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Doc#: 1520539057 Fee: \$42.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00 Karen A. Yarbrough Cook County Recorder of Deeds Date: 07/24/2015 01:49 PM Pg: 1 of 3

Return to: Title Source, Inc. 662 Woodward Avenue Detroit, MI 48226

① 60406780-3018520 (cc list)

DECEASED JOINT TENANT AFFIDAVIT OF DEATH

State of Illinois ) Order No. 60406780 County of Cook ) ss.

Affiant, Jeffrey S. Weiner, Sr., being duly sworn, states that he resides at 2415 Erie St., River Grove, IL 60171. That he was acquainted with Sam Weiner, Deceased, who at the time of his death was one of the owners of the land described and referred to herein, located in Cook County, Illinois, and described as:

See Exhibit A attached hereto and made a part hereof 2415 N Erie St, River Grove, IL 60171

That the deceased died March 26, 1990, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament. Leaving a Last Will & 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 Cook County, Illinois. Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois about \_\_\_\_\_

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That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of death of the deceased, does not exceed the sum of \$100,000.00 dollars.

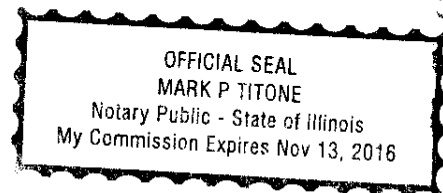
Affiant makes this affidavit for that purpose of inducing the Quicken Loans Inc. to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said Jeffrey S. Weiner, Sr.

By: Jeffrey S. Weiner, Sr. Jeffrey S. Weiner, Sr.

This 12th day of June, A.D. 2015

Notary Public Mark P. Titone



S Y P 3 S N M N SC Y E Y NT 9T

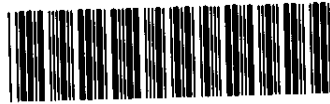
# UNOFFICIAL COPY

## EXHIBIT A

The following described property:

LOT SEVEN (7) (EXCEPT THE NORTH 80 FEET THEREOF) IN BLOCK SIX (6) IN VOLK BROS. CHICAGO HOME GARDENS, BEING A SUBDIVISION OF THAT PART OF THE EAST HALF (1/2) OF THE SOUTHEAST QUARTER (1/4) OF SECTION 26, TOWN 40 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN LYING SOUTH OF GRAND AVENUE, COOK COUNTY RECORDS.

Assessor's Parcel No. 12-26-424-010-0000



\*U05388020\*

1632 6/19/2015 79959204/1

Property of Cook County Clerk's Office

STATE OF ILLINOIS  
County of Cook

**UNOFFICIAL COPY**  
DAVID ORR, County Clerk

SEP 16 2002

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

**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER  
**9-019834**

BIRTH NO.		REGISTRY YEAR DISTRICT NO <b>1635</b>		STATE OF ILLINOIS		STATE FILE NUMBER		
REGISTERED NUMBER <b>207</b>		<b>MEDICAL CERTIFICATE OF DEATH</b>						
DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)		
1. <b>Sam</b>		<b>Sam</b>		<b>Weiner</b>	2. <b>Male</b>	3. <b>March 26, 1990</b>		
COUNTY OF DEATH		AGE - LAST BIRTHDAY (MRS.)	UNDER 1 YEAR WKS	UNDER 1 DAY DAYS	HOURS	MIN	DATE OF BIRTH (MONTH DAY YEAR)	
4. <b>Cook</b>		5a. <b>69</b>	5b.	5c.	5d. <b>July 17, 1920</b>			
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. OPEREM. IM. INPATIENT (S-P-F-I)		
6a. <b>Nelrose Park</b>		6b. <b>Gottlieb Memorial Hospital</b>				6c. <b>Inpatient</b>		
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 U.S. ARMED FORCES? (YES/NO)		
7. <b>Chicago, IL</b>		8a. <b>Married</b>		8b. <b>Helen Nowakski</b>		9. <b>Yes</b>		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (11-4 or 5-1)		
10. [REDACTED]		11a. <b>Machinist</b>		11b. <b>Atomic Eng.</b>		12. <b>12</b>		
RESIDENCE (STREET NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY		
13a. <b>2436 Spruce</b>		13b. <b>River Grove</b>		13c. <b>Yes</b>		13d. <b>Cook</b>		
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		
13e. <b>Illinois</b>		13f. <b>60171</b>		14a. <b>White</b>		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - NAME (MAIDEN) LAST			
15. <b>Louis</b>		<b>Louis</b>		<b>Weiner</b>	16. <b>Beatrice Ross</b>			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET ADDRESS, PO BOX, CITY OR TOWN, STATE, ZIP)				
17a. <b>Helen Weiner</b>		17b. <b>Wife</b>		17c. <b>2436 Spruce River Grove, IL 60171</b>				
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 PERIOD OF ILLNESS (MONTHS, DAYS, HOURS)	
Immediate Cause (Final disease or condition resulting in death)		(a) <b>Acute Respiratory Distress Syndrome</b>					10 days	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a)		(b) <b>High Grade Leptospira</b>					3 months	
STATING THE UNDERLYING CAUSE LAST		(c)						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I:		AUST OPSV (YES/NO)		WAS AUTOPSY PERFORMED AS AN ABLE MEANS TO COMPLETE CAUSE OF DEATH? (YES/NO)				
		19a. <b>Yes 1990</b>		19b. <b>Yes 1990</b>				
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION			IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?			
20a.		20b.			20c. <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>			
DID (OR 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. <b>3/25/90</b>		<b>3/25/90</b>		21b. <b>NO</b>		21c. <b>9:03 A. M.</b>		
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. <b>March 27, 1990</b>						
NAME AND ADDRESS OF CERTIFIER		ILLINOIS LICENSE NUMBER						
22c. <b>Sheldon E. Krasnow M.D. 1 Erie Court Oak Park, IL 60302</b>		22d. <b>36 2837 F</b>						
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IN AN INJURY CASE 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		DATE (MONTH DAY YEAR)		
24a. <b>Burial</b>		24b. <b>Concordia</b>		24c. <b>Forest Park, Illinois</b>		24d. <b>March 28, 1990</b>		
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE ZIP		
25a. <b>Peterson Funeral Home</b>		<b>6938 West North Avenue</b>		<b>Chicago, Illinois</b>		<b>60635</b>		
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER						
25b. <i>James E. Peterson</i>		25c. <b>7616</b>						
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)						
26a. <i>Joe Tracy</i>		26b. <b>March 27-1990</b>						