## **UNOFFICIAL COPY**

## DECEASED JOINT TENANCY AFFIDAVIT

JOHN MAREK , being duly sworn that he resides at 2120 Northgate Park Lane, Chatanooga, County of Hamilton, and State of Tennessee.

That he was acquainted with DIANE DAWSON MAREK, deceased, who, at the time of her death, was one of the owners of the land in the City of Chicago, County of Cook, State of Illinois, described as:



Doc#: 1108350007 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 03/24/2011 11:50 AM Pg: 1 of 3

RECORDER'S STAMP

SEE LEGAL DESCRIPTION ATTACHED HERETO AND INCORPORATED HEREIN

PIN: 14-33-206-046-1032

ADDRESS: 2130 Lincoln Park West, #17N, Chicago, IL 60614

Leaving no Last Will and Testament.

That the deceased died on August 19, 2010, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

<u>X</u>	Leaving a Last Will.	The original of the Will was the a with the Clerk of the
Probate	Division of the Circu	uit Court of Hamilton County, Tennessee.

Leaving a Last Will and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of \_\_\_\_\_\_\_, Par ois about

AFFIANT

Subscribed and sworn to before me by the said

this 15thday of Warch 201

Notary Public

MY COMMISSION EXPIRES: March 16, 2011

Prepared by and mail to:

Mr. Kim R. Denkewalter, Denkewalter & Angelo, 5215 Old Orchard Rd, Suite 1010, Skokie

STATE
OF
TENNESSEE
NOTARY
PUBLIC

1108350007 Page: 2 of 3

## **UNOFFICIAL COPY**

UNIT NUMBER N-17 AS DELINEATED ON THE SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE (ATREINAFTER REFERRED TO AS PARCEL): THE SOUTH 57.16 FEET (AS MEASURED ALONG THE EAST LINE THEREOF) OF THE FOLLOWING DESCRIBED TRACT, TO WIT:

LOTS 45 AND 46 IN ROBINSON SUPPLIVISION OF BLOCK 19, ALSO THE NORTH 18.16 FEET OF LOT 'A' (AS: MEASURED ALO: C THE EAST LINE THEREOF) IN SAID BLOCK 19 AS PER PLAT OF SAID LOT "A" RECOIDED MARCH 2, 1880 IN BOOK 14 OF PLATS, PAGE 99, IN CANAL TRUSTESS' SUBDIVISION IN SECTION 33, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. DIA CONTO OFFICE

EXHIBIT "A"

	##X XXX	<b>《《公本代刊》</b> 》		of Vital Re	经出土化				
	TYPE/PRINT	( Sharasi wa )	CERTIF	E DEPARTMENT OF COATE OF DE	HEALTH ATH	STATE !	FILE R		## (## )
September 1	PERMANENT BLACK INK FOR HISTRUCTIONS	t	D. Marek			Female	3. DATE OF	beath (Month ba) st 19, 20	110
ŕ	INSTRUCTIONS SEE HANDBOOK	4. SOCIAL SECURITY NUMBER of Company)	SH AGE LAST BO UN	DERI ) YEAR SC UND DAYS HOURS		6/10/1943	7. BIRTHPLA	CE (Chy and Same o	or Foreign Country)
	DECEDENT	1:   Yee 2' -0-!No	HORPTIAL Impations		CE OF DEATH COM	4 Nursing Home			
	23303	8 Close Family	on, give street and number)	9c CITY	nal Mount	ION OF DEATH	2 IV I Heeppe	ed. COUNTY OF	
	D	10. MARITAL STATUS-Married, Never Married, Wichwed Divorced (Specify)	11 SURVIVING SPOUS (# wife, gare meiden i	12a, DE	EDENTS USUAL O # kind of work done king life. Do mai use	CCUPATION sturing most of	12b. Ki	Hamilt OFBUSHESSA	
		Married	John Marek		Homema	aker		Own Home	
	5 111.00	Tennessee	Hamilton	Signal N	lountain	8 0	lose Fa	menon munation amily Roa	
	GENEUS TRACT	LIMITS?	(Specify Y	EDENT OF HISPANIC OF the or No-If yes, aparchy Cuba werso Ricers, etc.)	Yes O X No	15. RACE-American Inc Black, White, etc. (Specify)	Nen.	16. DECEDI (Specify only hig	ENT'S EDUCATION phast grade completed)
	OPCED	2 No 373	Specify #yes.			Whii THEAS NAME (FIN), MI	re i	12	y (0·12) College (1-4 or ) 2
	BA PARENTS	Charles	Dawson	196 RFLATIONS	#P70 100 141	Dorothy	Crume		
	INFURGANT		Marek	196 RELATIONSI DECEASED	8	Close Fami	lv Roac	i	<b>ш</b> г, Сйу ог Тамп,
	<del></del>	2001. METHO TOL JET OSTHON		PLACE OF DISPOSITIO	d   Si	gnal Mount	ain, Te	Onnessee	37377
		1 Burles 2 1 Cr /servs 4 Constion 5 Care Sper Sy	State	Chattanooga Crematory	Funeral and Flor	Home,	Chatt	T	P
	Disposition	214. SIGNATURE OF PURE, VAL DIR	ECTOR	215. LICENSE NUMBER C FUNERAL DIRECTOR	21c SICALATI	HE OF EMBALMER	GIALLA	anooga, 1	ENTIESSEE LICENSE NUMBER OF EMBALMEN
		► Robert K.	Schuader	4641	► No	Embalming 1	er form	ed	
		Chattanooga Fun	eral Lome Cr	ematory and	Florist	North Chape	22b.	LICENSE NUMBER	R OF FUNERAL HOME
	REDISTRAR	23. REGISTRARS SIGNATURE	way 153, !'ix	son, Tennes	see 3734.	3 24. DATE FILED TAN		414	
	NO 13 TAKE	25e. PHYSICIAN TO THE Deet of	Aacko 7	the date and place.	od due to the course	Bun		31,20	10
		1 SIGNATURE AND TITL	1.7	$\tau_{\circ}$	TO GOT IN THE CALDE	255. LICENSE NUM	BER	25c. DATE SIGN	NED (Month, Day, Year)
	CERTIFIER	284 MEDICAL EXAMINER - On the D	ess of examination and/or m	vestigation in my opinion,	death occurred at th	ve diste and place, and a	us to the caus	e(s) and manner as	stated.
		SIGNATURE AND TITUE	E OF MEDICAL EXAMINER			MD000001	BEA	26c. DATE SIGN	IED (Month, Day, Year)
	PHYSICIAN OF MEDICAL EXAMMER EXECUTING CERTIFICATE AULST COMPLETE AND SIGN MEDICAL CERTIFICATION	27. NAME AND ADDRESS OF CERTIF	ER PHYSICIAN OR MEDIC	12 Arminola	(A) a				27, 2010
	WITHIN 48 HOURS	James K. Metcal 28. PARTI. Enter the decesses, inc. arrest, shock, or heart	inies, or complications that ca milure. List only one cause or	used the death. Do not en each line	ter the mo a of Jyin	L Carlooga, g. such as cardiac or re	IN 374	06	Approximate Interval Between
	SEE THRYTHUCTIONS	MMEDIATE CAUSE (Final crease or condition resulting in death)	Multiple bl						Onset and Death
	ON OTHER SIDE	<b>-</b> -6	Fall			しケ			
	CAUSE OF	Sequentially list concidence, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inhated ments.)	DUE TO	OR AS A CONSEQUENCE	0f).	10			
	DEATS	that initiated events resulting in death) LAST	DUE TO (	OR AS A CONSEQUENCE	OF):				
	F	ART 8. Other asonificant conditions of	ontributing to death but not re	suiting in the underlying o	ausa grven in Part I.	254 W	SZN W DPS	Y 129b. WERE	AUTOPSV FINDINGS
						PE	RIFL VAN 1007	AVAILA COMPI OF DE	AUTOPSY FINDINGS VOLE PRIOR TO LETION OF CAUSE ATH?
	3	O. MANNER OF DEATH	31a. DATE OF INJURY	31b TIME OF  31			es 2[X]		2 No
		1 Natural 5 Pending	(Morah, Day, Yeer)	BUURY	Yes	K? 31d. DESCRIBE	HOW INJURY	OCC ARE,	
		2 Accident 3 X Suicide 6 Could not be	Aug. 19,201	S fearing term mires facto	2 X No	Deceden	t jumpe	d off bl	A. Or Town, State)
	(·	4 Homeoide	Home - P		8	Close Fam			
	PH-1669 (REV. 6/99)							THIND	-116 - 3 - 1 (V

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seg.. Vital Records Act of 1977.

Wanda Jackson

Teresa S. Hendricks STATE REGISTRAR Lecal Registrar **Hamilton County** 

Date Issued

出来の表現である。 CERTIFICATION OF VITAL RECORD