

UNOFFICIAL COPY

Prepared by & return to:
Thomas Hansen
422 N Northwest Highway, B5
Park Ridge, IL 60068



Doc#: 1102440188 Fee: \$38.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 01/24/2011 02:46 PM Pg: 1 of 2

STATE OF ILLINOIS

COUNTY OF COOK

AFFIDAVIT OF SURVIVING JOINT TENANT

David Weiner, being duly sworn for the purpose of recording transfer of the real estate described below, states:

1. That he resides at 2800 North Lake Shore Drive, 3507, Chicago, IL 60657;
2. That he was the son of Phyllis Weiner, who died on September 8, 2007, as evidenced by the attached copy of the death certificate
3. That the decedent was one of the owners of land legally described as follows:

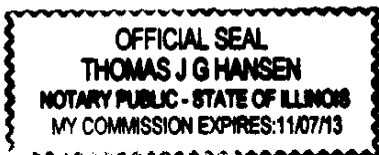
PARCEL 1: UNIT NO. 'C'-207 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN 9244 GROSS POINT TOWERS CONDOMINIUM, AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NO. 22965015, AS AMENDED FROM TIME TO TIME, IN THE NORTHEAST 1/4 OF SECTION 16, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2: EASEMENTS APPURTENANT TO AND FOR THE BENEFIT OF PARCEL 1 AS SET FORTH IN DECLARATION OF EASEMENTS RECORDED JANUARY 17, 1975 AS DOCUMENT NUMBER 22965914 AND AS CREATED BY DEED FROM AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO, AS TRUSTEE UNDER TRUST AGREEMENT DATED NOVEMBER 20, 1972 AND KNOWN AS TRUST NUMBER 77875 TO OSCAR KACSH AND ETIA KACSH, HIS WIFE RECORDED APRIL 25, 1975 AS DOCUMENT 23062077 FOR INGRESS AND EGRESS, ALL IN COOK COUNTY, ILLINOIS.

Permanent Index Number(s): 10-16-204-027-1017
Property Address: 9244 Gross Point Road, Unit 207
Skokie, IL 60077

David Weiner

I, the undersigned, a Notary Public in and for said county, in the State aforesaid, DO HEREBY CERTIFY that David Weiner, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said instrument as a free and voluntary act, for the uses and purposes therein set forth. Given under my hand and official seal, this 7 day of January 2011.


Notary Public

S	✓
P	2
S	N
SC	Y
NT	✓

100 W 11200044
1/3
Title Guaranty Fund, Inc.
100 Wacker Rd., STE 2400
Chicago, IL 60601
Title Search Department

UNOFFICIAL COPY

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **49.6**
REGISTERED NUMBER **1231**

DECEASED-NAME **Phyllis Weiner**
FIRST MIDDLE LAST
SEX **Female**
DATE OF BIRTH (MONTH, DAY, YEAR) **March 19, 1924**
DATE OF DEATH (MONTH, DAY, YEAR) **September 8, 2007**

Lake
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER
Vermon Hills
CITY, TOWN, TWP, OR ROAD DISTRICT NO.
145 Milwaukee Ave., #2028
NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
none
KIND OF BUSINESS OR INDUSTRY
Education
CITY, TOWN, TWP, OR ROAD DISTRICT NO.
Vermon Hills
CITY, TOWN, TWP, OR ROAD DISTRICT NO.

White
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.)
White
MOTHER-NAME FIRST MIDDLE LAST
Pearl Keller
MOTHER-NAME FIRST MIDDLE LAST
17c 1540 Grab Iree Lane Deerfield, IL 60015
MAILING ADDRESS (STREET AND NO. OR P.O., CITY OR TOWN, STATE, ZIP)

17b Daughter
RELATIONSHIP
Myocardial Infarction
IMMEDIATE CAUSE (Final disease or condition resulting in death)
hypertension
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
hypertensive epidem
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

200. MAJOR FINDINGS OF OPERATION
201. DATE OF OPERATION, IF ANY
202. DATE OF DEATH (MONTH, DAY, YEAR)
203. HOUR OF DEATH (MONTH, DAY, YEAR)
204. DATE SIGNED (MONTH, DAY, YEAR)
205. ILLINOIS LICENSE NUMBER

206. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)
207. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
208. NAME OF CEMETERY OR CREMATORY-NAME
209. STREET AND NUMBER OR R.F.D.
210. CITY OR TOWN
211. STATE

212. CEMETERY OR CREMATORY-NAME
213. STREET AND NUMBER OR R.F.D.
214. CITY OR TOWN
215. STATE
216. DATE OF BURIAL (MONTH, DAY, YEAR)
217. TIME OF BURIAL (MONTH, DAY, YEAR)
218. NAME OF FUNERAL HOME
219. CITY OR TOWN
220. STATE

221. NAME OF FUNERAL HOME
222. CITY OR TOWN
223. STATE
224. DATE OF DEATH (MONTH, DAY, YEAR)
225. TIME OF DEATH (MONTH, DAY, YEAR)
226. NAME OF CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)
227. DATE SIGNED (MONTH, DAY, YEAR)
228. ILLINOIS LICENSE NUMBER

229. NAME OF CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)
230. DATE SIGNED (MONTH, DAY, YEAR)
231. ILLINOIS LICENSE NUMBER
232. NAME OF CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)
233. DATE SIGNED (MONTH, DAY, YEAR)
234. ILLINOIS LICENSE NUMBER

235. NAME OF CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)
236. DATE SIGNED (MONTH, DAY, YEAR)
237. ILLINOIS LICENSE NUMBER
238. NAME OF CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)
239. DATE SIGNED (MONTH, DAY, YEAR)
240. ILLINOIS LICENSE NUMBER

241. NAME OF CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)
242. DATE SIGNED (MONTH, DAY, YEAR)
243. ILLINOIS LICENSE NUMBER
244. NAME OF CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)
245. DATE SIGNED (MONTH, DAY, YEAR)
246. ILLINOIS LICENSE NUMBER

STATE OF ILLINOIS
BUREAU OF STATISTICS-ILLINOIS DEPARTMENT OF PUBLIC HEALTH-SPRINGFIELD 62706
OFFICIAL TITLE REGISTRAR
SIGNED
DATE
The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH in Springfield. County Clerk and local Registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be considered as prima facie evidence of the facts therein stated.
VS 2018 (1968)
VR2700 (Rev. 5/88)