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DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
) SS.
County of Cook)

MICHELE M. HERBIN hereinafter called Affiant(s) being duly sworn states under oath as follows:

- 1) 4950 Dundee Road, Apt 103, Northbrook, IL.. 60062.
- 2) That Affiant(s) is the daughter of Frank Mayer and Marian M. Mayer, the Decedents, and was acquainted with the Decedents at the time of death of each of the Decedents and that the Decedents Jointly were owners of the land in COOK County, Illinois, described as shown on Exhibit A attached hereto. (referred to hereafter as the "Property".)
- 3) That Frank Mayer died on January 27, 1980 as evidenced by a copy of the death certificate attached hereto and at the time of his death the Property was jointly owned by Frank Mayer and Marian M. Mayer.
- 4) That Marian M. Mayer died on April 3, 2009 as evidenced by a copy of the death certificate attached hereto and at the time of her death she was the sole owner of the Property.
- 5) That Marian M. Mayer died leaving a last will & testament and that Letters of office were issued to Michele M. Herbin as Executor.
- 6) That the total value of the estate of the Frank Mayer, for estate tax purposes, did not exceed the sum of \$50,000. No amount are due to any party from Frank Mayer and no claims were filed against Frank Mayer.
- 7) The total Value of the estate of Marian M. Mayer, 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 \$400,000. There are no claims of any nature outstanding against her or that have been filed with the estate.
- 8) Affiant makes this affidavit for the purpose of establishing that as of the date of death of Marian M. Mayer that Marian M. Mayer was the sole owner in fee simple of the Real Estate described above herein.
- 9) Further the affiant saeth naught



Doc#: 1201355039 Fee: \$70.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 01/13/2012 03:57 PM Pg: 1 of 5

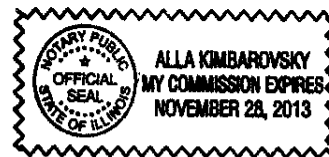
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Michele M. Herbin
Affiant's Signature

State of Illinois)
County of Cook }

I, a notary for the above state, and in the above county, state that Michele M. Herbin, being personally known to me, did appear before me this day and did voluntarily sign the above instrument in my presence for the purposes stated therein, on this 24th day of April, 2011.

Alla Kimbarovsky
Notary Public



Commission expires: November 28, 2013

This instrument was prepared by: Neil S. Zweiban, Law Offices of Neil S. Zweiban, Chartered, and 3295 N. Arlington Heights Road, Suite 113, Arlington Heights, IL. 60004

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Legal Description

1340 W. Touhy Avenue, Chicago, IL. 60616

PIN# 11-29-320-051-1016

Unit 303 as delineated on Plat of Survey of the following described parcel of real estate:

The W. 40 ft. of Lot 5, and all of Lot 6, and the E. 10 ft. of Lot 7, in Block 17 in Birchwood Beach, a subdivision of Sec. 29, Township 41 North, Range 14 East of the Third Principal Meridian in Cook County, Illinois,

which Plat of Survey is attached as Exhibit "A" to Declaration of Condominium made by Exchange National Bank of Chicago, a National Banking Association, as Trustee Under Trust Agreement Dated June 20, 1977 and Known as Trust No. 32600, Recorded in the Office of Recorder of Deeds of Cook County, Illinois as Document Number 24096020, together with the Undivided Percentage of Ownership interest in the Common Elements allocated to said Unit (excepting therefrom all the property and space comprising all the Units thereof) as set forth in said Declaration.

Cook County Clerk's Office

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STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10		LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) Marian M. Mayer			2. SEX Female	3. DATE OF DEATH (Month/Day/Year) (Spell Month) April 3, 2009	
4. COUNTY OF DEATH COOK	5a. AGE AT LAST BIRTHDAY (Years) 90	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Month/Day/Year) March 20, 1919	
7a. CITY OR TOWN Chicago		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) Swedish Covenant Hospital			
7c. PLACE OF DEATH (Check only one; see instructions)					
IF DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____		
8. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois	9. SOCIAL SECURITY NUMBER 321-18-8314	10. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage)	12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13a. RESIDENCE (Street and Number) 1340 W. Touhy Avenue		13b. APT. NO.	13c. CITY OR TOWN Chicago	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13e. COUNTY COOK	13f. STATE IL	13g. ZIP CODE 60616	14. FATHER'S NAME (First, Middle, Last) Philip Mizuruchy		16. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Bessie Knapov
16a. INFORMANT'S NAME Michael Herbin		16b. RELATIONSHIP Daughter		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 4050 Dundee Rd., #103, Northbrook, Illinois 60062	
17. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) Waldheim Jewish Cemetery		19. LOCATION - CITY, TOWN AND STATE Forest Park, Illinois	20. DATE OF DISPOSITION (Month/Day/Year) April 6, 2009
21a. FUNERAL HOME NAME Goodman Family Funerals		STREET AND NUMBER 1240 Waukegan Road		CITY OR TOWN Glenview	STATE Illinois
21b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		21c. FUNERAL DIRECTOR'S NAME William Goodman		21d. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-014986	
22. REGISTRATION SIGNATURE <i>[Signature]</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) 041309			
24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. PNEUMONIA				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Sequentially list conditions, if any, leading to the cause listed on line a. b. COLON CANCER					
State the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c. _____					
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		28. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but unknown when <input type="checkbox"/> Unknown if pregnant within the past 12 months <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months		25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29. DATE OF INJURY (Month/Day/Year)		31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area)		26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
34. LOCATION OF INJURY Street and Number		Apartment Number	City or Town	State	ZIP Code
35. DESCRIBE HOW INJURY OCCURRED:				36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____	
37. I DID/DID NOT ATTEND THE DECEASED (Month/Day/Year) 4/02/09		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) 04-03-09	
40. CERTIFIER (Physician only): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.					
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) Stanislaw Bryjak 5140 N. California Chicago, IL 60625				43. PHYSICIAN'S LICENSE NUMBER 031012233	
44. TITLE OF CERTIFIER MD		45. DATE CERTIFIED (Month/Day/Year) 04-02-09		45. SIGNATURE OF CERTIFIER <i>[Signature]</i>	

