

# UNOFFICIAL COPY



Doc#: 1407956028 Fee: \$42.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 03/20/2014 02:33 PM Pg: 1 of 3

1451900

**CAMBRIDGE TITLE COMPANY**  
400 Central Avenue  
Northfield, IL 60093

## Deceased Joint Tenancy Affidavit

State of Illinois )  
                          )ss  
County of Cook )

TATYANA LIPKIND, being duly sworn states that he/she resides at 4553 N. MAGNOLIA AVE., UNIT 310. in the City of CHICAGO, IL 60640.

That he/she was acquainted with VLADISLAV KRYLOV, deceased, who, at the time of his/her death, was the owner of the land in Cook County, Illinois, described as:

See legal description attached.

PARCEL 1: UNIT 310 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN MAGNOLIA GARDENS CONDOMINIUMS, AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED JANUARY 21, 2004 AS DOCUMENT NO. 0402119155, IN THE NORTHWEST QUARTER OF SECTION 17, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PARCEL 2: THE EXCLUSIVE RIGHT TO THE USE OF THE LIMITED COMMON ELEMENTS KNOWN AS PARKING SPACE P-09 AND STORAGE SPACE S-3B AS DELINEATED ON THE SURVEY ATTACHED TO THE

DECLARATION, AFORESAID

Commonly known as: 4553 N. MAGNOLIA AVE., UNIT 310, CHICAGO, IL 60640

Permanent Index No.: 14-17-118-032-1020

That the deceased died "29 January 2014" as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

X 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 \_\_\_\_\_ County, Illinois.

\_\_\_\_ Leaving a Last Will & Testament which was filed in the Unproven will box of the Probate

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Division of the Circuit Court of Cook 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 \$ 191,000.00 dollars.

Affiant makes this affidavit for that purpose of inducing CAMBRIDGE TITLE COMPANY, as agent for The Guarantee Title and Trust Company, to issue its Title Insurance Policy, describing the above-mentioned property.



\_\_\_\_\_  
Affiant

Subscribed and sworn to before me this 6<sup>th</sup> day of March, 2014.



\_\_\_\_\_  
Notary Public



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

STATE FILE NUMBER 2014 0007889

DATE ISSUED 1/31/2014

DECEDENT'S LEGAL NAME VLADISLAV KRYLOV			SEX MALE	DATE OF DEATH JANUARY 29, 2014	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 63 YEARS	DATE OF BIRTH FEBRUARY 15, 1950		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 4553 NORTH MAGNOLIA			
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE RUSSIA	SOCIAL SECURITY NUMBER [REDACTED]-0-3034	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME TATYANA LIPKIND		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 4553 NORTH MAGNOLIA		APT. NO. 310	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60640	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION YURIY KRYLOV		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ALLA KHVATOVSKAYA
INFORMANT'S NAME TATYANA LIPKIND		RELATIONSHIP WIFE	MAILING ADDRESS 4553 NORTH MAGNOLIA, CHICAGO, IL, 60640		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION RIDGEWOOD MEMORIAL PARK	LOCATION - CITY OR TOWN AND STATE DES PLAINES, IL	DATE OF DISPOSITION JANUARY 31, 2014	
FUNERAL HOME CHESED VEMET, 701 WEST RAND ROAD, ARLINGTON HEIGHTS, IL, 60004					
FUNERAL DIRECTOR'S NAME RUDY LERNER			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031009435		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JANUARY 31, 2014		
<b>CAUSE OF DEATH</b> PART I LUNG CANCER					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	Due to (or as a consequence of):		UNKNOWN UNKNOWN
		b.	Due to (or as a consequence of):		
		c.	Due to (or as a consequence of):		
			Due to (or as a consequence of):		
PART II Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I			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? YES	DATE LAST SEEN ALIVE JANUARY 24, 2014	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 02:50 AM	
CERTIFIER PHYSICIAN				DATE CERTIFIED JANUARY 30, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH TERRIE LYNN WEIR, M.D., 7605 1/2 NORTH AVENUE, RIVER FOREST, ILLINOIS, 60305				PHYSICIAN'S LICENSE NUMBER 036-081633	

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: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM