UNOFFICIAL COPY

CHICAGO TITLE INSURANCE COMPANY **DECEASED JOINT TENANCY AFFIDAVIT**

Doc#: 1516015036 Fee: \$44.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A.Yarbrough

Cook County Recorder of Deeds Date: 06/09/2015 11:07 AM Pg: 1 of 4

State of Illi County of) ss.		Order No	
	states that _SHE	resides at 4	1) LATHROP, UNIT 2W, RIVER F		being
That _SHE_ deceased	was acqu	uainted with _RALPH the time of	4	of the owners	of the
SEE ATTAC					
That the dec	ceased died d copy of death	Certificate of the dece	ased attached hereto.	Z .	_, as evidenced
That the dec	ceased died:		BY PRAIRIE TITLE AS AN	BUEN SENT FOR RECORDER. ACCUMMODATION ONLY.	•
	Leaving no Las	st Will & Testament.		INED AS 10 IT 3 EXECUTION IPON TITLE.	
			copy of which is attached hereto. T Probate Division of the Circuit Cou		oven Will County,
			ich was filed in the Unproven Will I County, Illinois about	Box of the Probate Divis	sion of the
			, including both real and personal peath of the deceased, does not exc		

CHU REVIEWER

1516015036 Page: 2 of 4

Subscribed and sworn to before the other FICIAL COPY

"OFFICIAL SEAL"
William B Sullivan
Notary Public, State of Illinois
My Commission Expires 7/11/2017 Property of Cook County Clark's Office

1516015036 Page: 3 of 4



EXHIBIT "A"

LEGAL DESCRIPTION

PARCEL 1: UNIT 411-2W IN THE WINDSOR CONDOMINIUM AS DELINEATED ON THE PLAT OF SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: LOTS 16, 17, 18, 19 AND 20 IN P.L. MURPHY'S SUBDIVISION IN THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 12, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. WHICH SURVEY IS ATTACHED AS EXHIBIT "D" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 0435012019, AND AS AMENDED, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

PARCEL 2: THE FACLUSIVE RIGHT TO THE USE OF P1 AND P2 AND STORAGE LOCKER 1A, LIMITED COMMON ELEMENTS. AS DELINEATED ON THE SURVEY ATTACHED TO THE DECLARATION AFORESAID RECORDED AS DOCUMENT NUMBER 0435012019, AND AS AMENDED.

CERTIFICATION OF DEATH RECORD

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

TATE FILE NUMBER 2011	0089678		•	•					DATE	ISSUED	12/05/2011	
DECEDENT'S LEGAL NAME RALPH A LEONARD					SEX MALE			DATE OF DEATH NOVEMBER 30, 2011				
COUNTY OF DEATH	AGE AT LAST BIRTHDAY 74 YEARS			1	DATE OF BIRTH DECEMBER 03, 1936							
CITY OF TOWN CHICAGO				HOSPITAL OR C			-	PITAL				
PLACE OF DEATH EMERGENCY ROOM /	OUTPATIENT			·								
BIRTHPLACE SHARON, PA	SOCIAL SECURI	TY NUMBER	STATUS AT TIM MARRIED	ME OF DEATH	- 1	IVING SPOUSI		PARTNERS MAI	DEN NAME	EVER IN U.S FORCES?	the second secon	
RESIDENCE 411 LATHROP AV			APT.		CITY OR T	TOWN FOREST	Г		41.	SIDE CITY LI	IMITS?	
The second secon	ATE ZIP CODE 60305	L	PARENT'S NAME P LL LEONAR	RIOR TO FIRST MARK	RIAGE/CIVIL	UNION	MARY D	ARENT'S NAME ALLAS	PRIÓR TO FIA	ST MARRIAGE/	CIVIL UNION	
INFORMANT'S NAME MARY A LEONARD	100	I	ATIONSHIP VIFE		1	NG ADDRES		RIVER FOR	REST, IL,	60305		
METHOD OF DISPOSITION CREMATION	11	CE OF DISPO	SITION REMATORY	· · · · · · · · · · · · · · · · · · ·		NKLIN P	OR TOWN A	AND STATE		DISPOSITION IBER 05, 2	54 (3	
DRECHSLER BROWN	AND WILLIAMS	FUNE 31	HOME, 203	S MARION ST	Γ, ΟΑΚ Ι	PARK, IL.						
FUNERAL DIRECTOR'S NAME BERNARD M DALCAM	O JR	. (100 100 110		034016				R	
LOCAL REGISTRAR'S NAME DAVID ORR			0	<u> </u>				WITH LOCAL IBER 5, 20		R		
CAUSE OF DEATH PAR IMMEDIATE CAUSE (Final disease or condition	a	CARDIAL IN						ATE	DEATH			
resulting in death)	Eule to (or as a consequence): .			PROXIN	PAOXIMATE TYAL BETWEE TYALD DEAT			
	С.		Due to (or as a consequence of	Dx.			A	ONSEI			
	 	· · · · · · · · · · · · · · · · · · ·	Que to (or as a consequence of	<u></u>							
PART II Enter other significant c	anditions contributi	ng to death bu	ut not resulting in	the underlying caus	se given in	FART I.		WAS AN AUT		4 1 1)	
				· · · · · · · · · · · · · · · · · · ·	·,	C		WERE AUTOR	AUSE OF DI			
NOT APPLICABLE			. :	·			- 1 -	MANNER OF NATURAL				
DATE OF INJURY		TIME OF INJURY PLACE OF INJURY			?Y	. (INJURY AT	WORK?	
LOCATION OF INJURY					٠							
DESCRIBE HOW INJURY OCCUP	RRED:	·		·		·		IFTE	ATEC 78.44.	TION INJURY	SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN A		WAS MEDICAL CORONER COM	EXAMINER OR NTACTED? YE	s	DATE PR	ONOUNCED			TIME OF DEA 05:35 PN	the state of the s	
CERTIFIER PHYSICIAN			1						E CENTIFIED	R 02, 201	1	

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.

PHYSICIAN'S LICENSE NUMBER

036064886

NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

CALVIN T MEINEKE, 1100 LAKE ST #125, OAK PARK, ILLINOIS, 60301

David Orr
Cook County Clerk