UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

DECEMBED SOUTH TERMINOT INTIDITY	Doc#: 1006144045 Fee: \$40.25
STATE OF ILLINOIS)) SS	Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds
COUNTY OF COOK)	Date: 03/02/2010 02:29 PM Pg: 1 of 2
Sadie Ruff, being first duly sworn on oath, states that she resides at 1018 Pitner Avenue, Evanston, Illinois 60202.	
That she is the daughter of Herman Ruff, Sr., ("the deceased"), who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as follows:	
All of Lot 9, North half of Lot 10, in Block 4 in Thomas P. Grey's Main Street addition to Evanston, a Subdivision of the West one-t'ard of the South half of the Northwest quarter of Section 24, Township 41 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as 1018 Pitner., Evanston, IL 60202 PIN: 10-24-133-033-0000	
That the deceased died 6/12/1992, as evidenced by a certified copy of Dea (select one of one following)	ath Certificate attached hereto.
1. That the deceased died leaving a Last Will and Testament which Box in the Circuit Court of Cook County, Illinois, on or about	n as filed in the Unproven Will
2. That the deceased died leaving a Last Will and Test ment which original of the unproven will should be filed with the Clerk of the Court of Cook County, Illinois.	
That the deceased died leaving no Last Will and Testament.	74,
That the gross estate of the deceased at the time of death, as defined by the 1986, as amended, does not exceed the sum of \$1,000,000.00	in the first
Subscribed and sworn to before me this day of hard and sworn to before me this day OFFICIAL SEAL MARY L ZINIEL SOTARY PUBLIC - STATE OF ILLIN LAY COMMISSION EXPIRES: 12/19	ois S Jell
THIS INSTRUMENT PREPARED BY: SEND SUBSEQUENT TAX I RETURN TO:	BILLS TO:
Attorney Anastasia Xinos Sadie Ruff Law Offices of Rogers & Associates, LLC 1700 Park Street, Suite 102 Evanston, Illinois 60202	yes
Naperville, Illinois 6056 (630) 579-0635	So yel
most of the second seco	Book / V Complete

OFFICIAL DECEDENT'S BIRTH NO. REGISTRATION STATE FILE DISTRICT NO. NUMBER MEDICAL CERTIFICATE OF DEATH REGISTERED NUMBER DECEASED-NAME MIDDLE DATE OF DEATH (MONTH, DAY, YEAR) LAST SEX Type or Print in PERMANENT INK June 12, 1992 Ru Herman 2 See Funeral Directors. Hospital, or Physicians COUNTY OF DEATH UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) UNDER 1 YEAR Handbook for BIRTHDAY (YRS) MOS INSTRUCTIONS Cook 67 8, 1924 5b 5d Aug. IF HOSP, OR INST, INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY) CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Evanston Francis Hospital 6c. D.O.A. 6b. A BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES:NO) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **DECEASED** 8a Married Ermine Wright 7Warrenton, GA 9. SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 3945 11a. Chauffeur иьLivery 12. 4 CITY, TOWN, TWP, OR ROAD DISTRICT NO. RESIDENCE (STREET AND NUMBER) INSIDE CITY COUNTY YESANO) Cook Evanston 1018 Pitner Avenue 13b. 13c. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
14a,BLACK STATE ZIP CODE OF HISPANIC ORIGIN? (SPECIFY NOOR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, 800.) 13f.60202 IL ₹ NO ☐ YES SPECIFY: 13e 14h. FATHER-NAME MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST PARENTS Johnson Ruff Minnie Mae Roperi INFORMANT'S NAME (TYP RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F. D., CITY OR TOWN, STATE, ZIP) 1018 Pitner Avenue, Evanston, 60202 Ruff Wife Ermine 17a 18 PARTI Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or her it failure. List only one cause on each line. APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT Immediate Cause (Final disease or condition Carrorascular resulting in death) DUETO, ORAS, CONSEQUENCE OF CONDITIONS, IF ANY Atheroscieros, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSECUE! CF OF CAUSE STATING THE UNDERLYING CAUSE LAST. pertension PART II. Other signific AUTOPSY (YES/NO) 19a. Yes 19b. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION YES 🗌 20b 20c NCX J(DID (BID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO (MONTH, DAY, YEAR) HOUR OF DEATH mai 18,1757 21b. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE OTHE CAUSE(S) STATED. DATESIGNED (MONTH, DAY, YEAR) 100 92 13 22a. SIGNATURE > 22h CERTIFIER NAME AND ADDRESS OF CERTIFIEF (TYPE OF PRINT E winder IC LLINOIS LICENSE NUMBER Évanston 60201 Pita 2650 036-083859 22c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN (MONTH, DAY, YEAR) 24d June 17, 1992 Northbrook, IL 24a. Burial 246.Sunset Memorial 24c. FUNERAL HOME STREET AND NUMBER OF R.E.D. CITY OF TOWN 7IP DISPOSITION Evanston IL 60201 1917 Asbury Ave., Thompson Mortuary House of FUNERAL DIRECTOR'S SIGNATURE > FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 10181 LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26a. Illinois Department of Public Health-Division of Vital Records VR200 (Rev. 5/89) (BASED ON 1989 U.S. STANDARD CERTIFICATE) I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illino Vital Records Act.

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

VR-201 (1978)

DATE .

June 17, 1992

EVANSTON

OFFICE OF VITAL RECORDS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62761

SIGNED

"Illinois OFFICIAL TITLE

LOCAL REGISTRAR