

# UNOFFICIAL COPY

## JOINT TENANCY AFFIDAVIT



Doc#: 1129045018 Fee: \$42.00  
Eugene "Gene" Moore  
Cook County Recorder of Deeds  
Date: 10/17/2011 09:18 AM Pg: 1 of 4

STATE OF ILLINOIS )  
 ) SS  
COUNTY OF COK )

HOWARD BERLAND  
hereby referred to as the affiant, states under oath that the affiant resides at  
40 E. Cedar Street - Unit 18C

In the City of Chicago  
State of Illinois  
that the affiant was acquainted with  
MARLENE D. BERLAND  
the decedent. At the time of death, the decedent was one of the owners of property, by virtue of a properly recorded joint tenancy deed, said property located in  
Cook County, State of Illinois  
and legally described as follows: SEE ATTACHED

The decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

The decedent died on May 7, 2000, leaving no last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 350,000.00, and that the value of the above property individually was \$ 200,000.00

The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

The affiant makes this affidavit to induce Republic Title Services, (RTS) to issue its policy of title insurance on the above described property.

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold RTS harmless and to reimburse RTS for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that CST may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of MARLENE D. BERLAND, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

SEAL

HOWARD BERLAND

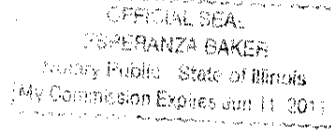
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## JOINT TENANCY AFFIDAVIT (continued)

Subscribed and sworn to before me this

24<sup>th</sup> day of November, 2011  
(Month) (Year)

Josephine Baker  
(Notary Public)



**Note:** If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to RTS for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

This instrument prepared by:  
RICHARD OWENS [ATTORNEY]  
(Name)  
6100 N. KILPATRICK AVENUE  
(Address)  
CHICAGO, IL 60646  
(City, State, Zip)

Return to:  
Howard Berland  
(Name)  
40 E. Cedar St - 18-C  
(Address)  
CHICAGO, IL 60611  
(City, State, Zip)

