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Deceased bint Tenancy Affidavit

Doc#: 1222154031 Fee: \$44.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 08/08/2012 12:48 PM Pg: 1 of 4

1206-48693
THE TITLE
PRIMANE.

1222154031 Page: 2 of 4

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206.4863 2/3 <u>DECEASED JOINT TENANCY AFFIDAVIT</u> MUST ATTACH A CERTIFIED COPY OF THE DEATH CERTIFICATE
Date: 7-26-12
File No.:
STATE OF ILLINOIS
COUNTY OF COOK
in the City of her death, was one of the owners of the land in Cook County, Illinois, described as:
See legal description attached and made a part hereof
That the deceased died on $8.09-97$ (INSERT DATE FROM DEATH CERTIFICATE), as evidenced by a certified copy of a death certificate of the deceased attached hereto
That the deceased died: (CHECK CriE)
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 County, Illinois.
Leaving a Last Will & Testament which was filed in the Coproven Will Box of the Probate Division of the Circuit Court ofCounty, Illinois about
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 state of the death of the deceased, does not exceed the sum of \$\$VALUE OF DECEASED JOINT TENANT ESTATE AT THE TIME OF HIS DEATH dollars.
Affiant makes this affidavit for that purpose of inducing Prairie Title Insurance Company to issue its Title Insurance Policy, describing the above-mentioned property.
SUBSCRIBED AND SWORN TO BEFORE ME BY THE SAID AFFIANT this Notary Public Affiant's Signature OFFICIAL SEAL MARY ANN GILFILLAN
NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:06/21/15

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MINNESOTA DEPARTMENT OF HEALTH
Section of Vital Statistics

