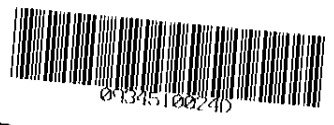


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CST 092387

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JOINT TENANCY AFFIDAVIT



Doc#: 0934510024 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 12/11/2009 09:54 AM Pg: 1 of 4

STATE OF ILLINOIS)
) SS
COUNTY OF COK)

HOWARD BERLAND, AS TRUSTEE ,
hereby referred to as the affiant, states under
oath that the affiant resides at
40 E. Cedar Street – Unit 18C

In the City of Chicago ,
State of Illinois ;
that the affiant was acquainted with
MARLENE D. BERLAND ,
the decedent; at the time of death, the
decedent was one of the owners of property,
by virtue of a properly recorded joint
tenancy deed, said property located in
Cook County, State of
Illinois , and legally
described as follows: SEE ATTACHED

The decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

The decedent died on May 7, 2000 , leaving no ~~X~~ last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 50,000.00 , and that the value of the above property individually was \$ 200,000.00 .

The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

The affiant makes this affidavit to induce City Suburban Title Services, (CST) to issue its policy of title insurance on the above described property.

C. J. 4

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JOINT TENANCY AFFIDAVIT

(continued)

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold CST harmless and to reimburse CST for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that CST may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of MARLENE D. BERLAND, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

Howard Berland, as trustee (Seal)

HOWARD BERLAND, NOT INDIVIDUALLY BUT (Seal)

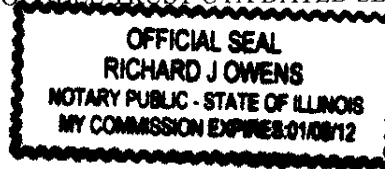
SOLELY AS TRUSTEE OF THE HOWARD BERLAND

Subscribed and sworn to before me this

23rd day of November, 2009

REVOCABLE TRUST UTA DATED SEPTEMBER 26, 1984

[Signature]
(Notary Public)



Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to CST for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

This instrument prepared by:
RICHARD OWENS [ATTORNEY]

Return to:

(Name)
6100 N. KILPATRICK AVENUE

(Address)
CHICAGO, IL 60646

(City, State, Zip)

(Name)

(Address)

(City, State, Zip)

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

October 21, 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 the 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.

David J. Orr
COUNTY CLERK

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS				STATE FILE NUMBER
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH				607425
Type or Print in PERMANENT INK See Funeral Directors, Hospital or Physicians Handbook for INSTRUCTIONS	DECEASED NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
	1. Harlene Berland		2. Female	3. May 7, 2000		
A.....	COUNTY OF DEATH	AGE - LAST BIRTHDAY (M/D/50)	UNDER 1 YEAR (M/D/50)	UNDER 1 DAY (HOURS/MIN)	DATE OF BIRTH (MONTH, DAY, YEAR)	
	4. Cook	5a. 58	5b.	5c.	5d. January 10, 1942	
B.....	CITY, TOWN, TWP. OR ROAD DISTRICT MAISER		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN OTHER CASE STREET AND NUMBER)			FLOOR OR INST. ROOM OR NO. OF FLOOR, RM. OR PATENT (SPECIFY)
	6a. Chicago		6b. Northwestern Memorial Hospital			6c. Emer Rm.
C.....	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, ANCESTRY, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)			WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
	7. St. Paul, MN	8a. Married	8b. Howard Berland			9. No
D.....	SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) (Elementary Secondary (1-12) College (13-16))	
	10. 468-46-2630	11a. Homemaker	11b. Own Home		12. 4 years	
E.....	RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY	
	13a. 1300 N. Lake Shore Drive		13b. Chicago	13c. Yes	13d. Cook	
PARENTS	STATE	ZIP CODE	RACE (NUMBER OF AMERICAN INDIAN OR ALASKA NATIVE SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY) NO/YES IF YES, SPECIFY CUBAN, MEXICAN, PORTO RICAN, etc.)		
	13e. Illinois	13f. 60610	14a. White	14b. No <input type="checkbox"/> YES SPECIFY:		
1.....	FATHER NAME FIRST MIDDLE LAST	MOTHER NAME FIRST MIDDLE (MAIDEN) LAST		16. Lillian Gantman		
	15. Morris Daniels		16. Lillian Gantman			
2.....	REPORTANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
	17a. Howard Berland	17b. Husband	17c. 1300 N. Lake Shore Dr., Chicago, IL 60610			
3.....	18. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heat failure. List only one cause on each line.					APPROXIMATE TIME OF DEATH (HOUR, MINUTE AND SECOND)
	IMMEDIATE CAUSE (Final Cause or condition resulting in death) (a) Arrhythmia DUE TO, OR AS A CONSEQUENCE OF (b) Dehydration DUE TO, OR AS A CONSEQUENCE OF (c) Diabetes					
CAUSE	PART II. <i>Other hospital conditions</i> contribute to death but not resulting from the underlying cause listed in PART I.					AUTOPSY (YES/NO)
						19a. No <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
4.....	DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION				IF FEMALE, WAS THERE A PREGNANCY IN PAST 12 MONTHS?
	20a.	20b.				20. YES <input type="checkbox"/> NO <input type="checkbox"/>
N.....	100% (DO NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON			WAS COPIONEER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		TIME OF DEATH
	21a. I did attend May 7, 2000			21b. Yes		21c. 9:15 A.M.
P.....	TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.					DATE SIGNED (MONTH, DAY, YEAR)
	22a. SIGNATURE <i>Caroline Nawara M.D.</i>					22b. 5/8/00
CERTIFIER	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)					ILLINOIS LICENSE NUMBER
	22c. Caroline Nawara, M.D., 251 E. Huron Chicago, IL 60611					22d. 036-081137
DISPOSITION	23. BURL, CREMATION, REBURY (SPECIFY)					NOTE: IF AN INMATE WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
	24a. Burial	CEMETERY OR CREMATORY NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)
24b. Memorial Park		24c. Skokie, Illinois	24d. May 9, 2000			
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP				
25a. The Piser Chapel 9200 N. Skokie Blvd., Skokie, Illinois 60077						
FUNERAL DIRECTOR'S SIGNATURE					FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
25b. Joshua H. Weil					25c. 034-014954	
LOCAL REGISTRAR'S SIGNATURE					DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
26a. Sheila Lynn RSM					26b. MAY 10 2000	

