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Doc#: 1505745035 Fee: \$42.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 02/26/2015 12:41 PM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois]
County of Cook]

Date: February 20, 2015

V. Ruth Beyler, being duly sworn states that she resides at 8225 Juniper Court, Unit 34A, Palos Hills, Illinois 60465. That she was married to Alvin Beyler, deceased who, at the time of his death, was the other joint owner of the land in Cook County, Illinois, described as:

Legal Description of Premises: See attached Exhibit A

Common Address of Premises: 8225 Juniper Court, Unit 34A, Palos Hills, Illinois 60465

P.I.N. 23-23-200-021-1069

That the deceased died on May 12, 1989, as evidenced by a certified copy of death certificate of the deceased attached hereto.

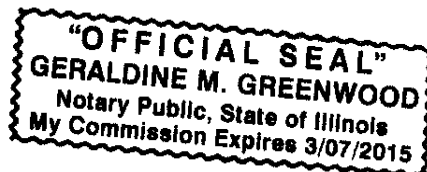
I declare under penalty of perjury that the foregoing is true and correct.

V. Ruth Beyler

V. Ruth Beyler, surviving joint tenant

Subscribed to and sworn before me this 20 day of February, 2015.

[Signature]
Notary Public



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LEGAL DESCRIPTION

UNIT NUMBER 34A, TOGETHER WITH A PERPETUAL AND EXCLUSIVE USE OF PARKING SPACE AND STORAGE AREA DESIGNATED AS 34AGS, AS DELINEATED ON A SURVEY OF A PARCEL OF REAL PROPERTY LOCATED IN SECTION 23, TOWNSHIP 37 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPLE MERIDIAN, AS MORE FULLY DESCRIBED AND SHOWN ON THE PLAT ATTACHED AS EXHIBIT "A" TO THE DECLARATION ESTABLISHING A PLAN OF CONDOMINIUM OWNERSHIP RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS, AS DOCUMENT NUMBER 22,647,270 ON MARCH 7, 1974, AS AMENDED BY DOCUMENT NUMBER 22,735,943, RECORDED ON JUNE 3, 1974, IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS, AS AMENDED BY DOCUMENT NUMBER 22,897,894, RECORDED ON NOVEMBER 4, 1974, AND AS AMENDED BY DOCUMENT NUMBER 23,003,640, RECORDED ON FEBRUARY 21, 1975, IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS, TOGETHER WITH A PERCENT OF 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 AMENDED DECLARATIONS AS SAME ARE FILED OF RECORD PURSUANT TO SAID DECLARATION, AND TOGETHER WITH ADDITIONAL COMMON ELEMENTS AS SUCH AMENDED DECLARATIONS ARE FILED OF RECORD, IN THE PERCENTAGES SET FORTH IN SUCH AMENDED DECLARATIONS, WHICH PERCENTAGE SHALL AUTOMATICALLY BE DEEMED TO BE CONVEYED EFFECTIVE ON THE RECORDING OF EACH SUCH AMENDED DECLARATION AS THOUGH CONVEYED HEREBY.

PROPERTY ADDRESS: 8825 JUNIPER COURT, UNIT 34A, PALOS HILL, IL 60465

PERMANENT INDEX NUMBER: 23-23-200-021-1069

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item I 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 birth, stillborns and deaths.

MAY 15, 1989
DATE

SIGNED Laine Hunter

At Cook County Department of Public Health Official Title Chief Deputy Registrar
1500 South Maybrook Drive, Maywood, Illinois 60153

REGISTRATION DISTRICT NO. 16.0
REGISTERED NUMBER
STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEASED-NAME: ALVIN BAKER

COUNTY OF DEATH: COOK CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: PALOS HEIGHTS

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): PALOS HEIGHTS ILLINOIS

BIRTH DATE (MONTH, DAY, YEAR): DEC 25 1925

AGE AT DEATH (MONTHS, DAYS, HOURS, MINUTES): 63

HOSPITAL OR OTHER INSTITUTION (NAME IF KNOWN, STREET AND NUMBER): COMMUNITY HOSPITAL

DATE OF BIRTH (MONTH, DAY, YEAR): MAY 12 1989

SEX: MALE

DATE OF DEATH (MONTH, DAY, YEAR): MAY 12 1989

RESIDENCE (STREET AND NUMBER, CITY, TOWN, OR ROAD DISTRICT NO., STATE): 8225 TAMPER LANE PALOS HEIGHTS ILLINOIS 60465

FATHER-NAME: ALVIN BAKER MOTHER-NAME: ESTELLE STEWART BAKER

INFORMANT'S NAME (TYPE OR PRINT): RUTH BAKER RELATIONSHIP: WIFE

MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 8225 TAMPER LANE PALOS HEIGHTS ILLINOIS 60465

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST: ACUTE MYOCARDIAL INFARCTION

DATE OF OPERATION, IF ANY: 01/15/89 MAJOR FINDINGS OF OPERATION: MI

11(D) (DID NOT) ATEND THE DECEASED AND LAST SAW HIM, HER ALIVE ON: 4/11/89

22. SIGNATURE: Griffin A. Alby, MD

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): 4301 W 85 ST OAK LAWN ILL

24. NAME OF CREATOR: DR. GRIFIN A. ALBY

24a. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): Griffin A. Alby, MD 4301 W 85 ST OAK LAWN ILL

25a. NAME AND ADDRESS OF FUNERAL HOME: LAW HENKELMAN 10521 S. MARLENE DR. PALOS HEIGHTS ILL 60463

25b. NAME AND ADDRESS OF FUNERAL DIRECTOR'S SIGNATURE: ALVIN HENKELMAN 10521 S. MARLENE DR. PALOS HEIGHTS ILL 60463

26a. LOCAL REGISTRAR'S SIGNATURE: KAREN L SCOTT, M.D.

26b. REGISTRAR: Laine Hunter

27. ILLINOIS LICENSE NUMBER: 36-433026

28. DATE SIGNED: 5/12/89

29. HOUR OF DEATH: 7:15

30. DATE OF DEATH: MAY 15 1989

20a. DATE OF OPERATION, IF ANY: 01/15/89

20b. MAJOR FINDINGS OF OPERATION: MI

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: 4/11/89

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