

# UNOFFICIAL COPY



Doc#: 1022449034 Fee: \$38.00  
Eugene "Gene" Moore RHSP Fee:\$10.00  
Cook County Recorder of Deeds  
Date: 08/12/2010 02:50 PM Pg: 1 of 2

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS        )  
                                          ) SS.  
COUNTY OF COOK        )

**Alice N. Kaldani** being duly sworn states that she resides at 7107 W. Emerson Avenue, in the Village of Morton Grove, State of Illinois.

That she was married to **Lenard B. Kaldani**, deceased, who, at the time of his death, was one of the owners in the land in Cook County, Illinois, described as:

**Lot 30 in Sixth Addition to Mills Park Estates being Mills and Sons Subdivision in Section 18, Township 41 North, Range 13, East of the Third Principal Meridian in Cook County, Illinois.**

Permanent Real Estate Index Number: 10-18-118-003-0000

Address of Real Estate: 7107 W. Emerson Avenue, Morton Grove, Illinois 60053

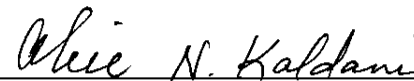
That the deceased died November 27, 2007, as evidenced by a certified copy of death certificate of the deceased attached hereto.

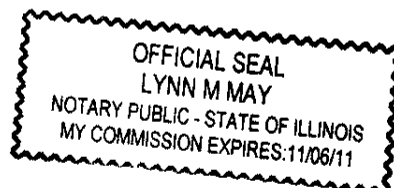
That the deceased died:

- Leaving no Last Will and Testament.
- Leaving a Last Will and Testament. The original of the unproven will should be filed with the Clerk of the Probated Division of the Circuit Court of \* County, Illinois.
- Leaving a Last Will and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois, on December 5, 2008.

Subscribed and Sworn to before me this 14<sup>th</sup> day of July, 2010.

  
\_\_\_\_\_  
Notary Public

  
\_\_\_\_\_  
**Alice N. Kaldani, Affiant**



# UNOFFICIAL COPY

STATE OF ILLINOIS)  
County of Cook)

NOV 30 2007

DAVID ORR, County Clerk

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

<b>DECEDENT'S BIRTH NO.</b>	REGISTRATION DISTRICT NO. <b>10.0</b>	<b>STATE OF ILLINOIS</b>		STATE FILE NUMBER
	REGISTERED NUMBER	<b>MEDICAL CERTIFICATE OF DEATH</b>		
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS  A. #56 PER FD.  B. DECEASED  C. D. E.  F. CAUSE  G. CERTIFIER  H. DISPOSITION	1. DECEASED-NAME FIRST MIDDLE LAST <b>Lenard Kaldani</b>		2. SEX <b>Male</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>November 27, 2007</b>
	4. COUNTY OF DEATH <b>Cook</b>		AGE-LAST BIRTHDAY (YRS) 5a. <b>73</b>	DATE OF BIRTH (MONTH, DAY, YEAR) 5b. <b>May 20, 1934</b>
	6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER <b>Park Ridge</b>		6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>Lutheran General Hospital</b>	
	7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Iran</b>		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>	8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>Nayerelt Alice Assadi</b>
	10. SOCIAL SECURITY NUMBER <b>-6236</b>		11a. USUAL OCCUPATION <b>Engineer</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>Electronics</b>
	13a. RESIDENCE (STREET AND NUMBER) <b>7101 W Emerson St</b>		13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO. <b>Morton Grove</b>	13c. INSIDE CITY (YES/NO) <b>Yes</b>
	13e. STATE <b>IL</b>		13f. ZIP CODE <b>60053</b>	14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>White</b>
	15. FATHER-NAME FIRST MIDDLE LAST <b>Andrew Kaldani</b>		16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST <b>Dawisim Nisan</b>	
	17a. INFORMANT'S NAME (TYPE OR PRINT) <b>Alice Kaldani</b>		17b. RELATIONSHIP <b>Wife</b>	17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>7101 W Emerson Morton Grove IL</b>
	18. PART I. Immediate Cause (Final disease or condition resulting in death) <b>(a) Hypoxic Encephalopathy</b> <b>(b) Congestive Cardiomyopathy</b>		18. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. <b>Chronic Renal Insufficiency</b>	
19a. DATE OF OPERATION, IF ANY		19b. MAJOR FINDINGS OF OPERATION		
20a. (I DID/DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON <b>27 NOV. 2007</b>		20b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>NO</b>		
21a. SIGNATURE <i>Charles Kanakis, Jr.</i>		21b. HOUR OF DEATH <b>11:59 P.M.</b>		
22a. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>Charles Kanakis, Jr., MD 1875 Dempster St. Park Ridge</b>		22b. DATE SIGNED (MONTH, DAY, YEAR) <b>28 NOV 2007</b>		
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		22d. ILLINOIS LICENSE NUMBER <b>036043311</b>		
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		23. CEMETERY OR CREMATORY-NAME <b>Elmwood Cemetery</b>		
24a. FUNERAL HOME NAME <b>Christian Funeral Home</b>		24b. LOCATION CITY OR TOWN STATE <b>River Grove IL</b>		
25a. FUNERAL DIRECTOR'S SIGNATURE <i>J. Leslie Bale</i>		25b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-11404</b>		
26a. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>NOV 30 2007</b>		