

UNOFFICIAL COPY



Doc#: 1331249039 Fee: \$42.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 11/08/2013 03:30 PM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

PREPARED BY AND MAIL TO:

Gregory A. MacDonald
PLUYMERT, MACDONALD & HARGROVE, LTD.
701 Lee Street, Suite 645
Des Plaines, IL 60016

STATE OF Illinois
COUNTY OF Cook) ss

RONALD M. PONTIUS, being duly sworn states that he resides at of 2319 Calle La Serna, City of San Clemente, in the County of Orange, in the State of California

That he was acquainted with BERNARD T. PONTIUS, deceased, who at the time of his death was one of the owners of the lands in Cook County, Illinois described as:

SEE LEGAL DESCRIPTION ATTACHED HERETO AND MADE A PART HEREOF

Permanent Real Estate Index Number(s): 09-17-410-013-1003

Address(es) of Real Estate: 1470 Jefferson Street, Unit 203, Des Plaines, Illinois 60016

That the deceased died September 14, 1993 evidenced by a copy of death certificate of the deceased attached hereto.

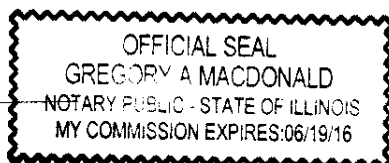
Ronald M. Pontius
RONALD M. PONTIUS

Subscribed and sworn to before me

by the said RONALD M. PONTIUS,

this 28 day of October, 2013.

Gregory A. MacDonald
Notary Public



UNOFFICIAL COPY**LEGAL DESCRIPTION****PARCEL I**

UNIT 203 IN THE JEFFERSON SQUARE CONDOMINIUM, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

LOT 12, EXCEPT THAT PART TAKEN FOR STREET AND ALL OF LOTS 13 AND 14 IN BLOCK 2 IN THE HEART OF DES PLAINES, A SUBDIVISION OF PART OF SECTION 17, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING THE PLAT THEREOF RECORDED IN BOOK 5 OF PLATS, PAGE 37, IN COOK COUNTY, ILLINOIS

ALSO

LOTS 56, 57 AND 58, EXCEPT THAT PART TAKEN FOR STREET, IN THE SUBDIVISION OF ORIGINAL LOTS 11 TO 30, INCLUSIVE, IN ORIGINAL TOWN OF RAND, BEING A SUBDIVISION OF PARTS OF SECTIONS 16, 17, 20 AND 21 IN TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM OWNERSHIP MADE BY FIRST NATIONAL BANK OF DES PLAINES, AS TRUSTEE UNDER TRUST AGREEMENT DATED FEBRUARY 17, 1989 AND KNOWN AS TRUST NUMBER 20132013 RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS IN COOK COUNTY, ILLINOIS ON NOVEMBER 17, 1989 AS DOCUMENT NUMBER 89549394, TOGETHER WITH A PERCENTAGE OF THE COMMON ELEMENTS APPURTENANT TO SAID UNIT AS SET FORTH IN SAID DECLARATION, AS AMENDED FROM TIME TO TIME, WHICH PERCENTAGE SHALL AUTOMATICALLY CHANGE IN ACCORDANCE WITH AMENDMENTS TO SAID DECLARATION AS SAME ARE FILED OF RECORD, PURSUANT TO SAID DECLARATION AND TOGETHER WITH ADDITIONAL COMMON ELEMENTS AS SUCH AMENDMENTS TO SAID DECLARATION ARE FILED OF RECORD IN THE PERCENTAGES SET FORTH IN SUCH AMENDMENTS TO SAID DECLARATION, WHICH PERCENTAGES SHALL AUTOMATICALLY BE DEEMED TO BE CONVEYED EFFECTIVE ON THE RECORDING OF SUCH AMENDED DECLARATION AS THOUGH CONVEYED THEREBY.