Property of Cook County Clerk's Office

STATE OF ILLINOIS  
County of Cook

# UNOFFICIAL COPY

DAVID ORR, County Clerk

October 21, 2009

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 D. Orr*  
COUNTY CLERK

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <b>16.10</b>	STATE OF ILLINOIS				STATE FILE NUMBER	
REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>				<b>607425</b>	
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS  DECEASED  B C D E  PARENTS  1 2 3  CAUSE  4 5 N P  CERTIFIER  DISPOSITION	1. DECEASED NAME FIRST MIDDLE LAST <b>Harlene Berland</b>		2. SEX <b>Female</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>1 May 7, 2000</b>			
	4. COUNTY OF DEATH <b>Cook</b>		5a. AGE LAST BIRTHDAY (MRS) MONTH DAY YEAR <b>58</b>	5b. LUNAR YEAR MONTH DAY YEAR <b>58</b>	5c. LUNAR DAY HOUR MIN <b>5c</b>	6. DATE OF BIRTH MONTH, DAY, YEAR <b>54 January 10, 1942</b>	
	5a. CHICAGO CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		6a. NORTHWESTERN MEMORIAL HOSPITAL HOSPITAL OR OTHER INSTITUTION NAME IF NOT IN EITHER, GIVE STREET AND NUMBER		7. HOSP. OR INST. INDICATE DOA OF EMER. RM. INPAT. (SPECIFY) 6c. EMER. RM.		
	8. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>7. St. Paul, MN</b>		9. MARRIAGE STATUS (NEVER MARRIED, MARRIED, DIVORCED, SPECIFY) <b>8a. Married</b>		10. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>6b. Howard Berland</b>		11. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <b>9. No</b>
	10. SOCIAL SECURITY NUMBER <b>10. 468-46-2630</b>		11a. USUAL OCCUPATION <b>11a. Homemaker</b>		11b. KIND OF BUSINESS OR INDUSTRY <b>11b. Own Home</b>		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) <b>12. 4 years</b>
	13a. RESIDENCE (STREET AND NUMBER) <b>13a. 1300 N. Lake Shore Drive</b>		13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO. <b>13b. Chicago</b>		13c. INSIDE CITY (YES/NO) <b>13c. Yes</b>	13d. COUNTY <b>13d. Cook</b>	
	14a. STATE <b>14a. Illinois</b>		14b. ZIP CODE <b>14b. 60610</b>	14c. RACE (WHITE, BLACK, AMERICAN INDIAN, SPECIFY) <b>14c. White</b>		14d. OF HISPANIC ORIGIN? (SPECIFY) NO/YES IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC. <b>14d. NO</b>	
	15. FATHER NAME FIRST MIDDLE LAST <b>15. Morris Daniels</b>		16. MOTHER NAME FIRST MIDDLE LAST <b>16. Lillian Gantman</b>		17. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>17c. 1300 N. Lake Shore Dr., Chicago, IL 60610</b>		
	17a. INFORMANT'S NAME (TYPE OR PRINT) <b>17a. Howard Berland</b>		17b. RELATIONSHIP <b>17b. Husband</b>		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>17c. 1300 N. Lake Shore Dr., Chicago, IL 60610</b>		
	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 heat failure. List only one cause on each line.  Immediate Cause (Final disease or condition resulting in death) CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. PART II. Other significant conditions contributing to death but not resulting from the underlying cause given in PART I.						
(a) Arrhythmia DUE TO, OR AS A CONSEQUENCE OF (b) Dehydration DUE TO, OR AS A CONSEQUENCE OF (c) Diabetes							
19a. ANATOMY (YES/NO) <b>19a. No</b>		19b. WERE ANATOMY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) <b>19b.</b>		20. IF FEMALE, WAS THERE A PREGNANCY IN PAST 12 MONTHS? <b>20. YES NO</b>			
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		21. HOURS OF DEATH <b>21c. 1:15 A.M.</b>			
21a. I did attend May 7, 2000				21b. WAS COPONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>21b. Yes</b>		21c. DATE SIGNED MONTH, DAY, YEAR <b>21c. 5/8/00</b>	
22a. SIGNATURE <i>Caroline Nawara MD</i>				22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>22b. Caroline Nawara, M.D. 251 E. Huron Chicago, IL 60611</b>		22c. ILLINOIS LICENSE NUMBER <b>22c. 036-081137</b>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>23a. Burial</b>				23b. CEMETERY OR CREMATORY NAME <b>23b. Memorial Park</b>		23c. LOCATION CITY OR TOWN STATE <b>23c. Skokie, Illinois</b>	
24a. FUNERAL HOME NAME <b>24a. The Piser Chapel 9200 N. Skokie Blvd., Skokie, Illinois 60077</b>				24b. STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP <b>24b. 9200 N. Skokie Blvd., Skokie, Illinois 60077</b>		24c. DATE MONTH, DAY, YEAR <b>24c. May 9, 2000</b>	
25a. FUNERAL DIRECTOR'S SIGNATURE <i>Joshua H. Weil</i>				25b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>25b. 034-014954</b>		25c. DATE FILED BY LOCAL REGISTRAR MONTH, DAY, YEAR <b>25c. MAY 10 2000</b>	
26a. LOCAL REGISTRAR'S SIGNATURE <i>Sheela RSM</i>				26b. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS		26c. (BASED ON 1989 U.S. STANDARD CERTIFICATE)	

# UNOFFICIAL COPY

Unit 18-C in Forty East Cedar Street Condominium, as delineated on the survey of that portion of Lots 8, 9 and 10 (taken as a tract) in the Assessors Division of Block 2 in the subdivision by the Commissioners of the Illinois and Michigan Canal of the South fractional 1/4 of Section 3, Township 39 North, Range 14, described as follows: Beginning at a point on the North line of Cedar Street, 5 feet West of the South East corner of said Lot 9, thence West on the said North line of Cedar Street, 87 feet, thence North at right angles with said North line of Cedar Street, 145 5/10 feet, more or less to the North line of said Lot 9, thence East along the North line of said Lot 9 and the North line of said Lot 10 to the Southwest corner of Lot 5 in Talbot's Subdivision of Lots 15 to 20 both inclusive, in Healy's Subdivision of Lot 1, the North 1/2 of Lot 11 and part of Lot 10 in Assessors Division of Block 2 aforesaid; thence South along the West line of Lot 5 aforesaid produced South 20 feet; thence West parallel with the North line of Lot 10 aforesaid, 5 feet thence South 125 5/10 feet more or less to the place of beginning in Cook County, Illinois (hereafter referred to as the "parcel"), which survey is attached as Exhibit "A" to the Declaration of Condominium made by First Bank of Oak Park, as Trustee under Trust No. 10400, recorded in the office of the Recorder of Deeds of Cook County, Illinois as Document No. 24203714, together with an undivided 1.37 per cent interest in said parcel (except from said parcel all the property and space comprising all of the Units thereof as defined and set forth in said Declaration of Condominium and survey attached thereto).

Property Index Number: 17-03-201-069-1051

Common Street Address: 40 E. Cedar Street - Unit 18C  
Chicago, Illinois 60611