Illinois Department of Public Health - Division of Vital Records (Based on the 2003 U.S. Standard Certificate) VR200 (Rev. 1/08)

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

DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

THIS COPY IS NOT VALID UNLESS THE ORIGINAL IS FILED WITH THE DEPARTMENT OF PUBLIC HEALTH

Sherry Main

041309

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

DAVID ORR, County Clerk

FEB 18 2011

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 INFO.		STATE OF ILLINOIS		STATE FILE NUMBER		
REGISTRATION DISTRICT NO.	16.10	MEDICAL CERTIFICATE OF DEATH				601256
REGISTERED NUMBER						
Type of Death PERMANENTLY See Form of Director Hospital or Physician Handbook for INSTRUCTIONS	DECEASED NAME			SEX	DATE OF DEATH	
	1. Frank Mayer			2. Male	3. January 17, 1980	
A. 1083 DECEASED	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)	ORIGIN OR DESCENT	AGE - LAST BIRTHDAY (YR, MO, DAY)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MO, DAY, YEAR)
	4. White	4b. American	5a. 73	5b.	5c.	6. July 27, 1906
B. 0123	CITY, TOWNSHIP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		7d. Inpatient	
	7b. Chicago		7c. Northwestern Memorial Hospital		7d.	
C. 0123	STATE OF BIRTH (IF NOT IN U.S. A NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME IF ARISE)	
	8. Germany	9. United States	10. Married		11. Marian Mizruchy	
D. 479	SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY		U.S. WAR VETERAN (YES/NO)	WAR OR DATES OF SERVICE
	12. 356-28-2614	13a. Sales	13b. Food		13c. No	13d.
E. 479 PARENTS	RESIDENCE STREET AND NUMBER		CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY	STATE
	14a. 1340 W. Touhy		14b. Chicago	14c. Yes	14d. Cook	14e. Illinois
FATHER NAME			MOTHER - MAIDEN NAME			
15. Gershon Meyrovitz			16. Frume Levy			
INFORMANT'S SIGNATURE		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE ZIP)			
17a. <i>Beverly Zimmerman</i>		17b. Medical Records	17c. 303 E. Superior Chicago, Illinois 60611			
18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE						
(a) RESPIRATORY FAILURE						72 hrs.
(b) ADVANCED EMPHYSEMA						20 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THOSE GIVEN IN PART I (a))						
4.10. MYOCARDIAL INFARCTION						
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)		IF YES, WHEN PERFORMED (MONTH, DAY, YEAR)
20a.		20b.		19a. Yes		19b. Yes
21a. JANUARY 2, 1980		21b. JANUARY 17, 1980		21c. JANUARY 17, 1980		21d. 12:55 P.M.
22a. SIGNATURE		22b. NAME AND ADDRESS OF CERTIFIER				22c. JANUARY 17, 1980
22a. <i>[Signature]</i>		22b. RICHARD L. HUGHES 303 E. SUPERIOR, CHICAGO, ILLINOIS				22c. 39267
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY - NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)
24a. Burial		24b. of Mophileff	24c. Forest Park, Illinois			24d. Jan. 18, 1980
25a. Piser North Town Memorial Chapel, 6130 N. California Ave., Chicago, Illinois 60659		FUNERAL DIRECTOR'S SIGNATURE				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25a. <i>[Signature]</i>		25b. <i>[Signature]</i>				25c. F 6388
26a. LOCAL REGISTRAR'S SIGNATURE		CHICAGO DEPT. OF HEALTH RICHARD J. DALY CENTER, ROOM 111 CONCOURSE LEVEL, CHICAGO 60602		DATE RECD BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
26a. <i>[Signature]</i>				26b. JAN 18 1980		

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BASED ON 1978 US STANDARD CERTIFICATE