PARCEL II:

THE EXCLUSIVE RIGHT OF USE OF LIMITED COMMON ELEMENTS KNOWN AS GARAGE SPACE G23 AND STORAGE SPACE S7

UNOFFICIAL COPY
BROTHER BERNARD'S CERTIFICATE

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 160	DECEASED-NAME BERNARD	FIRST BERNARD	MIDDLE T.	LAST PONTIUS	SEX 2 MALE	DATE OF BIRTH (MONTH DAY YEAR) 3 SEPTEMBER 14, 1993
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 4 COOK	AGE-LAST BIRTHDAY (MRS) 5a 67	UNDER 1 YEAR 5b	UNDER 1 DAY 5c	DATE OF DEATH (MONTH DAY YEAR) 3 SEPTEMBER 14, 1993		
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a DES PLAINES	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b HOLY FAMILY HOSPITAL		DATE OF BIRTH (MONTH DAY YEAR) 5d SEPTEMBER 30, 1925		IF HOSP OR INST. INDICATE DOA OR EXER OR INPATIENT (SPECIFY) 6c INPATIENT	
BIRTHPLACE (CITY AND STATE OR FOREIGN) 7 CHICAGO, ILL.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED 8a NEVER MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) 8b NONE	EDUCATION (SPECIFY HIGHEST GRADE COMPLETED) 9 4 yrs		IF DECEASED EVER IN U.S. ARMY OR NAVY (YES/NO) 9. YES	
SOCIAL SECURITY NUMBER 10 [REDACTED]	USUAL OCCUPATION 11a CHEMIST	KIND OF BUSINESS OR INDUSTRY 11b STATE OF ILLINOIS		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b DES PLAINES		COUNTY 13d COOK
RESIDENCE (STREET AND NUMBER) 13a 1470 JEFFERSON STREET	ZIP CODE 13e 60016	RACE (WHITE, BLACK, AMERICAN INDIAN, OTHER SPECIFY) 14a. WHITE	OF HISPANIC ORIGIN? (SPECIFY NO OR YES) 14b. X NO	INSIDE CITY (YES/NO) 13c YES	SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC. 14c. YES	
FATHER-NAME 15. BERNARD A. PONTIUS	MIDDLE MIDDLE	MOTHER-NAME 16. EULALIA	RELATIONSHIP 17. SISTER	MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c 1470 JEFFERSON ST. DES PLAINES, ILL.	(MAIDEN) LAST	
INFORMANT'S NAME (TYPE OR PRINT) 17a. MARY LOU PONTIUS	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.				
Immediate Cause (Final disease or condition resulting in death) (a) Septic Shock (b) Myocardial Infarction (c) Chlamydia Ray For Bacterial Disease						
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. PART II. Other significant conditions contributing to death but not resulting in the underlying cause (from PART I) Hours Weeks Months						
DATE OF OPERATION, IF ANY 20b.	MAJOR FINDINGS OF OPERATION 20c.	AUTOPSY (YES/NO) 19a. YES	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	HOUR OF DEATH 21c. 1:15	DATE SIGNED (MONTH DAY YEAR) 22b. 9/14/93	
(DID YOU NOT ATTEND THE DECEASED AND LAST SAW HIM/LIVE ON 21a.	TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. [Signature]	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. YES		ILLINOIS LICENSE NUMBER 3643437		
NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT) 23. [Signature]						
BURIAL CREMATION, REMOVAL 24a. BURIAL	CEMETERY OR CREMATORY-NAME 24b. ALL SAINTS CEMETERY	LOCATION 24c. DES PLAINES, ILLINOIS	CITY OR TOWN 24d. DES PLAINES, ILLINOIS	STATE 24e. ILLINOIS	DATE (MONTH DAY YEAR) 24f. SEPT. 17, 1993	ZIP 24g. 60016
FUNERAL HOME 25a. OEHLE FUNERAL HOME	STREET AND NUMBER OR R.F.D. 555 LEE STREET	CITY OR TOWN DES PLAINES, ILLINOIS	STATE ILLINOIS	ZIP 60016	FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature]	
LOCAL REGISTRAR'S SIGNATURE 25c. [Signature]						

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

Date SEP 15 1993

[Signature] Nadine Trucumy

At Cook County Department of Public Health 1010 Lake St., Oak Park, Illinois 60301 Official Title Chief Deputy Registrar