## UNOFFICIAL COPY

1108855031 Fee: \$40.25 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 03/29/2011 11:54 AM Pg: 1 of 2

AFFIDAVIT AS TO **TERMINATION OF JOINT** TENANCY

(One Tenant is Deceased)

STATE OF ILLINOIS ) SS

COUNTY OF COOK

Affiant, on oath, swears that the following statements are true:

My name is Edith Rose. I was a Grantee in a Warranty Deed dated October 8, 1992, recorded as document number 92-178354, with the Cook County Recorder's Office, in which Marvin Louis Rose and myself were conveyed title to interests in land described in the Warranty Deed as Joint Tenants.

== FOR RECORDER'S USE ONLY ====

Marvin Louis Rose, my fellow joint tenant died December 26, 2010. A copy of the original Death Certificate of Marvin Louis Rose is stroched to this Affidavit as evidence of that fact.

Affiant is the surviving joint tenant.

I now deem myself to be the sole owner of the property described in the Warranty Deed referenced above.

**Edith Rose** 

Subscribed and sworn to before me day of February 2011. this

Notary Public

U:\Estates-Probate\Rose, Edith\Terminate.Joint Tenancy.doc

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## SKOKIE HEALTH DEPARTMENT SKOKIE, ILLINOIS MEDICAL CERTIFICATE OF DEATH

TATE FILE NUMBER 2010 0	095039					ing star of such a	D.	ATE ISSUED	12/30/2010
DECEDENT'S LEGAL NAME MARVIN L ROSE						SEX MALE	DECEMB	хтн ER 26, 2010	
COUNTY OF DEATH		AGE AT LAS 87 YEA			JUNE	14, 1923		<u>Y</u>	
CITY OR TOWN SKOKIE				HOSPITAL OR OTH SKOKIE HOS		I NAME		12. <u>4</u> 13. 4	
PLACE OF DEATH EMERGENCY ROOM / C	DUTPATIENT								
BIRTHPLACE CHICAGO, IL	SOCIAL SECURI	TY NUMBER	MARITAL STAT	TUS AT TIME OF DEA	I	G SPOUSE'S NAM H BOBROW		EVER IN U. FORCES?	
RESIDENCE 4901 GOLF ROAD		<u> </u>	APT. N	7.0	Y OR TOWN KOKIE		e di aei	INSIDE CITY	LIMITS?
	TATE ZIP COD 60077		ERS NAME IBEN RESI	HEFSKY	:	MOTHER'S NA ROSE LI		IRST MARRIAGE	
INFORMANT'S NAME EDITH ROSE	0,	1	IONSHIP FE		MAILING ADDR 4901 GOLF	ESS ROAD UNIT 311	, SKOKIE, IL, (	60077	
METHOD OF DISPOSITION BURIAL	1 104 1 7 7 7	CE OF DISPOSI ALDHEIM J	7.17	METERY	LOCATION - CI FOREST I	TY OR TOWN AND PARK, IL		E OF DISPOSITION CEMBER 29,	
FUNERAL HOME CHICAGO JEWISH FUN	IERĂLS, 195 N I	BUFFALO C	ROVE RO	AD, BUFFALO G	ROVE, IL, 6	0089			-649 - 270-4 180 190 - 2800 - <u> </u>
FUNERAL DIRECTOR'S NAME PEGGIA LAKE					ji 41 41	FUNERAL DIRI 03401447		S LICENSE NUMI	BER
LOCAL REGISTRAR'S NAME  CATHERINE COUNAR	D		0/			<ul> <li>F1 22.5 1 22.5</li> </ul>	TH LOCAL REG ER 30, 2010	ISTRAR	
CAUSE OF DEATH PART  IMMEDIATE CAUSE (Final disease of condition resulting in death)	a CORONARY		Due to (	or as a louis office offi			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		WEEKS
	<b>c.</b> (1)			or as a consequence of):			NO NO		
PART II Enter other significant c	onditions contribution	ng to death but	not resulting in	the underlying cause	given in P∴r₹ s			Y PERFORMED?	<u> </u>
	and the second		- :					FINDINGS USED E OF DEATH?	
DID TOBACCO USE CONTRIBUT	E TO DEATH?	1000 100 100 100 1	GNANCY STAT	rus	ayaa wa		ANNER OF DEA	ine Talle	
DATE OF INJURY		TIME OF INJU	<u> </u>	PLACE OF INJURY			) //	INJURY	AT WORK?
LOCATION OF INJURY	- Hada Bala						6		
DESCRIBE HOW INJURY OCCU	RRED						IF TRANS	ZÖRTATIÖN INJ	ÙRY; SPECIFY.
ATTEND THE DECEASED? YES	DATE LAST SEEN OCTOBER 2			LEXAMINER OR DITACTED? YES		E PRONOUNCED		TIME OF 09:26	
CERTIFIER			. 41 g.					RTIFIED	2010

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

office a Count, MO, MPH

Catherine A. Counard, M.D., M.P.H. Local Registrar/Director of Health Skokie, Illinois



PHYSICIAN'S LICENSE NUMBER 036067244



NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

MICHAEL RAYMOND, 9701 KNOX AVENUE SUITE 102, SKOKIE, ILLINOIS, 60076