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DECEASED JOINT TENANCY AFFIDAVIT

Mail Recorded Affidavit to
JOHN TREPEL & ASSOCIATES, LLC.
5844 W. Irving Park Road
Chicago, IL. 60634



Doc#: 1522650058 Fee: \$42.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 08/14/2015 02:28 PM Pg: 1 of 3

STATE OF ILLINOIS)
) ss
COUNTY OF COOK)

SHARON M. GASPAR, hereinafter referred to as the affiant, being duly sworn states that the affiant resides at 6450 West Berseau, Unit #207, in the City of Chicago, State of ILLINOIS, that the affiant, SHARON M. GASPAR was the daughter of MARY GASPAR, the deceased; at the time of her death, the decedent was one of the owners of the property by virtue of a properly recorded joint tenancy deed, said property located in Cook County, Illinois, and legally described as follows:

SEE LEGAL DESCRIPTION ATTACHED

Address 6450 WEST BERTEAU, UNIT #207, CHICAGO, IL. 60634
P.I.N. 13-18-409-074-1103

That the decedent died on June 6, 2009, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died: Leaving No Last Will and Testament.

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

Sharon M Gaspar

SHARON M. GASPAR - Affiant

(Seal)

STATE OF ILLINOIS)
)
COUNTY OF COOK)

This Affidavit was prepared by:

JOHN TREPEL & ASSOCIATES, LLC.
5844 W. Irving Park Road
Chicago, IL 60634

Subscribed and Sworn to before me this 24 day of July, 2015.

[Signature]
Notary Public



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LEGAL DESCRIPTION

Property Commonly Known as: 6450 W Berteau Ave., #207
Chicago, IL. 60634

Permanent Index Number: 13-18-409-074-1103

UNIT 3-207 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN GLENLAKE CONDOMINIUM NO. 2 AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 99465987, AS AMENDED FROM TIME TO TIME, IN PART OF THE SOUTH FRACTIONAL HALF OF SECTION 18, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

GRANTOR ALSO HEREBY GRANTS TO THE GRANTEE, ITS SUCCESSORS AND ASSIGNS, AS RIGHTS AND EASEMENTS APPURTENANT TO THE SUBJECT UNIT DESCRIBED HEREIN, THE RIGHTS AND EASEMENTS FOR THE BENEFIT OF SAID UNIT SET FORTH IN THE DECLARATION OF CONDOMINIUM; AND GRANTOR RESERVES TO ITSELF, ITS SUCCESSORS AND ASSIGNS, THE RIGHTS AND EASEMENTS SET FORTH IN SAID DECLARATION FOR THE BENEFIT OF THE REMAINING LAND DESCRIBED THEREIN.

THIS DEED IS SUBJECT TO ALL RIGHTS, EASEMENTS, COVENANTS, RESTRICTIONS AND RESERVATIONS CONTAINED IN SAID DECLARATION THE SAME AS THOUGH THE PROVISIONS OF SAID DECLARATION WERE RECITED AND STIPULATED AT LENGTH HEREIN.

THIS DEED IS SUBJECT TO: REAL ESTATE TAXES NOT YET DUE AND PAYABLE; THE ILLINOIS CONDOMINIUM PROPERTY ACT; THE CONDOMINIUM DECLARATION; THE HOMEOWNER'S DECLARATION FOR GLENLAKE; COVENANTS, CONDITIONS AND RESTRICTIONS AND BUILDING LINES OF RECORD; EASEMENTS EXISTING OR OF RECORD; SPECIAL TAXES OR ASSESSMENTS FOR IMPROVEMENTS NOT YET COMPLETED AND DRAINAGE DISTRICT OR OTHER ASSESSMENTS OR INSTALLMENTS THEREOF, NOT DUE AS OF THE DATE OF CLOSING.

GRANTOR ALSO HEREBY GRANTS AND ASSIGNS TO GRANTEE, THEIR SUCCESSORS AND ASSIGNS, PARKING SPACE NUMBER P3-26 AND STORAGE SPACE NUMBER S3-26 WHICH ARE LIMITED COMMON ELEMENTS AS SET FORTH AND PROVIDED IN THE AFOREMENTIONED DECLARATION OF CONDOMINIUM.

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CITY OF CHICAGO OFFICE OF VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2009 0028855

DATE ISSUED 06/10/2009

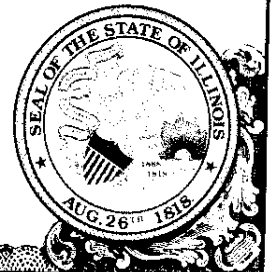
DECEDENT'S LEGAL NAME MARY C GASPAR				SEX FEMALE	DATE OF DEATH JUNE 06, 2009
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 89 YEARS		DATE OF BIRTH JULY 25, 1919	
CITY OR TOWN CHICAGO			HOSPITAL OR OTHER INSTITUTION NAME SWEDISH COVENANT HOSPITAL		
PLACE OF DEATH INPATIENT					
BIRTHPLACE CHEYENNE, WY		SOCIAL SECURITY NUMBER [REDACTED]-3950	MARITAL STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE'S NAME	EVER IN U.S. ARMED FORCES? X YES X NO
RESIDENCE 6450 WEST BERTEAU		APT. NO. 207	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60634	FATHER'S NAME MARK NELSON	MOTHER'S NAME PRIOR TO FIRST MARRIAGE UNAVAILABLE UNAVAILABLE	
INFORMANT'S NAME SHARON GASPAR		RELATIONSHIP DAUGHTER		MAILING ADDRESS 6450 W BERTEAU, CHICAGO, IL 60634	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION ROSEHILL CEMETERY		LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION JUNE 09, 2009
FUNERAL HOME GREIN FUNERAL DIRECTORS, 2114 W IRVING PARK RD, CHICAGO, IL, 60618					
FUNERAL DIRECTOR'S NAME KEVIN S O'DONNELL				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011980	
LOCAL REGISTRAR'S NAME TERRY MASON MD				DATE FILED WITH LOCAL REGISTRAR JUNE 8, 2009	
CAUSE OF DEATH PART I. ACUTE MI WITH B/L PNEUMONIAS					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):			DAYS
		b. RESPIRATORY FAILURE			SUDDEN
		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	
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN		FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH NATURAL	
DATE OF INJURY		TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRED:					IF TRANSPORTATION INJURY, SPECIFY:
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JUNE 05, 2009	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 05:05 AM
CERTIFIER PHYSICIAN				DATE CERTIFIED JUNE 06, 2009	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH RONNIE MANDAL DO, 2740 W FOSTER AVE, CHICAGO, ILLINOIS, 60625				PHYSICIAN'S LICENSE NUMBER 036119779	

This is to certify that this is a true and correct abstract from the official record filed with the Chicago Department of Public Health.



Terry Mason MD

Terry Mason, M.D.
Local Registrar



This copy not valid unless displaying raised seals and registrar signature.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE