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AFFIDAVIT BY SURVIVING JOINT TENANT STATE OF ILLINOIS

SS

COUNT OF COOK

Doc#: 0904922145 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds

Date: 02/18/2009 02:58 PM Pg: 1 of 2

(The Above Space for Recorder's Use Only)

(The Above Space for Raya Avichai,, being first duly sworn, upon cath deposes and says:

That I currently reside at 3300 North ake Shore Drive, Unit 15B, Chicago, IL 60657, in the City of Chicago, Illinois, and that she is one of the parties who took title, not in tenancy in common, but in joint tenancy, to real estate shown situated in said Cook County, Illinois described as follows:

UNIT 15B IN 3300 LAKE SHORE DRIVE CONDOMINIUM, AS DELINEA FOON THE SURVEY OF THE FOLLOWING DESCRIBED Real

THE SOUTH 100 FEET OF LOTS 36, 37, 38, AND 39 AND THE SOUTH 100 FEET CO THAT PART OF LOT 40 LYING WEST OF THE WEST LINE OF SHERIDAN ROAD IN BLOCK 3 IN LAKE SHORE SUBDIVISION OF LOTS 44, 25 AND 26 I PINE GROVE, IN SECTION 21, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

PERMANENT TAX INDEX NUMBER: 14-21-310-055-1030

Address of Property: 3300 North Lake Shore Drive, Unit 15B, Chicago, Illinois

Affiant states that YAKOV AVICHAI, one of said owners in joint tenancy, died intestate, in Chicago, Illinois as is confirmed by a Certificate of Death of the health department of said municipality hereto attached.

Further, that the affiant makes this affidavit and affiant guarantees the truth of the statements herein contained.

Raya Avichai

Subscribed and Sworn to before me this ______ day of ______ 2009.

NOTARY PUBLIC

OFFICIAL SEAL
MARGARET W SIMA
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 34/25/12

UNOFFICIAL COPY

REGISTRATION DISTRICT NO.	16.10
LOCAL FILE 6	17592

STATE OF ILLINOIS **CERTIFICATE OF DEATH**

Yakov	Avichai					87~ 7		Dan1	ber 30,	2008
4. COUNTY OF DEATH		BIRTHDAY (Years)	Sh UNDER	1 VEAD	Sc. UNDER 1.	Male	I 6 DAT	December of BIRTH (N		
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a. CITY OR TOWN			7b. i	HOSPITAL OR OTHE	ER INSTITUTION	NAME (If not in	either, giv	e street and nur	mber)	
Chicago			f	2200 Nort	h Lake Sh	re Driv	O 11-	14 7315		
Chicago						21.0 22.1.	011.	LC 131-7		
				EATH (Check only on						
FIDEATH OCCURRED IN A HOSPITAL		IF DE/	ATH OCCURE	RED SOMEWHERE OF	THER THAN A HOS	PITAL				
inpatient Emergency Room	n/Outpatient 🔲 Dead or	Arrivai 🔲 Ho	ospice facility	□ Nursing Home/	Long-term care faci	ity 🙀 Dec	dent's hor	ne 🗌 Othe	er (Specify):	
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(City and State or Foreign Country)		122	Married	Married but separa	sted 🔲 Widowe	d (If wife	e, give full	name prior to fir	rst marriage)	ARMED FOR
Romania	347-46-2583	1 📅		☐ Never Married	Unknov			rdohovic	ž.	☐ Yes 🖼
3a. RESIDENCE (Street and Numbur)		13b. APT.		a. CITY OR TOWN		1 10		13d. INSIDE C		
	5		. 140.					Yes		
3300 North Lake		B15		Chicago						
3e. COUNTY 13f.	STA E 13g. ZIP CODE	14. FATHER'S	VAME (First, I	Middle, Last)		15. MOTHE	R'S NAM	E PRIOR TO F	FIRST MARR	AGE (First, Middle,
Cook	II 60657	Samuel		Perlitz		Jan	eta	G	oldstei	n •
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	CVA	1		,				-		
Raya Avichai		Nife						Drive, U	nit B15	, Chicago,
7. METHOD OF DISPOSITION: XX		DISPOSITION (Na	me of cemete	ry, crematory, other) 1	9. LOCATION - CI	ry, town and	STATE	20. D/	ATE OF DISP	OSITION (Month/D
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Other (Specify):		Mayriv				, Illino	1.5		nuary 2	
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Chicago Jewish	Funerals 195	North Buf	falo Gr	Pack ever	Euffalo C	rove		Illino1	.s	60089
1b. FUNERAL DIRECTOR'S SIGNA						21c. FUNEF	AL DIREC	CTOR'S ILLING	DIS LICENSE	NUMBER
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23 LOCAL DECISION DISCOURT	WY -	 _		evid I. Jac	ODSOU		-0123			
22. LOCAL REGISTRAR'S SIGNATI	UREAL INC.	Jason v	-3			23. DATE FI	LED WITI	LOCAL REG	ISTRAR (Moi	nth/Day/Year)
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24. PART I. Enter the chain of experience of the respiratory arrest or ventrical respiratory arrest or condition resulting in death) — 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 PART II. Enter other significant 27. DID TOBACCO USE CONTRIBUTE TO DEATH? 28. Probably No DUNANOWN 30. DATE OF INJURY (Month/Day/N) 34. LOCATION OF INJURY Street 35. DESCRIBE HOW INJURY Street 36. DESCRIBE HOW INJURY OCC 37. I (DID) (DID NOT) TTEND THE AND LAST SAW HIM/HER ALIV 41. CERTIFIER (Check only one): 15. Physician in charge of patier 16. Physician in attendance at it 17. Medical Examiner/Coroner - 42. NAME, ADDRESS AND ZIP CO Steven Sabath, ID, 44. TITLE OF CERTIFIER	into diseases, injuries of an fibrillation without show in Part I or Part II. DO NO in Part I or Par	r complications - ving etiology. If the DT ABBREVIATE re Heart re	Discoursed due to the control of the	had i dementia re rone rause on a lir one rause one a consequent of the cause give underlying regnant at time Pregnant at time Pregnant within the Unknown if pregnant at time Pregnant within the Unknown if pregnant at time Pregnant within the Common of the Cause (s) and urred at the cause (s) and urred at the time, dat in lon, death occurred to 24)	ence of): ence o	arkines if necessifies in the second in the	25. W/ 26. WE CO 29. M/ FINA CO 29. M/ CO 20.	AS AN AUTOPS AS AN AUTOPS ERE AUTOPS MAPLETE CAU MINER OF DE tural S cident Ho restaurant; woo T (1'2', 'NJU P dest J P dest or (1'2', 'NJU P dest at (1'2', 'NJU AT (1'2',	SY PERFORM Y FINDINGS I SSE OF DEAT ATH uicide [omicide [omicide] State HY, SPECIFY rian Specify) 40. Ti 1: d manner state 3. PHYSICIAI	MED? Yes USED TO H? Yes Could not be dete Pending Investige 33. INJURY AT W Yes ZIP Code

CITY OF CHICAGO

MEPARTMENT OF PUBLIC HEAL





