



# UNOFFICIAL COPY

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 the death of the deceased, does not exceed the sum of \$ \_\_\_\_\_ dollars.

Affiant makes this affidavit for that purpose of inducing CAMBRIDGE TITLE COMPANY, as agent for Commonwealth Land Title Insurance Company, to issue its Title Insurance Policy describing the above-mentioned property.

Roberta Kemmer  
Affiant

Subscribed and sworn to before me this 16<sup>th</sup> day of October, 2015.



[Signature]  
Notary Public

Property of Cook County Clerk's Office

**UNOFFICIAL COPY**  
**CERTIFICATE OF DEATH RECORD**

VILLAGE OF LIBERTYVILLE  
 LIBERTYVILLE, ILLINOIS  
 MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2014 0004029

DATE ISSUED 1/23/2014

DECEDENT'S LEGAL NAME EVA URKOFF		SEX FEMALE		DATE OF DEATH JANUARY 12, 2014																										
COUNTY OF DEATH LAKE	AGE AT LAST BIRTHDAY 91 YEARS		DATE OF BIRTH FEBRUARY 10, 1922																											
CITY OR TOWN LIBERTYVILLE		HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE CONDELL MEDICAL CENTER																												
PLACE OF DEATH INPATIENT																														
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 322-14-6085	STATUS AT TIME OF DEATH WIDOWED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? NO																										
RESIDENCE 4840 FOSTER AVENUE		APT. NO. 303	CITY OR TOWN SKOKIE																											
COUNTY COOK	STATE IL	ZIP CODE 60077	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION RAPHAEL LEVIN		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION DORA HANUCKA																									
INFORMANT'S NAME ROBERTA KAMEN		RELATIONSHIP DAUGHTER		MAILING ADDRESS 2867 WHISPERING OAKS DRIVE, BUFFALO GROVE, IL, 60089																										
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION WESTLAWN CEMETERY & MAUSOLEUM ASSN/WESTLAWN		LOCATION - CITY OR TOWN AND STATE MORRIDGE, IL	DATE OF DISPOSITION JANUARY 15, 2014																									
FUNERAL HOME GOLDMAN FUNERAL GROUP, 195 N. BUFFALO GROVE ROAD, BUFFALO GROVE, IL, 60089																														
FUNERAL DIRECTOR'S NAME IRWIN GOLDMAN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012336																											
LOCAL REGISTRAR'S NAME KEVIN J. BOWENS			DATE FILED WITH LOCAL REGISTRAR JANUARY 20, 2014																											
<table border="1"> <thead> <tr> <th>CAUSE OF DEATH</th> <th>PART I.</th> <th>CONGESTIVE HEART FAILURE</th> <th>APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</th> <th>YEARS</th> </tr> </thead> <tbody> <tr> <td>IMMEDIATE CAUSE (Final disease or condition resulting in death)</td> <td>a.</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>b.</td> <td>Due to (or as a consequence of)</td> <td></td> <td></td> </tr> <tr> <td></td> <td>c.</td> <td>Due to (or as a consequence of)</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Due to (or as a consequence of)</td> <td></td> <td></td> </tr> </tbody> </table>						CAUSE OF DEATH	PART I.	CONGESTIVE HEART FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	YEARS	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.					b.	Due to (or as a consequence of)				c.	Due to (or as a consequence of)					Due to (or as a consequence of)		
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PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.																														
FEMALE PREGNANCY STATUS NOT APPLICABLE				WAS AN AUTOPSY PERFORMED? NO																										
DATE OF INJURY				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A																										
TIME OF INJURY		PLACE OF INJURY		MANNER OF DEATH NATURAL																										
LOCATION OF INJURY				INJURY AT WORK?																										
DESCRIBE HOW INJURY OCCURRED:																														
ATTEND THE DECEASED? NO				IF TRANSPORTATION INJURY, SPECIFY																										
DATE LAST SEEN ALIVE UNKNOWN		WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES		DATE PRONOUNCED																										
CERTIFIER PHYSICIAN				TIME OF DEATH 05:58 AM																										
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH TIMOTHY MCCURRY, 1550 BISHOP COURT, MT PROSPECT, ILLINOIS, 60056				DATE CERTIFIED JANUARY 17, 2014																										
				PHYSICIAN'S LICENSE NUMBER 036-071081																										

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.

*Kevin J. Bowens*

Kevin J. Bowens  
 Village Of Libertyville, Local Registrar



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## EXHIBIT A

### LEGAL DESCRIPTION

ITEM 1: UNIT 303 AS DESCRIBED IN SURVEY DELINEATED ON AND ATTACHED TO AND A PART OF A DECLARATION OF CONDOMINIUM OWNERSHIP REGISTERED ON THE 9TH DAY OF MARCH, 1971 AS DOCUMENT NUMBER 2546214.

ITEM 2: AN UNDIVIDED 1.8092 % INTEREST (EXCEPT THE UNITS DELINEATED AND DESCRIBED IN SAID SURVEY) IN AND TO THE FOLLOWING DESCRIBED PREMISES: THAT PART OF LOTS THIRTY FOUR (34) TO THIRTY EIGHT (38), BOTH INCLUSIVE, LOTS FIFTY FIVE (55) TO SIXTY ( 60), BOTH INCLUSIVE, THAT PART OF VACATED LACROSSE AVENUE, ALL LYING SOUTH OF A LINE 410.08 FEET SOUTH OF AND PARALLEL WITH THE SOUTH LINE OF GOLF ROAD (SIMPSON STREET), ALSO THE VACATED NORTH AND SOUTH ALLEY (EXCEPT THE NORTH 269.08 FEET THEREOF) LYING WEST OF AND ADJOINING LOTS FORTY SEVEN (47) THROUGH FIFTY NINE ( 59) BOTH INCLUSIVE, ALL IN TALMAN AND THIELE'S CICERO AVENUE-SIMPSON STREET SUBDIVISION OF THE NORTH 40 RODS OF THE EAST 33 RODS OF THE NORTH EAST QUARTER (1/4) OF SECTION 16, TOWNSHIP 41 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly known as: 4840 FOSTER ST., UNIT 303, SKOKIE, IL 60077

Permanent Index No.: 10-16-205-026-1031

Cook County Clerk's Office