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Prepared by and when recorded return to:

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Doc#: 1030810070 Fee: \$38.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 11/04/2010 04:07 PM Pg: 1 of 2

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

ss.

COUNTY OF COOK

I, Fredric S. Freeark, being duly sworn, states that he resides at 5455 N. Sheridan Road, Unit 803, Chicago, Illinois 60640. That he was acquainted with Robert James Freeark, deceased who, at the time of death, was one of the owners of the land in Cook County, Illinois, described as:

UNIT 803 IN THE 5455 EDGEWATER PLAZA CONDOMINIUM, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: PART OF THE SOUTH 242 FEET OF THE NORTH 875 FEET OF THE EAST FRACTIONAL 1/2 OF THE NORTHEAST 1/4 OF SECTION 8, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ADDRESS OF REAL ESTATE: 5455 N. Sheridan Road, Unit 803, Chicago, IL
P.L.N.(s): 14-08-203-016-1064

That the deceased died December 12, 2006, as evidenced by a copy of the 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, State of _____
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, State of Illinois, on March 19, 2007.

Subscribed and sworn to before me by the said

FREDRIC S FREEARK

This 12th day of MAY, A.D. 2010

[Signature]
Notary Public
Anne S. Luthi
State of Illinois
My Commission Expires 11/17/2011

[Signature]
Fredric S. Freeark

STATE OF CALIFORNIA UNOFFICIAL COPY CERTIFICATE OF VITAL RECORD

COUNTY OF SAN DIEGO GREGORY J. SMITH ASSESSOR/RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

3200637018502

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
ROBERT		FREEARK	
2. MIDDLE		4. DATE OF BIRTH	
JAMES		05/14/1927	
5. AGE Yrs.		7. DATE OF DEATH	
79		12/12/2006	
6. SEX		8. HOUR (24 Hours)	
M		2315	
9. BIRTH STATE/FOREIGN COUNTRY		11. EVER IN U.S. ARMED FORCES?	
ILLINOIS		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UMC	
10. SOCIAL SECURITY NUMBER		12. MARITAL STATUS (at time of death)	
4248		MARRIED	
13. EDUCATION - Highest Level/Degree (Last completed or held)		14. DECEDENT'S RACE - Use in 3 places may be based (see instructions on back)	
DOCTORATE		<input checked="" type="checkbox"/> CAUCASIAN	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED.		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.)	
ACADEMIC SURGEON		PRIVATE HOSPITAL	
17. USUAL RESIDENCE (Street and number or P.O. box)		18. YEARS IN OCCUPATION	
204 FAIRBANK ROAD		55	
19. CITY		20. COUNTY/STATE	
RIVERSIDE		COOK	
21. ZIP CODE		22. YEARS IN COUNTY	
60546		79	
23. STATE/FOREIGN COUNTRY		24. DECEASED'S HOME AND ADDRESS (Street and number, corner, P.O. box, care of, etc.)	
ILLINOIS		3525 DALEVIEW DRIVE, ANN ARBOR, MI 48105	
25. INFORMANTS - List relationship		26. LAST (Given/Middle)	
KRISTINE FREEARK, DAUGHTER		NELSON	
27. NAME OF SURVIVEE - FIRST		28. MIDDLE	
RUTH		LINNEA	
29. NAME OF SURVIVEE - FIRST		30. LAST	
RAY		FREEARK	
31. NAME OF SURVIVEE - FIRST		32. MIDDLE	
LIZETTE		H	
33. NAME OF SURVIVEE - FIRST		34. MIDDLE	
LIZETTE		STAUFFER	
35. DEPOSITARY DATE (month/year)		36. PLACE OF FINAL DISPOSITION	
12/14/2006		RESIDENCE OF RUTH FREEARK 304 FAIRBANK ROAD, RIVERSIDE, IL 60546	
37. SIGNATURE OF DEPOSITARY		38. SIGNATURE OF EXAMINER	
GR/RRS		NOT EMBALMED	
39. NAME OF FUNERAL ESTABLISHMENT		40. LICENSE NUMBER	
ACQU-CARE CREMATION CENTER		FD1528	
41. SIGNATURE OF LOCAL REGISTRAR		42. DATE (month/year)	
NANCY L BOWEN, MD		12/14/2006	
43. PLACE OF DEATH		44. HOSPITAL, SPECIFY ONE	
SCRIPPS MEMORIAL HOSPITAL, LA JOLLA		<input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> HOME <input type="checkbox"/> OTHER	
45. COUNTY		46. CITY	
SAN DIEGO		LA JOLLA	
47. STREET ADDRESS OF LOCATION WHERE FUNERAL SERVICE WAS HELD (if different from 43)		48. DATE (month/year)	
9888 GENESEE AVENUE		12/13/2006	
49. CAUSE OF DEATH		50. DEATH REFERRED TO CORONER?	
I442 I422 PNEUMONIA WITH SEPSIS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
51. UNDERLYING CAUSE (From I442, I422, or other applicable to death)		52. HOURS	
ACUTE RENAL INSUFFICIENCY		48 HRS	
53. UNDERLYING CAUSE (From I442, I422, or other applicable to death)		54. DAYS	
CHRONIC LIVER DISEASE		YEARS	
55. UNDERLYING CAUSE (From I442, I422, or other applicable to death)		56. YEARS	
HYPERTROPHY CARDIOMYOPATHY		YEARS	
57. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (If not included in the underlying cause given in 49)		58. IF FEMALE, PREGNANT IN LAST YEAR?	
I472 VENTRICULAR TACHYCARDIA; ANEMIA		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
59. HAD OPERATION PERFORMED FOR THIS CONDITION (If YES, list type of operation and date)		60. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UMC	
DEFIBRILLATOR IMPLANTATION 12/07/2006		61. SIGNATURE AND TITLE OF CERTIFIER	
95 MICHAEL JOSEPH PORTER M.D.		62. SIGNATURE AND TITLE OF PHYSICIAN	
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This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Diego County Recorder/Clerk.

G. J. Smith

March 23, 2007
Gregory J. Smith
Assessor/Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying date, seal and signature of the Recorder/County Clerk

