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Cook County Recorder of Deeds
Date: 11/04/2010 04:07 PM Pg: 1 of 2

Eileen Trost, Esq.
Freeborn & Peters LLP
311 South Wacker Drive
Suite 3000
Chicago, Illinois 60606

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

I, Frederic S. Freeark, being duly sworn states that he resides at 5455 N. Sheridan Road, Unit 803, Chicago, Illinois 60640. That he was acquainted with Ray Henry Freeark, Jr., 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.

Commonly known as: 5455 N. Sheridan Road, Unit 803, Chicago, IL
Permanent Index Number: 14-08-203-016-1064

That the deceased died August 12, 2000, as evidenced by a copy of the death certificate 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 _____

 X Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of St. Clair County, State of Illinois, on August 14, 2000.

Subscribed and sworn to before me

this 18th day of AUGUST, 2010

Notary Public

FREDRIC S. FREEARK

STATE OF CALIFORNIA UNOFFICIAL CERTIFICATE OF VITAL RECORDS

COUNTY OF SAN DIEGO

GREGORY J. SMITH
ASSESSOR/RECORDER/COUNTY CLERK

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)		LOCAL REGISTRATION NUMBER	
0782		3 200037 012512			
1. NAME OF DECEDENT—FIRST (GIVEN) RAY		2. MIDDLE HENRY		3. LAST (FAMILY) FREERARK JR	
4. DATE OF BIRTH MM/DD/CCYY 12/15/1925		5. AGE YRS. 74		6. SEX M	
7. DATE OF DEATH MM/DD/CCYY 08/12/2000		8. HOUR 0350			
9. DATE OF BIRTH		10. SOCIAL SECURITY NO. -1695		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 22			
14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER SELF-EMPLOYED	
17. OCCUPATION ATTORNEY		18. KIND OF BUSINESS LAW		19. YEARS IN OCCUPATION 42	
20. RESIDENCE (STREET AND NUMBER, OR LOCATION) 904 BRIAR HILL RD					
21. CITY BELLEVILLE		22. COUNTY SAINT CLAIR		23. ZIP CODE 62223	
24. YEAR IN COUNTY 50		25. STATE OR FOREIGN COUNTRY IL			
26. NAME, RELATIONSHIP ARLENE A. FREERARK - WIFE		27. MAILING ADDRESS (STREET AND NUMBER, CITY OR TOWN, STATE, ZIP) 904 BRIAR HILL RD, BELLEVILLE, IL 62223			
28. NAME OF SURVIVING SPOUSE—FIRST ARLENE		29. MIDDLE ANN		30. LAST WALDE	
31. NAME OF FATHER—FIRST RAY		32. MIDDLE HENRY		33. LAST FREERARK SR	
34. BIRTH STATE IL		35. NAME OF MOTHER—FIRST LIZETTE		36. MIDDLE STAUPE	
37. BIRTH STATE IA					
38. DATE MM/DD/CCYY 08/15/2000		39. PLACE OF FUNERAL SERVICE REX: ANDERSON & SONS, 904 BRIAR HILL RD, BELLEVILLE, IL 62223			
40. TYPE OF DISPOSITIONS CR/TR/RES		41. SIGNATURE OF EMBALMER NOT EMBALMED		42. LICENSE NO. -	
43. NAME OF FUNERAL HOME EL CAMINO PACIFIC BEACH		44. LICENSE NO. 7B-15		45. SIGNATURE OF LOCAL REGISTRAR <i>Gregory J. Smith</i>	
46. DATE MM/DD/CCYY 08/15/2000		47. LOCAL REGISTRAR 08/15/2000			
48. PLACE OF DEATH SCRIPPS GREEN HOSPITAL		49. TYPE OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> HOMICIDE <input type="checkbox"/> HUNGRY <input type="checkbox"/> OTHER		50. FACILITY OTHER THAN HOSPITAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
51. STREET ADDRESS, CITY AND NUMBER OR LOCATION 10666 N TORREY PINES RD		52. CITY LA JOLLA		53. STATE CA	
54. DEATH CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, D) CHRONIC LYMPHOCYTIC LEUKEMIA		55. INFERENTIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		56. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
57. IMMEDIATE CAUSE CHRONIC LYMPHOCYTIC LEUKEMIA		58. MQ 4 YRS		59. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
60. DUE TO (A) CHRONIC LYMPHOCYTIC LEUKEMIA		61. ALTOPTAY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		62. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
62. DUE TO (B)					
63. DUE TO (C)					
64. DUE TO (D)					
65. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107					
66. WAS OPERATION PERFORMED UNDER ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.					
67. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. 07/10/2000 08/11/2000		68. SIGNATURE AND TITLE OF REGISTRAR <i>Gregory J. Smith, M.D.</i>		69. LICENSE NO. A4295	
70. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP 10666 N TORREY PINES RD, LA JOLLA, CA 92037		71. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		72. INJURY DATE MM/DD/CCYY	
73. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> HOMICIDE <input type="checkbox"/> HUNGRY <input type="checkbox"/> OTHER		74. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		75. HOUR	
76. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		77. SIGNATURE OF CORONER OR DEPUTY CORONER		78. DATE MM/DD/CCYY	
79. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		80. FAX AUTH. # 2013373		81. CENSUS TRACT R1 Camino Mem - Benbough	
82. STATE REGISTRAR		83. COUNTY		84. CITY	

C911
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NOT A VALID IDENTITY DOCUMENT
TO ESTABLISH IDENTITY

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.

Gregory J. Smith

June 4, 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

