

# UNOFFICIAL COPY

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Prepared by and  
mail to:  
Gregory Sultan  
1601 Sherman # 200  
Evanston, IL 60201



Doc#: 0920526114 Fee: \$40.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 07/24/2009 11:04 AM Pg: 1 of 3

## DECEASED JOINT TENANCY AFFIDAVIT

09012670354

Wayne E. Brucar being duly  
sworn states that he  
resides at 1399 Larchmont Buffalo Grove, IL 60089

That Wayne E. Brucar was acquainted with Albert Brucar deceased who, at  
the time of his death, was one of the owners of the land in Cook County,  
Illinois, described as follows:

PIN: 10 27 204 048 0000  
Commonly known as: 4138 Kirk St, Skokie, ILL

That the deceased died May 4, 2009, as evidenced by a copy of the death  
certificate of the deceased attached hereto.

That the total value of the estate of the deceased, including both real  
and personal property owned by the deceased either individually or as the  
deceased share in joint tenancy at the time of the death of the deceased,  
does not exceed the sum of \$100,000.00.

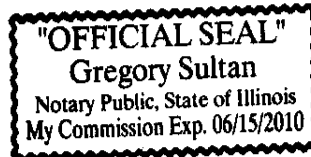
Affiant makes this affidavit for the purpose of spreading across the  
Public record a change in interest in the aforementioned property and to  
induce a title insurance company to a Title Insurance Policy, describing  
the above mentioned property.

Subscribed and sworn to before me by the said affiant Wayne E. Brucar  
this \_\_\_ day of July, 2009

Wayne E. Brucar  
Wayne E. Brucar Affiant

Gregory Sultan  
Notary Public

Attorneys' Title Guaranty Fund, Inc.  
1 S. Wacker Rd., STE 2400  
Chicago, IL 60606-4650  
Attn: Search Department



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Lot 25 (except the North 10 feet thereof) in Block 1 in George F. Nixon & Co.'s Oakton & Keeler Subdivision of the West 1/2 of the West 1/2 of the Northeast 1/4 of the Northeast 1/4 of Section 27, Township 41 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Property of Cook County Clerk's Office

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## CERTIFICATE OF DEATH RECORD

### SKOKIE HEALTH DEPARTMENT SKOKIE, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2009 0017235

DATE ISSUED 05/06/2009

DECEDENT'S LEGAL NAME ALBERT BRUCAR		SEX MALE	DATE OF DEATH MAY 04, 2009	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 90 YEARS	DATE OF BIRTH MARCH 01, 1919		
CITY OR TOWN SKOKIE	HOSPITAL OR OTHER INSTITUTION NAME 4138 KIRK			
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	MARITAL STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE'S NAME	
RESIDENCE 4138 KIRK	APT. NO.	CITY OR TOWN SKOKIE	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60076	FATHER'S NAME WILLIAM BRUCAR	MOTHER'S NAME PRIOR TO FIRST MARRIAGE ROSE AARON
INFORMANT'S NAME JULIET SAMUEL		RELATIONSHIP POWER OF ATTORNEY	MAILING ADDRESS 8004 S TROY, CHICAGO, IL, 60652	
METHOD OF DISPOSITION BURIAL	PL. OF DISPOSITION ST. ALON MEMORIAL PARK	LOCATION - CITY OR TOWN AND STATE ARLINGTON HEIGHTS, IL	DATE OF DISPOSITION MAY 05, 2009	
FUNERAL HOME WEINSTEIN FUNERAL HOME, 111 SKOKIE BLVD., WILMINGTON, IL, 60091				
FUNERAL DIRECTOR'S NAME DANIEL SCHUBRING			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011770	
LOCAL REGISTRAR'S NAME CATHERINE COUNARD			DATE FILED WITH LOCAL REGISTRAR MAY 5, 2009	
CAUSE OF DEATH PART I CORONARY ARTERY DISEASE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. _____ Due to (or as a consequence of):				
b. _____ 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.				
DIABETES MELLITUS; CHRONIC KIDNEY DISEASE; CELLULITIS; ARTHRITIS			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DID TOBACCO USE CONTRIBUTE TO DEATH? NO	FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE APRIL 21, 2009	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 06:30 AM
CERTIFIER / PHYSICIAN			DATE CERTIFIED MAY 04, 2009	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DARRYL STERN, 9669 N KENTON, SKOKIE, ILLINOIS, 60078			PHYSICIAN'S LICENSE NUMBER 036103953	

 APPROXIMATE  
INTERVAL BETWEEN  
ONSET AND DEATH

This is to certify that this is a true and correct copy from the official death record  
filed with the Illinois Department of Public Health.

*Catherine A. Counard, M.D., M.P.H.*

Catherine A. Counard, M.D., M.P.H.  
Local Registrar/Director of Health  
Skokie, Illinois

