



# UNOFFICIAL COPY

## First American

First American Title Insurance Company  
27775 Diehl Road  
Warrenville, IL 60555

### DECEASED JOINT TENANT AFFIDAVIT

STATE OF ILLINOIS            }  
  }  
COUNTY OF Cook            } SS  
  }

4-23-15 DATE:  
FATIC NO.:

Bertson Trandel, being first duly sworn, for the purpose of inducing First American Title Insurance Company to issue its' title insurance policy covering the land described in the above captioned commitment, deposes and says;

1. That he/she resides at: 614 Pleasant Place, Streamwood, IL 60107
2. That he/she was acquainted with Helen Trandel who died on 7/26/2007, as evidenced by the attached certified copy of the death certificate.
3. That said decedent was one of the owners of the land described in the above captioned commitment.
4. That said decedent died:  
 leaving no last will and testament  
 leaving a last will and testament, a copy of which is attached
5. That the total value of said decedent's estate for State of Illinois Inheritance Tax/Estate Tax and Federal Estate Tax purposes does not exceed \$ 150,000.00.

Bertson P Trandel  
Affiant's Signature

Subscribed and sworn to before me this 23<sup>rd</sup> day of April, 2015

Shashi Kumar  
Notary Public



Doc#: 1511355067 Fee: \$42.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 04/23/2015 03:07 PM Pg: 1 of 3

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Property of Cook County Clerk's Office

therein described, situated in the County of COOK, State of Illinois, as follows, to wit:

**LOT 2718 IN WOODLAND HEIGHTS, UNIT 5, BEING A SUBDIVISION IN SECTIONS 23 TO 26 TOWNSHIP 41 NORTH, RANGE 9, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING PLAT THEREOF RECORDED IN RECORDER'S OFFICE MARCH 8, 1963 AS DOCUMENT 187. COOK COUNTY, ILLINOIS.**

Together with all the appurtenances and privileges thereunto belonging or appertaining.  
Permanent Real Estate Index Number(s): 06-26-213-015  
Witness hands and seals, August 26, 2005

STATE OF ILLINOIS, COUNTY OF COOK

The foregoing instrument was signed before me this August 26, 2005.

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STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

JUL 31 2007

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.

COUNTY CLERK

BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.0</b>		STATE OF ILLINOIS				STATE FILE NUMBER	
REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>							
DECEASED-NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. <i>Helen</i>		<i>E.</i>		<i>Trandel</i>				2. Female	3. 07/26/2007
COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. Cook		5a. 76		5b.		5c.		5d. December 18, 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. OP/EMER. RM. INPATIENT (SPECIFY)	
6a. Hoffman Estates		6b. St. Alexis Medical Center						6c. D.O.A	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)				WAS DECEASED EVER IN ARMED FORCES? (YES/NO)	
7. Chicago, IL		8a. Married		8b. Bertram Trandel				9. No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)			
10. 338-22-9996		11a. Optician		11b. Retail		12. 12			
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY			
13a. 614 Pleasant Place		13b. Streamwood		13c. Yes		13d. Cook			
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN)			
13e. Illinois		13f. 60107		14a. White		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
FATHER—NAME		FIRST		MIDDLE		LAST		MOTHER—NAME	
15. Patrick						Nolan		16. Pauline Lukas	
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)					
17a. Bertram Trandel		17b. Husband		17c. 614 Pleasant Pl. Streamwood, IL 60107					
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, 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>Coronary artery disease</i>							
DUE TO, OR AS A CONSEQUENCE OF									
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF							
		(c) 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.		AUTOPSY (YES/NO)		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?					
		19a. NO		20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION							
20a.		20b.							
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.		7/25/07		21b. Yes		21c. 7:03 AM			
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		22b.		22c. 7/31/07					
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER							
22c. <i>Doreen Weir, St Alexis med ctr</i>		22d. 036114946							
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		LOCATION		CITY OR TOWN		STATE	
24a. Burial		24b. St. Michael Cemetery		24c. Palatine, Illinois		24d. July 30, 2007			
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN		STATE	
25a. Countryside Funeral Home		1640 Greenwadows Blvd		Streamwood, Illinois		60107			
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER							
25b. <i>Thelma Tancredi</i>		25c. 034-015362							
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)							
26a. <i>David Orr</i>		26b. JUL 31 2007							