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RECORDER OF DEEDS

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Instrument Prepared by:

HARISH S. BODIWALA

372 WILLOWTREE CT
HOFFMANESTATES, IL 60164

Deceased Joint Tenancy Affidavit



Doc#: 1009755091 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 04/07/2010 04:13 PM Pg: 1 of 3

HARISH S BODIWALA

being duly sworn states that HELI resides at 372 WILLOWTREE CT
in the City of HOFFMANESTATES

That I was acquainted with SHRUTIKA H. BODIWALA deceased who, at the time of
death, was one of the owners of the land in COOK County, Illinois, described as:

ATTACH LEGAL DESCRIPTION

That the deceased died NOV. 4, 2006, as evidenced by a certified copy of
death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of _____ dollars.

Affiant makes this affidavit for the purpose of transferring title for the above described real property from the deceased joint owner to the surviving joint tenant(s).

Subscribed and sworn to before me by the said

"OFFICIAL SEAL"
Christopher L. Auer
Notary Public, State of Illinois
Cook County
My Commission Expires Dec. 19, 2012

this 7th day of April, A.D. 2010

OFFICIAL SEAL
Christopher L. Auer
Notary Public, State of Illinois
Cook County
My Commission Expires Dec. 19, 2012

Harish S. Bodiwala
(Affiant's Signature)

DISTRICT NO. **19.10** STATE OF ILLINOIS
REGISTERED NUMBER
MEDICAL CERTIFICATE OF DEATH
STATE FILE NUMBER
615415

DECEASED-NAME **Bhrutika** FIRST MIDDLE LAST
Bodiwala SEX **Female** DATE OF DEATH (MONTH, DAY, YEAR)
November 04, 2006

1. COUNTY OF DEATH **Chicago** AGE-LAST BIRTHDAY (YRS) **52** UNDER 1 YEAR MOS DAYS UNDER 1 DAY HOURS MIN DATE OF BIRTH (MONTH, DAY, YEAR)
April 23, 1954

4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Chicago** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **University of Illinois Hospital** IF HOSP. OR INST. INDICATE D.O.A. OPERMER, RM, INPATIENT (SPECIFY) **Inpatient**

6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **INDIA** 6b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **MARRIED** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **HARISH BODIWALA** WAS DECEASED VERMILUS ARMED FORCES? (YES/NO) **No**

7. SOCIAL SECURITY NUMBER **333-72-2224** 8b. KIND OF BUSINESS OR INDUSTRY **HOENHARER** EDUCATION (SPECIFY HIGHEST GRADE COMPLETED) **College (12 or 13)**

10. RESIDENCE (STREET AND NUMBER) **372 Willow Tree Ct.** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **Hoffman Estates** INSIDE CITY (YES/NO) **Yes** COUNTY **Cook**

13. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **INDIAN** 14b. OF HISPANIC ORIGIN? (SPECIFY) NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PORTO RICAN, etc.) **No**

15. DECEASED'S NAME (TYPE OR PRINT) **Carol Butler** RELATIONSHIP **Hospital** MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY, OR TOWN, STATE, ZIP) **Records, 1740 W. Taylor, Chgo., IL 60612**

17. IMMEDIATE CAUSE (Final disease or condition resulting in death) **Hemorrhagic Shock** (a) DUE TO, OR AS A CONSEQUENCE OF
Disseminated Intravascular Coagulopathy (b) DUE TO, OR AS A CONSEQUENCE OF
(c)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
DATE OF OPERATION, IF ANY **20b.** MAJOR FINDINGS OF OPERATION

18. (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON **November 04, 2006** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **YES** HOUR OF DEATH **1:25 P.M.**

22a. SIGNATURE **David Schwartz, MD.** NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **Dept. of Medicine**

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER **David Schwartz, MD., 1740 W. Taylor, Chgo., 111 60612**

23. BURIAL CREATION, REMOVAL (SPECIFY) **CEMETERY OR CREMATORY-NAME** LOCATION **Chicago** CITY OR TOWN **Illinois** STATE **Illinois** DATE (MONTH, DAY, YEAR) **11/07/2006**

24a. CEHATION **BOHEMIAN NATIONAL** 24b. NAME **Chicago** CITY OR TOWN **Illinois** STATE **Illinois** DATE (MONTH, DAY, YEAR) **11/07/2006**

25a. FUNERAL DIRECTOR'S SIGNATURE **CAUGA EUNEBAS** 3100 IRVING PARK RD. CHICAGO ILLINOIS 60618

25b. LOCAL REGISTRAR'S SIGNATURE **Sherry Mason M.D.** DATE FILED BY **NOV 07 2006**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
NOV 07 2006

SHERRY MASON 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, STILL BIRTHS 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.



NOV 07 2006
615415

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

UNOFFICIAL COPY

NO 39591367

COOK &

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LEGAL DESCRIPTION,

LOT 9 IN BLOCK 3 IN HOFFMAN ESTATES I, BEING A SUBDIVISION OF THAT PART OF THE WEST $\frac{1}{2}$ OF THE NORTHWEST $\frac{1}{4}$ AND THAT PART OF THE NORTHWEST $\frac{1}{4}$ OF THE SOUTHWEST $\frac{1}{4}$ OF SECTION 14, TOWNSHIP 41 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF HIGGINS ROAD TOGETHER WITH THAT PART OF THE NORTHEAST $\frac{1}{4}$ OF SECTION 15, TOWNSHIP 41 NORTH RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN LYING NORTH OF THE HIGGINS ROAD ACCORDING TO THE ~~PLAT~~ ~~PLAT~~ PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTERAR OF TITLES OF COOK COUNTY, ILLINOIS, ON AUGUST 5, 1955, AS DOCUMENTS NO. LR1612242, IN COOK COUNTY, ILLINOIS.

PERMANENT INDEX NO. 07-15-202-009