CERTIFICATE OF DEATH

		Local File Number		•				St	ate File Number		
		1a Name of Deceased - First	Middle			Last				i Suffix	
		Manufa	A								
		Marie	Ann 2 Social Security No.		Shook-Karlovitz 3 Sex 4 Date of Death						
		1b Alias				_		- =			
	997		-3482	17-2-	4 V-	Femal					
	6	5 Date of Birth	6a Age (in years)	Under 6b months	6c days	6d hours	Se minutes	7 Place of Birth	(city and state/	foreign country)	
	Γ.	October 8, 1953	43					Great Lakes, Illinois			
	21	8a Father's Name (first, middle)	8b Father's Last Name	8b Father's Last Name 9 Mother's Name (fi					rst, middle, maiden sumame)		
	12	Jerome F.	DeGross Phyllis Ela					aine <u>Sommers</u>			
	<u>S</u>	10 Race	11a Hispanic Origin					12a Primary/Sec	12 Decedent's E	12b College (1-4, 5+)	
Dat	August	White	<u>X_</u> NoYes →					12a Frimary/Sec	Actionity (U-12)	4	
ar/	¥	13a Marital Status	13b Name of Spouse (if wife, specify maiden name)					14 Decedent's Usual Occupation			
jistr	, , ,	77	Taba Danii II.	Office Ma			Manager				
Реç		X MarDivWidNever Mar 15 Kind of Business or Ir dustry		16 U.S. Veteran 17a State of Residence					17b County of Residence		
ģ	eputy	Dental)	inois		1	Cook			
S to) el							COOK			
Signature of Sub-Registrar / Date	4	17c City or Township of Residence)	cedent (number, street, zip)							
gatt	le k	Mount Prospect		311 South Elmhurst Avenue 60056							
Sig	7 Å	17e Residence in City or Township	18a City or Township of Death					18b County of Death			
`	\preceq_{A}	X City Limits Township Limius	Minneapolis					Hennepin			
	$Q \stackrel{\mathrm{I}}{=} 1$	19a Place of Death (specify one)	s posity					19b if Hospital	(specify one)		
(済器	X Hosp. N.H. Res. Other						X_Inpatient	ER	DOAOther	
	기	19c Name of Facility Where Death Occurred (if	not institution, specify street	et address)							
	te	Fairview University Medi	ical Center								
	Peter Rapp	20a Name of Informant Information	transcribed in	Om 20	Informa	nt is Age	nt of the c	ieceased (spou	ıse, child, parent	t, sibling, etc.)	
	0	Fairview University medi	cal records		Comm	unicat	ion Ce	nter	PX Caro	^	
		21 Method of Disposition (check all that apply)			Spe	cify			22 Date of D	isposition	
(· No.	V	F-+	- All					Sentemb	per 4, 1997	
	- B	A BurialCremationDonation 23 Name of Cemetery	Entombment	Oth ar		lity				ate	
("	6	Memory Garden		Ç		•	+ o = U o	ichta		[]linois	
•		24 If Cremation, Specify Name of Crematory 25 If Cremation, Specify Name of M.E. / Coroner Authorizing Cremation							iaucii		
Ι.	on see		26b License No. 27a Signature of Funeral Service Licensee 27b License No. 28 Date Sign							CO Data Cianad	
		26a Name of Funeral Establishment	•	II.	a Signatu	re it Funa	ا Service L ا احب ا	Licensee (N LL	2/5 License No.	1 7	
L		O.E. Larson-Osborne Mort			DY.	rece i	<u> </u>	(W)O1	<u> </u>	8.30.97	
	•	29a Name of Person Certifying Cause of Death		29	b Title (c	heck one)			License No. of C		
		K.W. BOLMANTIL, M.D.			M.D. Coroner / M.E D.O. # 26767						
		29d Address of Certifier (street & number)		29	e City	_	C	29f S	itate	29g Zip Code	
		BOX 207 UMHC 420 DE	LAWAREST, SE.	ļ	mf	<u> </u>			nk	22.42.7	
		30 Signature of M.D. / M.E. / Geroner / D.O.	31 Date Sig	ned 32	Oig natur	e of Regist	ray//	- 400	-/-	33 Date Filed	
		16 M. Kolenan	Ma 9/4	197N	AU	W 1	Mu	whi	esulis	EP1 5 1997	
3	4 PAF	Enter the diseases, injuri	ies, or complications that cau	sed death (1	o not ent	er the mode	of dying, su	ch as cardiac c	respiratory	interval between	
		PART Enter the diseases, injuries, or complications that caused death Do not enter the mode of dying, such as cardiac c requiratory shock or heart failure. List only one cause per line.								onset and death.	
		or condition resulting in	real hen	over	rago	7 <	IP			1 .	
	eath)									T	
		ally list conditions, if any, primmediate cause. Enter	failure	01911	inor.	4'tis	5/	P		1	
		YING cause last, (disease	japiane,	unc	V CCL	,,,,,				1	
	or injury that initiated events resulting in death). 2. **CLB** b; lasterval** lung haughaut* 2. **CLB** b; lasterval** lung haughaut* 2. **CLB** b; lasterval** lung haughaut* 3. **Interval** lung haughaut* 3. **Inter									İ	
										†	
α.										38 Time of Death	
39	MANN	ER OF DEATH Matural 40 M.E	E/Coroner Notified 4.1 Autop:	sy /	42 W	ere autops	y results av	ailable		43 Diagnosis Deferred	
			_Yes _ <u></u> Yes	<u>No</u>			ause of dea	th Yes	No	Yes	
		MUSTAccident 44a F	Place of Injury (street & nu	mber, city /	township	, state)					
		BE Homicide									
	R	EFERRED Suicide 44b D	Describe How Injury Occurr	ed					•		
		M.E. or Pending inves.									
	c		Type of Place Where Injury	Occurred	44d	Date of Inju	ury	44e Tirr	ne of Injury	44f Injury at Work?	
		Not Classifiable								YesNo	
_		- INUL VIGSSITIONIE									

1222154031 Page: 4 of 4

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A POLICY ISSUING AGENT OF OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY

COMMITMENT NO. 1206-48693

(continued)

LEGAL DESCRIPTION

Lot 90 in H. Roy Berry Company's Colonial Manor, being a Subdivision of part of the Northeast ¼ of Section 11 and part of the Northwest ¼ of Section 12, Township 41 North, Range 11 East of the Third Principal Meridian, in Cook County, Illinois.

PERMANENT INDEX NUMBER: 08-12-123-005
PROPERTY ADDRESS: 311 G, ELMHURST AVE., MT. PROSPECT, IL. 60056