

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 1415650053 Fee: \$40.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 06/05/2014 01:38 PM Pg: 1 of 2

LANA C. ARTSON, being duly sworn that she resides at 652 Meadow Dr. in the City of Des Plaines, County of Cook, and State of Illinois.

That she was acquainted with LAURENCE T. ARTSON, deceased, who at the time of his death, was one of the owners of the land in the City of Des Plaines, County of Cook, State of Illinois, described as:

LOT 27 IN MOEHLING FARMS SUBDIVISION BEING A RESUBDIVISION OF PART OF LOT 5 IN CONRAD MOEHLING'S SUBDIVISION OF PART OF THE WEST HALF OF FRACTIONAL SECTION 8 AND PART OF THE EAST HALF OF SECTION 7, ALL IN TOWNSHIP 41 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED JULY 1, 1997 AS DOCUMENT NO. 97474991 IN COOK COUNTY, ILLINOIS.

PIN: 09-07-424-026-0000

ADDRESS OF REAL ESTATE: 652 MEADOW DR., DES PLAINES, IL 60016

PREPARED BY AND MAIL TO: BRIAN S. DENENBERG, DENKEWALTER & ANGELO, 5215 OLD ORCHARD RD., SUITE 1010, SKOKIE, ILLINOIS 60077

That the deceased died October 7, 2013, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

Leaving no Last Will and Testament.

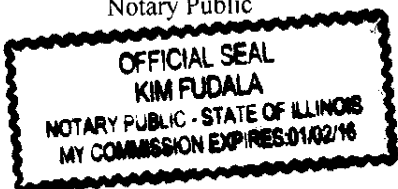
Leaving a Last Will and Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.

Leaving a Last Will and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois.

Subscribed and sworn to before me by the said Lana C. Artson this 25th day of March, 2014.

Kim Fudala
Notary Public

Lana C. Artson
Affiant's Signature



UNOFFICIAL COPY

**COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH**

STATE FILE NUMBER 2013 0076539 MEDICAL EXAMINER'S CASE NUMBER 114 OCT 13 DATE ISSUED 10/11/2013

DECEDENT'S LEGAL NAME LAURENCE T ARTSON		SEX MALE	DATE OF DEATH OCTOBER 07, 2013	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 63 YEARS	DATE OF BIRTH MAY 06, 1950		
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME 117 N WELLS			
PLACE OF DEATH SCENE				
BIRTHPLACE COLUMBUS, OH	SOCIAL SECURITY NUMBER 348-46-5098	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME LANA BOSSI	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 652 MEADOW DRIVE	APT. NO.	CITY OR TOWN DES PLAINES	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60016	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION HERBERT ARTSON	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARTHA OLSON
INFORMANT'S NAME LANA ARTSON	RELATIONSHIP WIFE	MAILING ADDRESS 652 MEADOW DRIVE, DES PLAINES, IL, 60016		
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION MORGAN CREMATION SERVICE	LOCATION - CITY OR TOWN AND STATE NORTHLAKE, IL	DATE OF DISPOSITION OCTOBER 11, 2013	
FUNERAL HOME COLONIAL-WOJCIECHOWSKI FH, 6250 N. MILWAUKEE AVENUE, CHICAGO, IL, 60646				
FUNERAL DIRECTOR'S NAME KAREN C BRULI		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015746		
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR OCTOBER 10, 2013		
CAUSE OF DEATH PART I. MULTIPLE INJURIES				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	Due to (or as a consequence of):	
		b.	FALL FROM HEIGHT	
		c.	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.		WAS AN AUTOPSY PERFORMED? NO		
		WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A		
FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH SUICIDE		
DATE OF INJURY OCTOBER 7, 2013	TIME OF INJURY 09:40 PM	PLACE OF INJURY ALLEY	INJURY AT WORK? NO	
LOCATION OF INJURY 117 N WELLS, CHICAGO, IL, 60606				IF TRANSPORTATION INJURY, SPECIFY
DESCRIBE HOW INJURY OCCURRED: MULTIPLE INJURIES DUE TO FALL FROM HEIGHT.				
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED OCTOBER 07, 2013	TIME OF DEATH 10:10 PM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED OCTOBER 10, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH STEPHEN J CINA MD, 2121 W HARRISON ST, CHICAGO, IL, 60612				PHYSICIAN'S LICENSE NUMBER

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

DECEDENT ALIAS

AKA: LARRY T ARTSON
AKA: LARRY
I am 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