

UNOFFICIAL COPY

DECEASED
JOINT TENANCY
AFFIDAVIT



Doc#: 1006422042 Fee: \$38.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 03/05/2010 11:50 AM Pg: 1 of 2

STATE OF ILLINOIS)
) ss.
COUNTY OF COOK)

Prashant Shah, being first duly sworn on oath states that he resides at 1807 Basswood Lane, in the Village of Mt. Prospect.

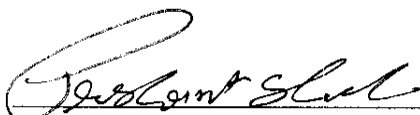
That he was acquainted with Rita Shah, deceased, who at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

That part of Lot 129 falling within the northeast 1/4 and the southeast 1/4 of Section 25, Township 42 North, Range 11 East of the Third Principal Meridian, in resubdivision of lots 1 to 121 inclusive in Forest Manor Unit No.1, being a subdivision in the southwest 1/4 and the southeast 1/4 of Section 25, Township 42 North, Range 11 East of the Third Principal Meridian, according to the plat of said resubdivision registered in the Office of the Registrar of Titles of Cook County, Illinois, on June 29, 1962, as Document No. 2041685.

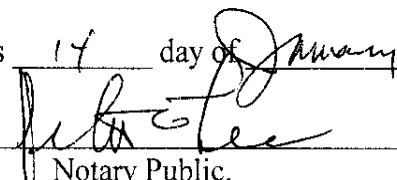
PIN: 03-25-305-016-0000.

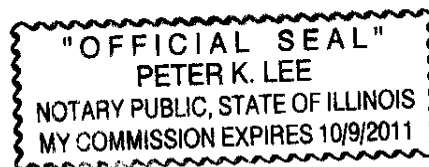
Address: 1807 Basswood Lane, Mount Prospect, IL 60056

That the deceased died November 21, 2009, as evidenced by a certified copy of death certificate of the deceased attached hereto.


Prashant Shah

SUBSCRIBED AND SWORN TO
before me by the said Prashant Shah

this 14 day of January, 2010

Notary Public.



Prepared by and mail to Jay Scott Nelson, 5757 N. Lincoln Ave., Ste 20, Chicago, IL 60659

UNOFFICIAL COPY

CERTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2009 0085302

DATE ISSUED 11/24/2009

DECEDENT'S LEGAL NAME RITA P SHAH				SEX FEMALE		DATE OF DEATH NOVEMBER 21, 2009				
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 51 YEARS		DATE OF BIRTH APRIL 06, 1958						
CITY OR TOWN GLENVIEW			HOSPITAL OR OTHER INSTITUTION NAME GLENBROOK HOSPITAL							
PLACE OF DEATH INPATIENT										
BIRTHPLACE INDIA		SOCIAL SECURITY NUMBER [REDACTED] 3543		MARITAL STATUS AT TIME OF DEATH MARRIED		SURVIVING SPOUSE'S NAME PRASHANT C SHAH				
RESIDENCE 1807 BASSWOOD LANE		APT. NO.		CITY OR TOWN MT PROSPECT		EVER IN U.S. ARMED FORCES? NO				
COUNTY COOK		STATE IL		ZIP CODE 60056		FATHER'S NAME PURSHOTAM PATEL				
INFORMANT'S NAME PRASHANT C SHAH		RELATIONSHIP SPOUSE		MOTHER'S NAME PRIOR TO FIRST MARRIAGE SHANTABEN PATEL						
METHODOF DISPOSITION CREMATION		PLACE OF DISPOSITION BOHEMIAN NATIONAL CEMETERY (HERITAGE MEMORIAL CEMETERY)		LOCATION - CITY OR TOWN AND STATE CHICAGO, IL		DATE OF DISPOSITION NOVEMBER 25, 2009				
FUNERAL HOME VETERANS FUNERAL SERVICE, P.O. BOX 41, HINES, IL, 60141										
FUNERAL DIRECTOR'S NAME DAVID CARL PIMM				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015042						
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR NOVEMBER 24, 2009						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="width: 75%;"> CAUSE OF DEATH PART I. ANOXIC ENCEPHALOPATHY IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of): b. ACUTE RESPIRATORY FAILURE _____ Due to (or as a consequence of): c. ACUTE RENAL FAILURE _____ Due to (or as a consequence of): </td> <td style="width: 25%; text-align: center; vertical-align: middle;"> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 DAYS 2 DAYS 2 DAYS </td> </tr> </table>								CAUSE OF DEATH PART I. ANOXIC ENCEPHALOPATHY IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of): b. ACUTE RESPIRATORY FAILURE _____ Due to (or as a consequence of): c. ACUTE RENAL FAILURE _____ Due to (or as a consequence of):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 DAYS 2 DAYS 2 DAYS
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PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I UNCONTROLLED DIABETES				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 PREGNANT WITHIN LAST YEAR		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 NOVEMBER 21, 2009		WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED				
						TIME OF DEATH 07:24 PM				
CERTIFIER PHYSICIAN						DATE CERTIFIED NOVEMBER 23, 2009				
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MARIANNA TSARAN MD, 2101 SOUTH ARLINGTON HEIGHTS ROAD, ARLINGTON HEIGHTS, ILLINOIS, 60005						PHYSICIAN'S LICENSE NUMBER 036-111065				



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

David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE