Prepared by and Return to FFICIAL COPY
Sharon F. Banks, Attorney

Sharon F. Banks, Attorney 3710 Commercial Avenue, #14 Northbrook, Illinois 60062

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS COUNTY OF COUNTY OF

TAIMI WILK, being duly sworn states that she resides at 1008 W. Burgoyne Poad, in the Village of Arlington Heights, Illinois.



Doc#: 1314444015 Fee: \$42.25 RHSP Fee:\$10.00 Affidavit Fee:

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 05/24/2013 10:44 AM Pg: 1 of 2

That she was acquainted with LEONARD A. WILK, deceased, who at the time of death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 48 (except the West 100 feet) in Sherwood, a Subdivision of Lot 1 of the South West ¼ of Section 19, Township 42 North, Range 11 East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 03-19-304-009-0000

Address of Real Estate: 1008 W. Burgoyne Road, Arlington Heights, Illinois 60004

That the deceased died July 3, 2011, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois, on March 29, 2012.

TAIMI WILK

SUBSCRIBED AND SWORN to

before me by the said TAMI WILK this / day of Wey, 20

Notary Public

\*OFFICIAL SEAL DEBORAH G. KAROL KOTARY PUBLIC, STATE OF ILLIAOLI MY COMMISSION EXPIRES 10/11/2014 SPSMSCN

## CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

|      | 52.55    |               | 100  |      |               | - 1 | <br>   |     | 1.0     |                 | 2014               |     | .          |     |             | - Page 1997 |
|------|----------|---------------|------|------|---------------|-----|--------|-----|---------|-----------------|--------------------|-----|------------|-----|-------------|-------------|
|      |          |               |      | 3232 | مرائدات د     | 2 . | 5.7    | · . | 100     | er and the same |                    |     |            |     |             | Table 1     |
| STAT | E FILE N | <b>IUMBER</b> | 2011 | .005 | 0184          |     | 4 Te 1 | 145 | e Maria | 1,000           | the second parties | 100 | The second | * a | DATE ISSUED | 07/07/20    |
|      |          |               |      |      | <b>∵ι</b> ₩⊤. |     |        |     |         |                 |                    |     |            |     | DHILIOSULD  | 01-01-20    |

|  |   | <u>ild dalakir k</u> iti   |                                      | DR1030ED 010320E1  |
|--|---|--|--------------------------------------|--|
| DECEDENT'S LEGAL NAME<br>LEONARD A WILK              |   |  | SEX<br>MA                            | DATE OF DEATH<br>LE JULY 03, 2011                        |
| COOK   |   | LAST BIRTHDAY<br>EARS  | DATE OF BIRTH<br>JUNE 22, 1          | 940  |
| CITY OF TOWN ARLINGTON HEIGHTS                       | - 19 - 2011年 5<br>- 12 - 21 - 22 - 3    | 50 (A) 40 (A) 5 (A | THER INSTITUTION NAME<br>F BURGOYNE  |  |
| PLACE OF DEATH DECEDENT'S HOME                       |   | 1일에 하고 12일 - 12일 1일<br>22일 - 12일 - 12일 1일 1일   |                                      |  |
| BIRTHPLAGE<br>CHICAGO, IL                            | SOCIAL SECURITY NUMBE<br>354-30-8916    | R MARITAL STATUS AT TIME OF D  | DEATH SURVIVING SPOU                 |  |
| RESIDENCE 1008: WEST BURGO : NE                      |   | APT NO.  | OTY OR TOWN<br>ARLINGTON HEIGH       | NSIDE CATY LIMITS!                                       |
| COUNTY STA   | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | THER'S NAME<br>LEONARD WILK  | MO<br>E                              | THER'S NAME PRIOR TO FIRST MAHIJIASE<br>ERNICE PRYCMIKA  |
| INFORMANT'S NAME<br>TAIMI WILK                       |   | LATIONSHIP<br>SPOUSÉ   | MAILING ADDRESS<br>1008 WEST BURGOS  | NE ARLINGTON HEIGHTS, IE 60904                           |
| METHOD OF DISPOSITION CREMATION                      | O-CS OF DISP<br>TW'N PINE               | OSITION<br>S CREMATORY   | LOCATION - CITY OR<br>EAST DUNDEE, I | OWN AND STATE DATE OF DISPOSITION JULY 07, 2011          |
| FUNERAL HOME<br>GLUECKERT FUNERAL H                  | IOME LTD, 15201(, A                     | PNGTON HEIGHTS ROAD,   | ARLINGTON HEIGH                      | TS, IL, 60004  |
| FUNERAL DIRECTOR'S NAME<br>MATTHEW JAMES BENNI       | ETT                                     |  |                                      | RAL DIRECTOR'S ILLINOIS LICENSE NUMBER<br>34015755       |
| LOCAL REGISTRAR'S NAME<br>DAVID ORR                  |   |  |                                      | PILED WITH LOCAL REGISTRAA<br>JLY 7, 2011                |
| CAUSE OF DEATH PART I                                | PERITONEAL CARCINO                      | MATOSI\$   |                                      | WEEN<br>SATH   |
| (Final/disease of condition<br>resulting in death) b | PRÓSTATE CANCER                         | Due to for as a consequence of   |                                      | APPROXIMA<br>FRVAL BET<br>SET AND D                      |
|  | DIABETES                                | Due to lor as a consequence in   | 2/                                   | INTER<br>ONSE  |
|  |   | Due to (or as a consequence of)  |                                      |  |
| PART II Enter other significant cond                 | itions contributing to death            |  |                                      | WAS AN AUTOPSY PERFORMED? NO                             |
|  |   |  | O                                    | WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH NA |
| DIO TOBACCO USE CONTRIBUTE TO                        | 이 유민들은 아니다 그는 그 사람들이 무슨 수의              | REGNÂNCY STATUS  |                                      | MANNER OF DEATH  |
| DATE OF INJURY                                       | TIME OF IN                              |  |                                      | INJUIN TA VEIULINI:                                      |
| LOCATION OF INJURY                                   |   |  |                                      |  |
| DESCRIBE HOW INJURY OCCURRE                          | Ď                                       |  |                                      | IF TRALSPO'T, ATION NUURY, SPECIEY                       |
| ATTEND THE DECEASED? D/                              | ATE LAST SEEN ALIVE<br>UNKNOWN          | WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES   | DATE PRONO<br>S                      | INCED TIME OF DEATH 09:49 AM                             |
| CENTIFIER PHYSICIAN                                  |   |  |                                      | DATE CEPTURED<br>JULY 05, 2011                           |
| NAME: ADDRESS AND ZIP CODE OF                        | PERSON COMPLETING CAL                   | JSE OF DEATH   |                                      | PHYSICIAN'S LICENSE NUMBER                               |

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



