

# UNOFFICIAL COPY

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Doc#: 1128413010 Fee: \$42.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 10/11/2011 09:39 AM Pg: 1 of 4

**AFTER RECORDING,  
MAIL TO:**

RIVKIN & RIVKIN, LLC  
440 Milwaukee Ave., Suite 200  
Lincolnshire, IL 60069

This space is for RECORDER'S use only.

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
) SS  
COUNTY OF COOK )

The undersigned, BARBARA FROST, being duly sworn, states that she resides at 6612 N. Lightfoot Ave., in the City of Chicago, County of Cook, State of Illinois.

That BARBARA FROST was acquainted with FRANCES R. FROST, the deceased, who, at the time of her death, was one of the owners of the land in Cook County, Illinois, legally described as:

SEE ATTACHED EXHIBIT A

Address of Property: 300 S. Dee Road, Unit 2C, Park Ridge, Illinois 60068

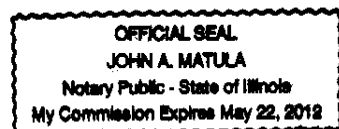
Permanent Index Number: 09-34-101-028-1012

That the deceased died on May 20, 2005, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

Barbara Frost  
BARBARA FROST

Subscribed and sworn to before me by the said BARBARA FROST as affiant this  
15 day of OCTOBER, 2011.

John A. Matula  
Notary Public



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## EXHIBIT A

Parcel 1- Unit 2-C as delineated on survey of the following described parcel of real estate: Lot 2 in Ferrara and La Cerra's Addition to Park Ridge being a subdivision of part of the North West ¼ of Section 34, Township 41 North, Range 12 East of the Third Principal Meridian, in Cook County, Illinois, which survey is attached as Exhibit "A" to Declaration of Condominium Ownership and of easements, restrictions and covenants for Chelsey Square Condominium Apartment South made by Chicago Title and Trust Company, an Illinois corporation, as Trustee under Trust Agreement dated October 10, 1970 and known as Trust Number 55692, recorded in the office of the Recorder of Deeds of Cook County, Illinois, as document No. 22363444; together with an undivided 5.8404 Per Cent interest as tenants in common in the common elements (the improvements except all the units therein and the real estate upon which they are erected as set forth in the Declaration of Condominium Ownership and the survey) in Cook County, Illinois.

Parcel 2 – Easement appurtenant for the benefit of Parcel 1 for parking purposes in and to parking spaces numbers 15 and 16 as defined and set forth in said Declaration and Survey, all in Cook County, Illinois.

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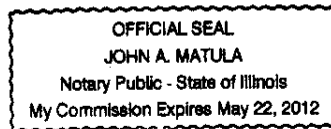
## STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated: OCT. 1, 2011

Signature: *Thomas M. Frost, Jr.*  
THOMAS M. FROST, JR.,  
Independent Exscutor

SUBSCRIBED AND SWORN TO BEFORE  
ME BY THE SAID THOMAS M. FROST, JR.  
THIS 1ST DAY OF OCTOBER, 2011



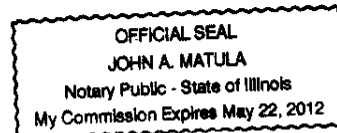
Notary Public: *John A. Matula*

The grantee or her agent affirms and verifies that the name of the grantee shown on the deed is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated: OCT. 1, 2011

Signature: *Barbara Frost*  
BARBARA FROST

SUBSCRIBED AND SWORN TO BEFORE  
ME BY THE SAID BARBARA FROST  
THIS 1ST DAY OF OCTOBER, 2011



Notary Public: *John A. Matula*

Note: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

[Attach to deed or ABI to be recorded in Cook County, Illinois, if exempt under provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.]

