

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 1122434079 Fee: \$38.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/12/2011 01:10 PM Pg: 1 of 2

GWEN SOLOMON, being duly sworn, states that she resides at 1112 Castilian Court, in the City of Glenview, Illinois.

That she was acquainted with **JACK H. SOLOMON, deceased**, who, at the time of his death, was one of the owners of the land in Chicago, Cook County, Illinois, described as:

UNIT NUMBER C-117 IN GLENCOVE ESTATES CONDOMINIUM AS DELINEATED ON A SURVEY OF PART OF THE NORTH HALF OF SECTION 32, TOWNSHIP 42 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, WHICH SURVEY IS ATTACHED AS EXHIBIT "E" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NO. 95341019, AS AMENDED, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS.

PIN: 04-32-200-050-1065

COMMONLY KNOWN AS: 1112 CASTILIAN COURT, UNIT C-117, GLENVIEW, IL 60025

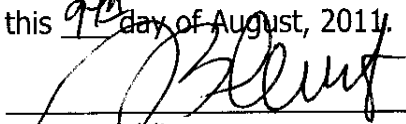
That the deceased died on July 14, 1998, as evidenced by a certified copy of death certificate of the deceased attached hereto.

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 the Probate Division of the Circuit Court of Cook County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois about August, 1998.

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of Six Hundred Thousand Dollars (\$600,000.00).

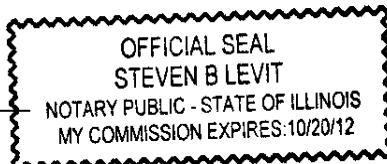
Subscribed and sworn to before me
this 9th day of August, 2011.



Notary Public



GWEN SOLOMON



UNOFFICIAL COPY

MEDICAL CERTIFICATE OF DEATH

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.02	REGISTERED NUMBER 879
DECEASED—NAME FIRST MIDDLE LAST		
1. Jack Herman Solomon		
SEX 2. Male		DATE OF DEATH (MONTH, DAY, YEAR) 3. July 14, 1998
COUNTY OF DEATH 4. Cook	AGE—LAST BIRTHDAY (YRS) 5a. 69	UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) 5d. July 11, 1929
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. Evanston		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. Alden Estates Nursing Home
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chicago, IL		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) 6c. Inpatient
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Gwen Doane
SOCIAL SECURITY NUMBER 10. 360-18-7409		USUAL OCCUPATION 11a. Accountant
KIND OF BUSINESS OR INDUSTRY 11b. Accounting		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 4
RESIDENCE (STREET AND NUMBER) 13a. 1112 Castillion Ct. #117		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. Glenview
STATE 13e. Illinois		INSIDE CITY (YES/NO) 13c. Yes
ZIP CODE 13f. 60025		COUNTY 13d. Cook
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:
FATHER—NAME FIRST MIDDLE LAST 15. Sam Solomon		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST 16. Jenny Grossman
INFORMANT'S NAME (TYPE OR PRINT) 17a. Gwen Solomon		RELATIONSHIP 17b. Wife
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 1112 Castillion Ct. #117 Glenview, IL 60025		
18. PART I. Enter the disease, 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.		
Immediate Cause (Final disease or condition resulting in death) (a) Metastatic Hepatocellular Ca		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Months
(b) Renal Failure		Months
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (c)		
PART II. Other significant conditions contributing to death but not resulting in the immediate cause given in PART I. Type II Diabetes Mellitus		AUTOPSY (YES/NO) 19a. No
DATE OF OPERATION, IF ANY 20a.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>
MAJOR FINDINGS OF OPERATION 20b.		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. No
(1) (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 21a. 7/19/98		HOUR OF DEATH 21c. 10:12 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 [Signature]		DATE SIGNED (MONTH, DAY, YEAR) 22b. 7/14/98
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. 9555 Gross Point Road, Skokie, IL		ILLINOIS LICENSE NUMBER 22d. 036-090071
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.		NOTE: IF AN NURSE/YAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Shalom Memorial Park	LOCATION CITY OR TOWN STATE 24c. Arlington Heights, IL
DATE (MONTH, DAY, YEAR) 24d. July 16, 1998		
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. The Piser Chapel 9200 N. Skokie Blvd. Skokie, Illinois 60077		
FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature] Joshua M. Weil		FUNERAL HOME OR ILLINOIS LICENSE NUMBER 25c. 034-014954
LOCAL REGISTRAR'S SIGNATURE 26a. [Signature]		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. July 15, 98

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named as item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE July 15, 1998 SIGNED [Signature] LOCAL REGISTRAR

AT EVANSTON, Illinois OFFICIAL TITLE LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks 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, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.