

# UNOFFICIAL COPY



Doc#: 117550027 Fee: \$38.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 06/24/2011 12:23 PM Pg: 1 of 2

## DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois )  
County of ) ss.  
Cook )

### PREPARED BY AND MAIL TO:

The Heartland Law Firm  
1545 North Waukegan Road  
Second Floor, Suite 2-9  
Glenview, Illinois 60025

ALVIN MICH, being duly sworn, states that he resides at 7625 Palma Lane, Morton Grove, Illinois 60053.

That he was acquainted with SHIRLEY F. MICH, deceased, who at the time of her death was one of the owners of the land in Cook County, Illinois, described as:

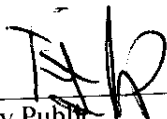
LOT 69 IN GLEN GROVE TERRACE, BEING A SUBDIVISION OF PART OF THE EAST 1/2 OF THE NORTH WEST 1/4 OF SECTION 13, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN MAINE TOWNSHIP.

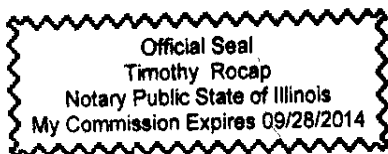
Permanent Index No.: 09-13-108-002-0000  
Property Address: 7625 Palma Lane, Morton Grove, Illinois 60053.

That the deceased died on September 23, 2003, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died intestate.

Subscribed and sworn to before me this  
20th day of June, 2011.

  
\_\_\_\_\_  
Notary Public





Alvin Mich  
By: Maureen Petrie, Property Power of Attorney

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SEP 25 2003

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr  
COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.0</b>		STATE OF ILLINOIS				STATE FILE NUMBER	
REGISTEED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>							
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1.		Shirley Frances Mich					2. Female	3. September 23, 2003	
COUNTY OF DEATH		AGE - LAST BIRTHDAY (MRS)		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)			
4. Cook		6a. 74		MO. DAYS	HOURS MIN.	5d. April 28, 1929			
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				IF HOSP. OR INST. INDICATE D.O.A., COVERED, INPATIENT (SPECIFY)			
6a. Park Ridge		6b. Luthern General Hospital				6c. D.O.A.			
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)			8. No		
7. Chicago, IL		8a. Married		8b. Alvin Mich			9. No		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)			
10. 359-18-4111		11a. Nurse		11b. Medical		12. 2			
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY			
13a. 7625 Palma Lane		13b. Morton Grove		13c. Yes		13d. Cook			
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)			
13e. IL		13f. 60053		14a. White		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
FATHER - NAME FIRST MIDDLE LAST		MOTHER - NAME FIRST MIDDLE LAST		18. Rose Lizar					
15. Max Eckstein		17b. Husband		17c. 7625 Palma Lane Morton Grove, IL 60053					
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)					
17a. Alvin Mich		17b. Husband		17c. 7625 Palma Lane Morton Grove, IL 60053					
18. PART I.		Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Immediate Cause (Final disease or condition resulting in death)		(a) Acute Cerebral Hemorrhage						4 hours	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (R) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF							
PART II. Other significant conditions contributing to death but not reporting in the underlying cause given in PART I.		(c) DUE TO, OR AS A CONSEQUENCE OF							
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH			
20a.		20b.		21b. Yes		21c. 11:30 a.m.			
(1)(D) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		9/11/03		21b. Yes		21c. 11:30 a.m.			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		22a. SIGNATURE		DATE SIGNED		22b. 9 25 03			
22a. SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER		22d. 36-32751			
22a. 9069 Kenton		SKORIE IL LEGAT E. ROSENBLUT		22d. 36-32751		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		23.		LOCATION		CITY OR TOWN		STATE	
23.		CEMETERY OR CREMATORY - NAME		24c. Arlington Heights, IL		24d. Sep 25, 2003			
24a. Burial		24b. Shalom Memorial Park		24c. Arlington Heights, IL		24d. Sep 25, 2003			
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN		STATE ZIP	
DISPOSITION		25a. Shalom Memorial Funerals 1700 West Rand Road Arlington Heights IL 60004		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		25c. 034-015385		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
FUNERAL DIRECTOR'S SIGNATURE		25b. William Pemberton		25c. 034-015385		25d. SEP 25 2003			
LOCAL REGISTRAR'S SIGNATURE		26a. David Orr		26b.		26c.			
26a. David Orr		26b.		26c.		26d.			