

# UNOFFICIAL COPY

## NEAR NORTH NATIONAL TITLE LLC

WWW.NNNT.COM

222 N. LASALLE STREET  
CHICAGO, ILLINOIS 60601

PHONE: (312)419-3900  
FAX: (312)419-0569

### DECEASED JOINT TENANCY AFFIDAVIT

State of ILLINOIS )  
County of COOK ) SS

Order No.: N01121290

Elizabeth Gan being duly sworn, states that she resides at 1836 Maple Ave in the City of Northbrook. That she was acquainted with Sharon Sullivan, deceased, who, at the time of Sharon Sullivan's death, was one of the owners of the land in Cook County, Illinois, described as:

#### SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

That the deceased died on 1-14-01, as evidenced by a certified copy of the 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 \_\_\_\_\_ County, 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 time of the death of the deceased does not exceed the sum of No Dollars And No/100 Dollars (\$0.00).

Affiant makes this affidavit for that purpose of inducing Near North National Title LLC as issuing agent for Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

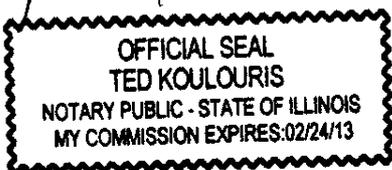
Elizabeth Gan  
Affiant



Subscribed and sworn to before me by the said ELIZABETH GAN

[Signature]

Doc#: 1224329071 Fee: \$64.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 08/30/2012 02:41 PM Pg: 1 of 3



3

C/01 m/08c 1/11/01

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. *14-01B*

STATE OF ILLINOIS

STATE FILE NUMBER

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**MEDICAL CERTIFICATE OF DEATH**

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)  
1. Sharon M. Sullivan 2. Female 3. January 14, 2001

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)  
4. Cook 5a. 58 5b. 5c. 5d. April 2, 1942

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)  
6a. Glenview 6b. Glenbrook Hospital 6c. Inpatient

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)  
7. Milwaukee, WI 8a. Divorced 8b. 9. NO

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)  
10. [REDACTED] 0763 11a. Counselor 11b. Psychiatrist 12. 5+

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP, OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY  
13a. 1836 Maple Ave 13b. Northbrook 13c. Yes 13d. Cook

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)  
13e. Illinois 13f. 60062 14a. White 14b.  NO  YES SPECIFY:

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST  
15. Daniel P. Sullivan 16. Evelyn Keegan

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)  
17a. Elizabeth Gan 17b. Daughter 17c. 1137 Windbrooke Dr Apt 301 Buffalo Grove, IL 60089

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 heart failure. List only one cause on each line. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  
Immediate Cause (Final disease or condition resulting in death) *ARDS + Intracranial hemorrhage*  
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF *Community Acquired Pneumonia*  
STATING THE UNDERLYING CAUSE LAST. (c) *Rheumatoid Arthritis*

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)  
19a. No 19b. No

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?  
20a. 20b. 20c. YES  NO

(I DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH  
21a. January 1, 2001 21b. No 21c. 9:30 A. M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR)  
22a. SIGNATURE *Rochelle M. Parker* 22b. Jan 15, 2001

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER  
22c. Rochelle M. Parker MD 1000 Central St., Evanston, IL 60201 22d. 036079534

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.  
23.

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY/TOWN STATE DATE (MONTH, DAY, YEAR)  
24a. Cremation 24b. Northwest Crematory 24c. Bartlett, IL 24d. Jan 17 2001

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP  
25a. Hanekamp Funeral Home PC 385 Waukegan Rd., Northbrook, IL 60062

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER  
25b. *Matthew P. Hein* 25c. 034-015384

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  
26a. *Jay W. Tossy* 26b. January 16, 2001

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at 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 JANUARY 16, 2001 SIGNED *Jay W. Tossy*  
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.

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**EXHIBIT "A"**

LOT 22 IN BLOCK 4 IN THE FIRST ADDITION TO NORTHBROOK MANOR, BEING A SUBDIVISION, OF THE WEST HALF OF THE SOUTH EAST QUARTER OF THE SOUTH WEST QUARTER (EXCEPT THE EAST 30 FEET FOR STREET) AND THAT PART OF THE NORTH HALF OF THE SOUTH WEST QUARTER OF THE SOUTH WEST QUARTER LYING EAST OF THE RIGHT OF WAY OF CHICAGO, MILWAUKEE AND ST. PAUL RAILROAD AND THE SOUTH HALF OF THE SOUTH WEST QUARTER OF THE SOUTH WEST QUARTER (EXCEPT RAILROAD) IN SECTION 10, TOWNSHIP 42 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

04-10-308 - 017-0000

Property of Cook County Clerk's Office