

# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 1414018052 Fee: \$40.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 05/20/2014 01:29 PM Pg: 1 of 2

### Prepared by and Mail To:

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

140173800 8555

STATE OF ILLINOIS )  
COUNTY OF ) SS

MARTHA E. LINDBERG A/K/A MARTHA C. LINDBERG, being duly sworn states that she resides at 1600 E. Thacker Street, Unit 404, Des Plaines, IL 60016,

That she was acquainted with RICHARD LINDBERG, deceased, who at the time of his death was one of the owners of the lands in Cook County, Illinois described as:

UNIT 404 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN TOWNE CENTRE CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 94-236515, BEING A PART OF THE EAST HALF NORTHEAST QUARTER OF SECTION 20, AND PART OF THE WEST HALF NORTHWEST QUARTER OF SECTION 21, ALL IN TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARKING SPACE NUMBER 43 AND STORAGE NUMBER 43 AS A LIMITED COMMON ELEMENT AS SET FORTH AND PROVIDED IN THE AFOREMENTIONED DECLARATION OF CONDOMINIUM.

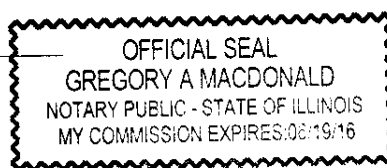
Permanent Real Estate Index Number(s): 09-20-202-042-1030  
Address(es) of Real Estate: 1600 E. Thacker Street, Unit 404, Des Plaines, Illinois 60016

That the deceased died April 25, 2005, as evidenced by a certified copy of death certificate of the deceased attached hereto.

Martha E Lindberg  
MARTHA E. LINDBERG A/K/A MARTHA C. LINDBERG

Subscribed and sworn to before me by the said MARTHA E. LINDBERG A/K/A MARTHA C. LINDBERG, this 30th day of April, 2014.

Gregory A. MacDonald  
Notary Public



STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

**UNOFFICIAL COPY**

APR 27 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

NO. 16.0	STATE OF ILLINOIS	STATE FILE NUMBER
REGISTRATION DISTRICT NO.	<b>MEDICAL CERTIFICATE OF DEATH</b>	
REGISTERED NUMBER		
DECEASED—NAME FIRST MIDDLE LAST		SEX
1. Richard Lindberg		2. Male
DATE OF DEATH (MONTH, DAY, YEAR)		3. April 25, 2005
COUNTY OF DEATH	AGE—LAST BIRTHDAY (YRS)	DATE OF BIRTH (MONTH, DAY, YEAR)
4. Cook	74	5d. July 24, 1930
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)
6a. Des Plaines	5b. Holy Family Hospital	6c. Inpatient
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
7. Chicago, Ill.	8a. Married	8b. Martha E. Clarke
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY
1	11a. Engineer	11b. Medical Supplies
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	12. 12	
RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP, OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)
13a. 1600 Thacker # 404	13b. Des Plaines	13c. Yes
STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
13e. Illinois	13f. 60016	14a. White
FATHER—NAME FIRST MIDDLE LAST	MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST	OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
15. John Lindberg	16. Ida Johana Goldbrand	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:
INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. Martha E. Lindberg	17b. Wife	17c. 60016 1600 Thacker #404, Des Plaines, Ill.
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac respiratory arrest, shock, or heart failure. List only one cause on each line.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death) (a) <i>Ventricular fibrillation</i>		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. (c)		
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a.	20b.	20c. YES <input type="checkbox"/> NO <input type="checkbox"/>
1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH
21a. 4/2005	21b. Yes	21c. 6:45 a.m.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR)
22a. SIGNATURE <i>Shams MO</i>		22b. 4/26/05
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER
22c. Dr. Ehab Shams 2433 N. Harlem Suite 400 Chicago IL		22d. 036094256
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME
24a. Cremation		24b. Acacia Park
LOCATION * CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)
24c. Chicago, Illinois		24d.
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP		
25a. G.L. Hills Funeral Home, 745 Graceland Ave. Des Plaines, Illinois 60016		
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. <i>[Signature]</i>		25c. 034-015706
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. <i>David Orr</i>		26b. April 27, 2005