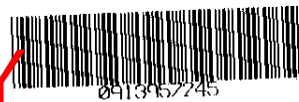


UNOFFICIAL COPY



09BAX 14296

STATE OF ILLINOIS)

SS

COUNTY OF COOK)

Doc#: 0913957245 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 05/19/2009 11:27 AM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

Judith D. Cogan, being duly sworn, states that (s)he resides at
1322 Southwind Dr, Northbrook, IL, 60062

That (s)he was acquainted with Michelle F. Butman, deceased, who, at the
time of his/her death was one of the owners of the land in Cook County, Illinois,
described as:

(See legal description attached hereto and made a part
hereof)

P.I.N.: 10-21-119-112-1086 & 10-21-119-112-1174

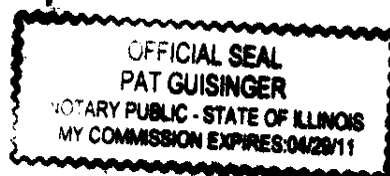
COMMON ADDRESS: 5510 N. Lincoln Ave - Unit 209
Morton Grove, Illinois 60053

That the deceased died on April 17th 2005, as evidenced by a certified copy
of the death certificate of the deceased attached hereto.

(X) Judith D. Cogan
Judith D. Cogan

Subscribed and sworn to before me by the said
This 6 day of April, 2009

Pat Guisinger 5/16/09
NOTARY PUBLIC



UNOFFICIAL COPY**LEGAL DESCRIPTION:**

Unit Nos. B-209 and GB-17 as delineated on survey of the following described real estate (hereinafter referred to as "Parcel"): The East 5.00 feet of Lot 2, excepting therefrom the North 500 feet thereof and the Southeasterly 33 feet thereof and the West 18 feet thereof, all in the subdivision of Lots 1, 5 and 6 of Owner's Subdivision in the West ½ of Section 21, Township 41 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois, which survey is attached as Exhibit "A" to the Declaration of Condominium Ownership and of Easements, Restrictions and Covenants made by LaSalle National Bank, as Trustee under Trust Agreement dated October 3, 1977 and known as Trust Number 532110, and recorded in the Office of the Recorder of Deeds as Document Number 24553596, together with an undivided percentage interest in said Parcel (excepting from said Parcel all the units thereof as defined and set forth in said Declaration of Condominium Ownership), in Cook County, Illinois.

PIN: 10-21-119-112-1086 and 10-21-119-112-1174
Address: 5510 North Lincoln Avenue, Unit 209, Morton Grove, IL 60053

Judith D. Cogan

UNOFFICIAL COPY

10

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

105420

FIRST MIDDLE LAST
Michelle Ruthann Female
DATE OF BIRTH 3 11 APRIL 2005
DATE OF DEATH 30 11 APRIL 2005

CAD DISTRICT NUMBER 60
HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER) *Northwest Memorial Hospital*
IF HOSP OR INST OPERATOR, INDICATE D.O.A. OPERATOR, PAL, INPATIENT (SPECIFY) *No Patient*

STATE OR TERRITORY ILLINOIS
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) *Married*
NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) *Steven Butman*
WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO) *No*

11a. Street 11a. Homemaker
CITY, TOWN, TWP. OR ROAD DISTRICT NO. *Skokie*
Dwtn Home
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) *Elementary/Secondary (9-12)*
Chicago (1-4 or 5-1)

13a. Street 13b. Skokie
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) *White*
CITY, TOWN, TWP. OR ROAD DISTRICT NO. *Skokie*
INSIDE CITY (YES/NO) *Yes*
COUNTY *Cook*

13c. ZIP CODE 13d. 60076
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) *White*
CITY, TOWN, TWP. OR ROAD DISTRICT NO. *Skokie*
INSIDE CITY (YES/NO) *Yes*
COUNTY *Cook*

FIRST MIDDLE LAST
Bernard Cogan Judith Evans
MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST

TYPE OR PRINT NAME
Evans
RELATIONSHIP *Medical Records*
MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP) *17025 1st Haven Chicago Illinois 60641*

Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
(a) *Ventricular Arrhythmia*
(b) *Anoxic Brain Injury*
(c) *Due to, or as a consequence of*

MAJOR FINDINGS OF OPERATION
20b. *11 APRIL 2005*

DATE DECEASED (MONTH, DAY, YEAR)
21c. *3 95 A M.*

DATE SIGNED (MONTH, DAY, YEAR)
22d. *11 APRIL 2005*

DATE FILLED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
25c. *034-015150*

DATE OF BIRTH (MONTH, DAY, YEAR)
3a. *3 11 APRIL 2005*

DATE OF DEATH (MONTH, DAY, YEAR)
3b. *30 11 APRIL 2005*

DATE OF SIGNATURE (MONTH, DAY, YEAR)
26b. *1 9 2005*

SIGNATURE
John A. Wilhelms, M.D.

REGISTRAR
Gregory J. Lindeman

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
APR 12 2005

I, 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 OF BIRTHS, STILLBIRTHS AND DEATHS 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.

LOCAL REGISTRAR
John A. Wilhelms

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.