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Doc#: 1010540107 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 04/15/2010 12:06 PM Pg: 1 of 4

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DECEASED JOINT TENANCY AFFIDAVIT

Property of Cook County Clerk's Office

Prepared by and mail to:

Neil Zweiban, Attorney at Law
3295 N. Arlington Heights Rd. #113
Arlington Heights, IL 60004

1010540107

~~4/15/2010~~

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

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UNOFFICIAL COPY**DECEASED JOINT TENANCY AFFIDAVIT**

State of Illinois)
) SS.
 County of Cook)

Michael A. North hereinafter called Affiant(s) being duly sworn states that he/she/they resides at: 9331 Landings Lane, Unit 201, Des Plaines, Illinois 60016. That Affiant(s) was acquainted with Pauline North (mother of Michael A. North) hereinafter referred to as "Deceased" or "Decedent", and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

9331 LANDINGS LANE, UNIT 201
 DES PLAINES, ILLINOIS 60016 (the "Premises")
 PIN # 09-15-307-133-1001

LEGAL DESCRIPTION**PARCEL 1:**

UNIT NO. 201 OF THE LANDINGS CONDOMINIUM PARCEL NO. 9, AS DELINEATED ON SURVEY OF PART OF THE SOUTHEAST ¼ OF THE SOUTHWEST ¼ AND PART OF THE NORTHEAST ¼ OF THE SOUTHWEST 1/4 OF SECTION 15, TOWNSHIP 41 NORTH, RANGE 12 EAST OF THE 3RD PRINCIPAL MERIDIAN, WHICH SURVEY IS ATTACHED TO DECLARATION RECORDED AS DOCUMENT NUMBER 22723695 TOGETHER WITH AN UNDIVIDED 3.1112 PERCENTAGE INTEREST IN SAID PROPERTY (EXCEPT THE PROPERTY AND SPACE THEREOF WHICH COMPRISE THE UNIT AS SET FORTH IN SAID DECLARATION AND SURVEY).

PARCEL 2:

EASEMENT APPURTENANT FOR INGRESS AND EGRESS FOR THE BENEFIT OF PARCEL 1, AS SET FORTH IN DECLARATION RECORDED SEPTEMBER 18, 1972 AS DOCUMENT NUMBER 22053833 AND AS CREATED BY DEED FROM MIDWEST BANK AND TRUST COMPANY, AS TRUSTEE UNDER TRUST AGREEMENT DATED MAY 1, 1973 AND KNOWN AS TRUST NUMBER 73051051 TO STANLEY R. REINER AND CATHERINE M. HENRY AND RECORDED JUNE 28, 1976 AS DOCUMENT NUMBER 23526367, IN COOK COUNTY, ILLINOIS.

That the Deceased died on December 2, 2008, as evidenced by a copy of Deceased's death certificate attached hereto.


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That the Deceased, at the time of his/her death, held his/her share of the above-mentioned property as a joint tenant and that the Deceased died leaving no last will & testament.

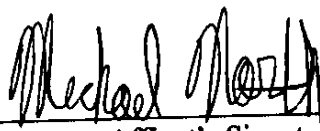
That the total value of the estate of the Deceased, for estate tax purposes, including both real and personal property owned by the Deceased either individually or in joint tenancy at the time of the death of the Deceased, does not exceed the sum of \$100,000, and that no taxes or debts are due in regard to the Deceased .

Affiant makes this affidavit for the purpose of inducing Attorneys Title Guaranty Fund to issue a title insurance policy in connection with the Premises.

Subscribed and sworn before me
this 24th day of March, 2010 .



Notary Public



Affiant's Signature
Michael A. North

Property of Cook County Clerk's Office

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STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0		STATE FILE NUMBER	
LOCAL FILE NUMBER		2. SEX Female	
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) Pauline Jeanette North		3. DATE OF DEATH (Month/Day/Year) (Spell Month) December 2, 2008	
4. COUNTY OF DEATH Cook	5a. AGE AT LAST BIRTHDAY (Years) 87	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____
7a. CITY OR TOWN Arlington Heights		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) Northwest Community Hospital	
7c. PLACE OF DEATH (Check only one; see instructions)			
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____	
8. BIRTHPLACE (City and State or Foreign Country) Chicago, IL	9. SOCIAL SECURITY NUMBER	10. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) 12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13a. RESIDENCE (Street and Number) 9331 Landings		13b. APT. NO. 201	13c. CITY OR TOWN Des Plaines
13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14. FATHER'S NAME (First, Middle, Last) Morris Morgan		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Lillian Rose
16a. INFORMANT'S NAME Michael North	16b. RELATIONSHIP Son	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 9331 Landings #201, Des Plaines, IL 60016	
17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____	18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) Shalom Memorial Park	19. LOCATION - CITY, TOWN AND STATE Arlington Heights, Illinois	20. DATE OF DISPOSITION (Month/Day/Year) December 5, 2008
21a. FUNERAL HOME NAME Shalom Memorial Funeral Home	STREET AND NUMBER 1700 West 83rd Road	CITY OR TOWN Arlington Heights	STATE IL
21b. FUNERAL HOME ZIP 60004	21c. FUNERAL DIRECTOR'S SIGNATURE <i>William Rumberton</i>		21d. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-015385
22. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) DEC 05 2008	
CAUSE OF DEATH (See instructions and examples) 24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a demented mental disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH minutes
IMMEDIATE CAUSE (Final disease or condition resulting in death) → cardiac arrhythmias Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST coronary artery disease Due to (or as a consequence of): 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.			27. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			28. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	28. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months	29. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation	
30. DATE OF INJURY (Month/Day/Year)	31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	32. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)	
33. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code	
35. DESCRIBE HOW INJURY OCCURRED:			36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____
37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 12/1/08		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	39. DATE PRONOUNCED (Month/Day/Year) December 2, 2008
40. TIME OF DEATH 11:17 <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.	
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) Jules Marks, DO 201 E. Strong Avenue Wheeling IL 60090			43. PHYSICIAN'S LICENSE NUMBER 036-084408
44. TITLE OF CERTIFIER DO	45. DATE CERTIFIED (Month/Day/Year) 12/3/08	46. SIGNATURE OF CERTIFIER <i>Jules Marks</i>	

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

STATE OF ILLINOIS
(County of Cook)

DAVID ORR, County Clerk

DEC 05 2008

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 a 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 Orr
COUNTY CLERK