg: 1 of 3

Instrument Prepared by:

GEORGIA T. TAMRAZ
1830A Foy Run
ELK GROVE VLG, IL
60007
Deceased Joint Tenancy Affidavit

Georgia T. TAMRAZ
being duly sworn states that she resides at 1830A Foy Run Pr.
in the City of Elk Grove Village

That she was acquainted with John TAMRAZ deceased who, at the time of
death, was one of the owners of the land in Cook County, Illinois, described as:

ATTACH LEGAL DESCRIPTION

That the deceased died Jan 2, 2009 as evidenced by a certified copy of
death certificate of the deceased attached hereto.

That the deceased died:

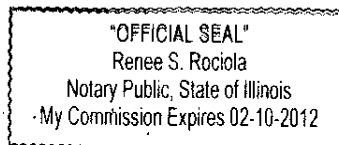
- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven 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 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.

Affiant makes this affidavit for the purpose of transferring title for the above described real property from the deceased joint owner to the surviving joint tenant(s).

Subscribed and sworn to before me by the said

Georgia T. TAMRAZ
this 9 day of FEB, A.D. 2009



Renee S. Rociola
Notary Public

X Georgia T. Tamraz
(Affiant's Signature)

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Pin # 7-26-200-~~005~~-~~0000~~ 021 1087

UNIT NUMBER 10-7 IN FOX RUN MANOR HOMES CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: PART OF THE NORTH EAST 1/4 OF SECTION 26, TOWNSHIP 41 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT "B" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 27469146 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN COOK COUNTY, ILLINOIS.

MORTGAGOR ALSO HEREBY GRANTS TO THE MORTGAGEE ITS SUCCESSORS AND ASSIGNS, AS RIGHTS AND EASEMENTS APPURTENANT TO THE ABOVE DESCRIBED REAL ESTATE, THE RIGHTS AND EASEMENTS FOR THE BENEFIT OF SAID PROPERTY SET FORTH IN THE DECLARATION OF CONDOMINIUM AFORESAID.

THIS MORTGAGE IS SUBJECT TO ALL RIGHTS, EASEMENTS, COVENANTS, CONDITIONS, RESTRICTIONS AND RESERVATIONS CONTAINED IN SAID DECLARATION THE SAME AS THOUGH THE PROVISIONS OF SAID DECLARATION WERE RECITED AND STIPULATED AT LENGTH HEREIN.

Cook County Clerk's Office

STATE OF ILLINOIS
CERTIFICATE OF DEATH

UNOFFICIAL COPY

Illinois Department of Public Health - Division of Vital Records
VR2000 (Rev. 1/08)

REGISTRATION DISTRICT NO. 16.0		LOCAL FILE NUMBER		STATE FILE NUMBER		
1. DECEDENT'S LEGAL NAME (include AKAs if any) (First, Middle, Last) John Tamraz			2. SEX Male	3. DATE OF DEATH (Month/Day/Year) (Spell Month) January 2 2009		
4. COUNTY OF DEATH Cook	5a. AGE AT LAST BIRTHDAY (Years) 69	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Month/Day/Year) January 10 1939		
7a. CITY OR TOWN Elk Grove Village		7b. HOSPITAL OR OTHER INSTITUTION NAME (if not in either, give street and number) Alexian Bros Medical Center				
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 IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____						
8. BIRTH-PLACE (City and State or Foreign Country) Chicago ILL	9. SOCIAL SECURITY NUMBER 356 28 8599	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) Georgia Thompson	12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13a. RESIDENCE (Street and Number) 1890 A Fox Run Drive		13b. APT. NO.	13c. CITY OR TOWN Elk Grove Village	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
13e. COUNTY Cook	13f. STATE IL	13g. ZIP CODE 60007	14. FATHER'S NAME (First, Middle, Last) Samuel Tamraz		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Anna Mirza	
16a. INFORMANT'S NAME Georgia T Tamraz		16b. RELATIONSHIP Wife		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 1830 A Fox Run Elk Grove Village IL 60007		
17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) Twin Pines Crematory		19. LOCATION - CITY, TOWN AND STATE Dundee Illinois	20. DATE OF DISPOSITION (Month/Day/Year) January 5 2009	
21a. FUNERAL HOME NAME Grove Memorial Chapel		21b. STREET AND NUMBER 1119 Arlington Hts Rd		21c. CITY OR TOWN Elk Grove Village	21d. STATE Illinois	21e. ZIP 60007
21f. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>			21g. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034 011037			
22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>			23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) JAN 02 2009			
24. CAUSE OF DEATH (See instructions and examples) PART I: Enter the chain of events - 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. Septic Shock 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. Hodgkins Lymphoma 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.					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 day 5 yrs	
25. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		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 the past 12 months		26. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 27. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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; woods; 1 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): _____			
37.1 (DID NOT ATTEND THE DECEASED AND LAST SAW HIM/LIVE ON) (Month/Day/Year)		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) JAN 2, 2009	40. TIME OF DEATH 5:54 <input checked="" type="checkbox"/> A.M. <input 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 checked="" 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) Ronald J. Shade MD 3701 Algonquin Rd #900		43. PHYSICIAN'S LICENSE NUMBER 036 088 755		
44. TITLE OF CERTIFIER MD		45. DATE CERTIFIED (Month/Day/Year) Jan 2, 2009	46. SIGNATURE OF CERTIFIER <i>[Signature]</i>		47. COUNTY CLERK'S SIGNATURE <i>[Signature]</i>	

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

JAN 02 2009

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