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UNIT NO. 27C AS DELINEATED ON THE SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE (HEREINAFTER REFERRED TO AS "PARCEL"):

THAT PART OF LOTS 4 TO 7 INCLUSIVE IN BLOCK 1 (EXCEPT THAT PART INCLUDED IN LAKE SHORE DRIVE AS NOW LOCATED), AND THAT PART OF LOTS 1 TO 4 INCLUSIVE IN BLOCK 2 AND THAT PART OF VACATED STONE STREET, LYING BETWEEN BLOCKS 1 AND 2 AFORESAID, ALL TAKEN AS A TRACT AND DESCRIBED AS FOLLOWS:

BEGINNING ON THE NORTH LINE OF SAID LOT 4 IN BLOCK 2 AT A POINT 102 FEET EAST OF THE WESTERLY LINE OF SAID BLOCK 2, THENCE EAST ON THE NORTH LINE OF SAID LOT 4 AND THE NORTH LINE OF SAID LOT 4 EXTENDED EAST APPROXIMATELY 132.25 FEET TO THE WESTERLY LINE OF LAKE SHORE DRIVE, THENCE SOUTHERLY ON THE WESTERLY LINE OF LAKE SHORE DRIVE 163.44 FEET TO THE NORTH LINE OF GOETHE STREET AND SOUTH LINE OF BLOCK 1 AFORESAID; THENCE WEST ON THE NORTH LINE OF EAST GOETHE STREET APPROXIMATELY 149.58 FEET TO A POINT 102 FEET EAST OF THE SOUTHWEST CORNER OF LOT 14 IN SAID BLOCK 2; THENCE NORTH ON A LINE PARALLEL TO AND 102 FEET EAST OF THE WESTERLY LINE OF LOTS 14 TO 11 INCLUSIVE OF SAID BLOCK 2 APPROXIMATELY 161.24 FEET TO THE POINT OF BEGINNING, ALL IN H.O. STONE'S SUBDIVISION OF ASTOR'S ADDITION TO CHICAGO IN THE NORTHWEST FRACTIONAL QUARTER OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION MADE BY LASALLE NATIONAL BANK, AS TRUSTEE UNDER TRUST NUMBER 45030 RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS AS DOCUMENT NUMBER 22501302; AMENDED BY DOCUMENT 22533525, AND AS MAY BE FURTHER AMENDED FROM TIME TO TIME, TOGETHER WITH IT UNDIVIDED PERCENT INTEREST IN THE COMMON ELEMENTS AS SET FORTH IN SAID DECLARATION, ALL IN COOK COUNTY, ILLINOIS.

PERMANENT TAX NUMBER: 17-03-108-016-1098

1300 N. Lake Shore Drive

Unit 27C

Chicago, IL 60610