STATE OF ILLINOIS  
County of Cook)

# UNOFFICIAL COPY

DAVID ORR, County Clerk

August 3, 2010

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 the 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 W. Orr*  
COUNTY CLERK

DECEDENT'S DISTRICT NO.		REGISTRATION DISTRICT NO. <b>16.0</b>		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>					
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS  A. DECEASED  B. SOCIAL SECURITY NUMBER  C. USUAL OCCUPATION  D. RESIDENCE (STREET AND NUMBER)  E. STATE	1. DECEASED NAME FIRST MIDDLE LAST <b>FRANCES RITA FROST</b>		SEX <b>FEMALE</b>		DATE OF DEATH (MONTH, DAY, YEAR) <b>MAY 20, 2005</b>		
	2. COUNTY OF DEATH <b>COOK</b>		AGE - LAST BIRTHDAY (YRS) MO. DAYS <b>82</b>		DATE OF BIRTH (MONTH, DAY, YEAR) <b>FEBRUARY 07, 1923</b>		3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>PARK RIDGE</b>
	4. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>LUTHERAN GENERAL HOSPITAL</b>		5. IF HOSP. OR INST. INDICATE D.O.A. OFFENSE OR TREATMENT (SPECIFY) <b>INPATIENT</b>		6. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Chicago, Ill.</b>		
	7. SOCIAL SECURITY NUMBER <b>4659</b>		8. USUAL OCCUPATION <b>Secretary</b>		9. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>Thomas Frost</b>		10. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <b>NO</b>
	11. RESIDENCE (STREET AND NUMBER) <b>300 S. Dee Road</b>		12. CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>Park Ridge</b>		13. INSIDE CITY (YES/NO) <b>Yes</b>		14. COUNTY <b>Cook</b>
	15. STATE <b>Illinois</b>		16. ZIP CODE <b>60068</b>		17. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>White</b>		18. OF HISPANIC ORIGIN? (SPECIFY) NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc. <b>NO</b>
	19. FATHER'S NAME FIRST MIDDLE LAST <b>George Austin Hart</b>		20. MOTHER'S NAME FIRST MIDDLE (MAIDEN) LAST <b>Ellen Claire Jones</b>		21. INFORMANT'S NAME (TYPE OR PRINT) <b>ALEX PANAGAKIS REGISTRAR</b>		
	22. RELATIONSHIP <b>HOSP REC</b>		23. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>1775 BUSH PASTURE PARK RIDGE IL 60068</b>		24. 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. <b>Acute myocardial infarction hours</b>		
	25. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Coronary artery disease years</b>		26. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <b>Diabetes mellitus years</b>		27. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. <b>CARDIAC renal failure</b>		
	28. DATE OF OPERATION, IF ANY		29. MAJOR FINDINGS OF OPERATION		30. AUTOPSY (YES/NO) <b>NO</b>		31. IN ELATED BY EXAMINABLE PRIOR TO DEATH? (YES/NO) <b>NO</b>
32. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) <b>5/19/05</b>		33. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>NO</b>		34. HOUR OF DEATH <b>2:45 P.M.</b>			
35. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		36. DATE SIGNED <b>5/23/05</b>		37. ILLINOIS LICENSE NUMBER <b>036064533</b>			
38. SIGNATURE <i>M. Lawlor</i>		39. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>M. LAWLOR, 1775 Ballard Rd, Park Ridge, IL</b>		40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)			
41. BURIAL, CREMATION, RESHOVAL (SPECIFY)		42. CEMETERY OR CREMATORY - NAME		43. LOCATION CITY OR TOWN STATE		44. DATE (MONTH, DAY, YEAR)	
45. Burial		46. All Saints		47. Des Plaines, Ill.		48. May 24, 05	
49. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP		50. NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP		51. NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP			
52. Cooney Funeral Home 625 Busse Hwy. Park Ridge, Ill. 60068		53. FUNERAL DIRECTOR'S SIGNATURE <i>Thomas J. Cooney</i>		54. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>11375</b>		55. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>MAY 24 2005</b>	
56. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>		57. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT) <b>DAVID ORR, COUNTY CLERK, CHICAGO, ILL.</b>		58. DATE OF DEATH (MONTH, DAY, YEAR) <b>MAY 20 2005</b>			

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