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THIS DOCUMENT PREPARED BY:

MAIL TO:

Keith Goldberg, Esq.
1701 East Lake Ave.
Suite 255
Glenview, IL 60025



Doc#: 1315446181 Fee: \$42.00
RHSP Fee: \$10.00 Affidavit Fee:
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 06/03/2013 12:01 PM Pg: 1 of 3

CTIC-HE

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
)
COUNTY OF COOK)

3

Suzan Brisbois, being duly sworn, states that he/she resides at 110 Westview St., Hoffman Estates, IL 60169.

That he/she was acquainted with Harold J. Brisbois Jr., deceased, who, at the time of his/her death, was one of the owners of the land in Cook County, Illinois, described as:

Please see attached Exhibit "A" for Legal Description

P.I.N.: 07-21-221-005-0000
Address: 110 Westview St., Hoffman Estates, IL 60169

That the deceased died Jan 28, 2005, as evidenced by a certified copy of Death Certificate of the deceased attached hereto.

That the surviving joint tenant is the spouse of the deceased and that he/she survived the deceased by more than thirty (30) days.

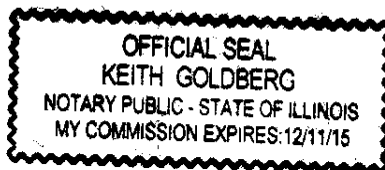
Affiant makes this Affidavit for the purpose of spreading of record the death of Harold J. Brisbois Jr.

Affiant

Subscribed and Sworn to
before me this 21st day of

May, 2013.

Notary Public



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EXHIBIT A

LOT 10, BLOCK 84 IN HOFFMAN ESTATES 6, BEING A SUBDIVISION OF PART OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF SECTION 21, TOWNSHIP 41 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS AS SHOWN ON THE PLAT THEREOF RECORDED APRIL 3, 1958 AS DOCUMENT 17171637 IN THE OFFICE OF RECORDER OF TITLES OF COOK COUNTY, ILLINOIS, TOGETHER WITH THE EAST 1/2 OF VACATED JONES ROAD LYING WEST OF AND ADJOINING LOT 10 IN BLOCK 84 IN HOFFMAN ESTATES 6 AFORESAID, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

UNOFFICIAL COPY JAN. 31, 2005

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 NO.		REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS		STATE FILE NUMBER	
		REGISTERED NUMBER		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)		
A. DECEASED		1. Harold J. Brisbois		2. Male	3. January 28, 2005		
B. DECEASED		COUNTY OF DEATH		AGE--LAST BIRTHDAY (YRS)	DATE OF BIRTH (MONTH, DAY, YEAR)		
C. DECEASED		4. Cook		5a. 52	5d. April 4, 1952		
D. DECEASED		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)	
E. DECEASED		6a. Hoffman Estates		6b. St. Alexis Medical Center		6c. Inpatient	
A. DECEASED		BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
B. DECEASED		7. Plymouth, Michigan		8a. Married		8b. Suzan G. Downey	
C. DECEASED		SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY	
D. DECEASED		1. 9654		11a. Computer Programmer		11b. Programmer	
E. DECEASED		RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	
A. DECEASED		13a. 110 Westview Street		13b. Schaumburg		13c. Yes	
B. DECEASED		STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	
C. DECEASED		13e. Illinois		13f. 60194-		14a. White	
D. DECEASED		FATHER--NAME FIRST MIDDLE LAST		MOTHER--NAME FIRST MIDDLE (MAIDEN) LAST		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY	
E. DECEASED		15. Harold J. Brisbois		16. Joanne Lois Walsh			
A. DECEASED		INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	
B. DECEASED		17a. Suzan Brisbois		17b. Wife		17c. Hoffman Estates, IL 60194-	
C. DECEASED		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			
D. DECEASED		(a) - Depress secondary to untreated Necros.					
E. DECEASED		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.					
A. DECEASED		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I					
B. DECEASED		DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)	
C. DECEASED		20a.		20b.		19a. No	
D. DECEASED		1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		21c. 9:45 PM	
E. DECEASED		21a. 1/28/05		21b. No		21d. 36-55551	
A. DECEASED		22a. SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER	
B. DECEASED		<i>Stephen P. Rittman</i>		22c. 25 E Schaumburg Rd., #200, Schaumburg, IL 60193		22d. 036-55551	
C. DECEASED		22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		23.		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINEE MUST BE NOTIFIED.	
D. DECEASED		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY--NAME		LOCATION CITY OR TOWN STATE	
E. DECEASED		24a. Cremation		24b. Trisons Crematory		24c. Lombard IL	
A. DECEASED		FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP		DATE (MONTH, DAY, YEAR)	
B. DECEASED		25a. Abigrim & Sons Funeral and Cremation Services, Ltd.		25b. 330 W. Golf Road, Schaumburg, IL 60195-3698		24d. Jan. 31, 2005	
C. DECEASED		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
D. DECEASED		<i>James R. Abigrim</i>		25c. 034-014378			
E. DECEASED		LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
A. DECEASED		<i>David Orr</i>		26b. January 31, 2005			