



Doc#: 1016213009 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 06/11/2010 11:41 AM Pg: 1 of 3

For Recorder's Use Only

**DECEASED JOINT
TENANCY AFFIDAVIT**

STATE OF ILLINOIS)
) ss
COUNTY OF COOK)

INGRID BERGSTROM, hereby referred to as the affiant, states under oath that the affiant resides at 5641 N Kilbourn Ave. in the City of Chicago and State of Illinois.

That the affiant was acquainted with **GOSTA BERGSTROM**, 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:

Parcel 1: UNIT 4950-3W, IN THE KIMBALL ARMS CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED PANEL OF REAL ESTATE:

LOTS 1, 2 AND 3 AND THE NORTH 9 FEET OF LOT 4 IN BLOCK 74 IN NORTHWEST LAND ASSOCIATION SUBDIVISION OF THE WEST ½ OF BLOCKS 22 AND 27 AND ALL OF BLOCKS 23, 24 AND 26 IN JACKSON'S SUBDIVISION OF THE SOUTHEAST 1/4 OF SECTION 11, TOWNSHIP 40 NORTH, RANGE 13, EACH OF THE THIRD PRINCIPAL MERIDIAN, WITH BLOCKS 1 AND 8 AND BLOCK2 (EXCEPT THE EAST 1 ACRE THEREOF) IN CLARK'S SUBDIVISION OF THE NORTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 14, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS AN EXHIBIT TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 0510339070, TOGETHER WITH SAID UNIT'S UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

Parcel 2. THE EXCLUSIVE RIGHT TO USE OF STORAGE SPACE NO. 18 AS A LIMITED COMMON ELEMENT AS DELINEATED ON THE SURVEY ATTACHED TO THE DECLARATION AFORESAID RECORDED AS DOCUMENT NUMBER 0510339070.

Permanent Real Estate Index Number: 13-11-419-029-1018
Address of real estate: 4950 N. KIMBALL 3W, CHICAGO IL 60625

UNOFFICIAL COPY

That the decedent died on MAY 10, 2008 as evidenced by a certified copy of death certificate of the decedent attached hereto.

That the decedent died with a last will and testament that will be filed with Clerk of the Circuit Court, Cook County, Illinois, but which is not subject to probate.

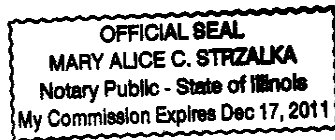
That the total value of the estate of the decedent, including all real and personal property owned by the individual which would be includible for federal estate tax purposes, was less than the federal estate tax and state estate tax exemptions, and no estate tax was due.

Dated this 1st day of June, 2010.

Ingrid Bergstrom (SEAL)
Ingrid Bergstrom

Subscribed and sworn to before me by the said Ingrid Bergstrom on this 1st day of June, 2010.

Mary Alice C. Strzalka
Notary Public



This instrument prepared by: Mary Alice C. Strzalka, J.C., 5507 N. Cumberland Ave., Ste 409, Chicago IL 60656

Return to: Mary Alice C. Strzalka, J.C., 5507 N. Cumberland Ave., Ste 409, Chicago IL 60656

UNOFFICIAL COPY

REGISTRATION DISTRICT NO. **16.10**

STATE OF ILLINOIS CERTIFICATE OF DEATH

LOCAL FILE NUMBER **66375**

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) Gosta A. Bergstrom		2. SEX male	3. DATE OF DEATH (Month/Day/Year) (Spell Month) May 10, 2008
4. COUNTY OF DEATH Cook	5a. AGE AT LAST BIRTHDAY (Years) 89	5b. UNDER 1 YEAR Months _____ Days _____	5c. UNDER 1 DAY Hours _____ Minutes _____
6. DATE OF BIRTH (Month/Day/Year) May 29, 1918		7a. CITY OR TOWN Chicago	
7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) 5641 N. Kilbourn		7c. PLACE OF DEATH (Check only one; see instructions) <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____	

8. BIRTHPLACE (City and State or Foreign Country) Sweden	9. SOCIAL SECURITY NUMBER [REDACTED]-4549	10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input 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) Ingrid Westerholm	12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13a. RESIDENCE (Street and Number) 5641 N. Kilbourn	13b. APT. NO. Chicago	13c. CITY OR TOWN Chicago	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

13e. COUNTY Cook	13f. STATE IL	13g. ZIP CODE 60646	14. FATHER'S NAME (First, Middle, Last) Johan Bergstrom	15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Alma Nilsson
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16a. INFORMANT'S NAME Ingrid Bergstrom	16b. RELATIONSHIP wife	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 5641 N. Kilbourn, Chicago, IL 60646		
17. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" 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) Monrose Cemetary	19. LOCATION - CITY, TOWN AND STATE Chicago, Illinois	20. DATE OF DISPOSITION (Month/Day/Year) May 12, 2008	
21a. FUNERAL HOME NAME Nelson Funeral Homes, Inc.		21b. FUNERAL HOME STREET AND NUMBER 5149 N. Ashland Ave., Chicago, Illinois 60640		

22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>	23. DATE FILED BY LOCAL REGISTRAR (Month/Day/Year) May 12 2008
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24. PART I. CAUSE OF DEATH (See instructions and examples) 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 dementia related 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
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Chronic obstructive lung disease Due to (or as a consequence of):		hrs
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 b. Coronary Artery Disease Due to (or as a consequence of):		hrs
c. _____ 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.		25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input 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 checked="" 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 type="checkbox"/> No
34. LOCATION OF INJURY - Street and Number		Apartment Number	City or Town
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 AND LAST SAW HIM/HER ALIVE ON 3/12/08	38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	39. DATE PRONOUNCED (Month/Day/Year) May 10, 2008	40. TIME OF DEATH 8:30 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
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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.			
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42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) Brij Malani MD 2332 W Foster Ave			43. PHYSICIAN'S LICENSE NUMBER 036-052869
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44. TITLE OF CERTIFIER MD	45. DATE CERTIFIED (Month/Day/Year)	46. SIGNATURE OF CERTIFIER <i>[Signature]</i>
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ALL 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.

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN
REPRODUCED SEAL IS AWAY FROM OWNER
REPRODUCERS SIGNATURE

[Signature]

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
MAY 12 2008