

# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT



1323945046

Doc#: 1323945046 Fee: \$42.00

RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds

Date: 08/27/2013 01:19 PM Pg: 1 of 3

STATE OF ILLINOIS )  
 ) SS.  
COUNTY OF COOK )

LORRAINE F. COCHRAN, having been duly sworn, states she resides at 1243 Baldwin Lane, #502, Palatine, Illinois 60067.

That she personally knew STUART S. COCHRAN, her Husband, the deceased, who at the time of death was one of the owners of the land in Palatine, Cook County, Illinois, described as:

FOR RECORDER'S USE ONLY

### PARCEL 1:

UNIT 502 IN SAN TROPAL CONDOMINIUM, AS DELINEATED ON SURVEY, OF THE FOLLOWING DESCRIBED PARCEL OF LAND (HEREINAFTER REFERRED TO AS 'PARCEL'):

THAT PART OF THE SOUTH 780.0 FEET, AS MEASURED AT RIGHT ANGLES OF THE SOUTH LINE THEREOF, OF THE NORTH WEST ¼ OF THE NORTH EAST ¼ OF SECTION 12, TOWNSHIP 42 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTH WEST CORNER OF SAID NORTH WEST ¼ OF THE NORTH EAST ¼, THENCE EAST ALONG THE SOUTH LINE OF SAID NORTH WEST ¼ OF THE NORTH EAST ¼, 282.96 FEET; (THE SOUTH LINE OF SAID NORTH WEST ¼ OF THE NORTH EAST ¼ BEING ASSUMED AS RUNNING DUE EAST AND WEST FOR THIS LEGAL DESCRIPTION) THENCE NORTH 167.0 FEET TO A POINT FOR A PLACE OF BEGINNING OF THE PARCEL OF LAND THEREIN DESCRIBED; THENCE WEST 77.0 FEET; THENCE NORTH 88.0 FEET; THENCE WEST 13.40 FEET; THENCE NORTH 217.17 FEET; THENCE EAST 77.0 FEET; THENCE SOUTH 123.0 FEET; THENCE EAST 71.40 FEET; THENCE SOUTH 59.17 FEET; THENCE WEST 58.00 FEET; THENCE SOUTH 123.0 FEET TO PLACE OF BEGINNING IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT 'A' TO DECLARATION OF CONDOMINIUM MADE BY CHICAGO TITLE AND TRUST COMPANY, AS TRUSTEE UNDER TRUST NUMBER 1067400 AND RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS AS DOCUMENT 23448135, TOGETHER WITH AN UNDIVIDED 1.289 PERCENT INTEREST IN SAID PARCEL (EXCEPTING FROM SAID PARCEL ALL THE PROPERTY AND SPACE COMPRISING ALL THE UNITS THEREOF AS DEFINED AND SET FORTH IN SAID DECLARATION AND SURVEY)

S Yes  
P 3  
S no  
M no  
SC Yes  
E Yes  
INT 15%

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ALSO

PARCEL 2:

EASEMENTS FOR INGRESS AND EGRESS FOR THE BENEFIT OF PARCEL 1, AS DEFINED AND SET FORTH IN MASTER DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS AND EASEMENTS FOR SAN TROPAI PLANNED RESIDENTIAL DEVELOPMENT, MADE BY CHICAGO TITLE AND TRUST COMPANY, AS TRUSTEE UNDER TRUST NUMBER 1067400, DATED MARCH 31, 1976 AND RECORDED APRIL 12, 1976 AS DOCUMENT 23448134, AND CREATED BY DEED FROM CHICAGO TITLE AND TRUST COMPANY AS TRUSTEE UNDER TRUST NUMBER 1067400 TO STUART G. COCHRAN AND LORRAINE F. COCHRAN, HIS WIFE DATED JUNE 27, 1977 AND RECORDED JULY 6, 1977 AS DOCUMENT 23998976, IN COOK COUNTY, ILLINOIS.

Permanent Tax #: 02-12-200-021-1014

Address of Real Estate: 1245 Baldwin Lane, #502, Palatine, Illinois 60067

That the deceased died on November 22, 2012, as evidenced by a certified copy of a death certificate of the deceased attached hereto and the remaining joint tenant owner of the property LORRAINE F. COCHRAN was alive at the time of his death.

That the deceased died leaving a leaving a Last Will and Testament dated March 12<sup>th</sup>, 1980.


That the total value of the estate of the deceased, including both real and personal property owned by the deceased individually at the time of the death of the deceased, does not exceed the sum of \$200,000.00 dollars.

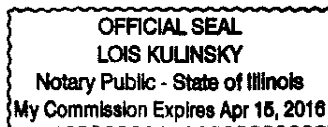
Affiant makes this affidavit for the purpose of keeping the chain of title clear on this property.



LORRAINE F. COCHRAN

SUBSCRIBED and SWORN to before me this 17 day of July, 2013.

  
Notary Public



RETURN TO:  
LOIS KULINSKY & ASSOCIATES, LTD.  
395 East Dundee Road, Suite 200  
Wheeling, Illinois 60090  
(847) 459-4448

# CERTIFICATION OF DEATH RECORD

## UNOFFICIAL COPY

### COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2012 0088300

DATE ISSUED 11/30/2012

DECEDENT'S LEGAL NAME STUART GENE COCHRAN			SEX MALE	DATE OF DEATH NOVEMBER 22, 2012
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 87 YEARS	DATE OF BIRTH MAY 12, 1925		
CITY OR TOWN ARLINGTON HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME NORTHWEST COMMUNITY HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE COLORADO SPRINGS, CO	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME LORRAINE MILLER FORBES	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 1243 E BALDWIN LANE	APT. NO. 502	CITY OR TOWN PALATINE	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60074	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CLIFFORD VIRGIL COCHRAN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MATTIE ANN TURMAN
INFORMANT'S NAME LORRAINE MILLER COCHRAN		RELATIONSHIP SPOUSE	MAILING ADDRESS 1243 E BALDWIN LANE UNIT502, PALATINE, IL, 60074	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION TWIN PINES CREMATORY	LOCATION - CITY OR TOWN AND STATE EAST DUNDEE, IL	DATE OF DISPOSITION NOVEMBER 28, 2012	
FUNERAL HOME GLUECKERT FUNERAL HOME LTD, 1520 N. ARLINGTON HEIGHTS ROAD, ARLINGTON HEIGHTS, IL, 60004				
FUNERAL DIRECTOR'S NAME MATTHEW JAMES BENNETT			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015755	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 28, 2012	
CAUSE OF DEATH PART I. CHRONIC OBSTRUCTIVE PULMONARY DISEASE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	UNKNOWN
		b.		
		c.		
		Due to (or as a consequence of):		
		Due to (or as a consequence of):		
		Due to (or as a consequence of):		
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. ASPIRATION PNEUMONIA			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 06:20 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 26, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR SALLY KELLEY, 2050 CLAIRE COURT, GLENVIEW, ILLINOIS, 60025			PHYSICIAN'S LICENSE NUMBER 036128140	

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.

*David Orr*  
David Orr  
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: TACTILE SECURITY HOLOGRAPHIC FOILS AT BOTTOM