

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

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4715803
STATE OF ILLINOIS)
)ss.
COUNTY OF COOK)

SALLY J. USMANI, being duly sworn states that she resides at 5459 North Parkside Avenue, Chicago, Illinois 60630.

That she was acquainted with ALFRED J. MAYERBOCK, deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:



Doc#: 1533419052 Fee: \$42.00
RHSP Fee:\$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 11/30/2015 11:34 AM Pg: 1 of 3

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UNIT 5-311 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN RIVER'S EDGE CONDOMINIUM NUMBER 1, AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT 95803644 AND AS AMENDED FROM TIME TO TIME, IN THE NORTHEAST 1/4 OF SECTION 10, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N.: 13-10-200-026-1232

Address: 5360 North Lowell Avenue, Unit 311, Chicago, Illinois 60630

The decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death.

That the deceased died April 30, 2003, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died leaving a Last Will and Testament which was filed in the office of the Clerk of the Circuit of Cook County, Illinois.

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 \$200,000.00, and that the value of the above property individually was \$225,250.00 .

HERITAGE TITLE COMPANY
5849 W LAWRENCE AVE
CHICAGO, IL 60630

CCRD REVIEWER 

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Affiant makes this affidavit for the purpose of inducing the Heritage Title Company - Commonwealth to issue its Title Insurance Policy, describing the above mentioned property.

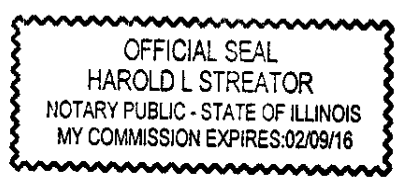
Subscribed and sworn to before me
this 18th day of November, 2015.

[Signature]
Notary Public

[Signature]
SALLY J. USMANI, Affiant

REPAIRED BY AND RETURN TO:

Harold L. Streator
5339 North Milwaukee Avenue
Chicago, Illinois 60630



Property of Cook County Clerk's Office

UNOFFICIAL COPY

STATE OF ILLINOIS
County of Cook)

DAVID ORR, County Clerk

November 20, 2015

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 the 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

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT (No.)	STATE OF ILLINOIS		STATE FILE NUMBER
		16.16	MEDICAL CERTIFICATE OF DEATH		606249
REGISTERS NUMBER		DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH MONTH DAY YEAR
		1. ALFRED J. MAYERBOCK		2. MALE	3. APRIL 30, 2003
COUNTY OF DEATH		AGE—LAST BIRTHDAY (Y/M/D)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH DAY YEAR)
4. COOK		5a. 79	5b. Mo	5c. Da	6a. OCTOBER 22, 1923
CITY, TOWN, TWP. OR ROAD DISTRICT		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT OTHERWISE, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATE O.G.A. (OPERATOR OR PATIENT) (SPECIFY)	
7a. CHICAGO		7b. SWEDISH COVENANT HOSPITAL		7c. INPATIENT	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MARRIED NAME IF WIFE)		WAS DECEASED EVER IM- PARED/FORCET (YES/ NO)
7. CHICAGO, IL		8a. MARRIED	8b. BETTY ROSSER		8. YES
SOCIAL SECURITY NUMBER		URBAN OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ON THIS LINE) (HIGH SCHOOL COMPLETED) (Elementary Secondary 8-12) (College 1-4 or 5-7)	
10. 349-18-9839		11a. MOLD MAKER	11b. TOOL & DIE	12. 12	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY
13a. 5360 N. LOWELL		13b. CHICAGO		13c. YES	13d. COOK
STATE		ZIP CODE	RACE (WHITE, BLACK, AM. INDIAN OR ALASKA NATIVE) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY) (YES/NO) IF YES, SPECIFY CUBAN, MEXICAN, PORTO RICAN, ETC.	
13a. ILLINOIS		13c. 60630	14a. WHITE	14b. NO 1. YES SPECIFY:	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE (MARRIED) LAST			
15. JOSEPH MAYERBOCK		15. LOUISE PINTERIC			
INFORMANT'S NAME (TYPE OR PRINT)		RESIDENCE (STREET AND NUMBER)	CITY OR TOWN, STATE ZIP		
17a. stacey smith		17b. RECORDS	17c. 5145 N. CALIFORNIA CHGO. IL		
18. PART I		Enter the disease, or complications that caused the death. Do not enter the mode of death, such as cardiac or respiratory arrest, stroke, or heart failure. List only one cause on each line.			
Immediate Cause (Final disease or condition resulting in death)		(a) COLON CANCER			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) ATHEROSCLEROTIC HEART DISEASE			
		(c) ATRIAL FIBRILLATION			
PART II. Other medical conditions contributing to death (not resulting in the underlying cause given in PART I)		19a. RESPIRATORY FAILURE, HYPERTENSION, PARKINSON'S			
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, MA, THERE A PREGNANCY IN PAST THREE MONTHS?	
20a.		20b.		19b. NO 19c. NO	
(19C) (DOCTOR 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. APR 29, 2003		21b. NO		21c. 4:25 A.M.	
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. APRIL 30, 2003			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER			
22c. PUDKO, JOSEPH, M.D.		22d. 036-072101			
NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)		NOTE: IF AN AUXILIARY WAS INVOLVED IN THE DEATH OF THE DECEASED OR MEDICAL EXAMINER MUST BE NOTIFIED.			
23. BURIAL, CREMATION, RESHOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN	STATE
24a. BURIAL		24b. MARYHILL CEMETERY	24c. NILES	24d. ILLINOIS	
FUNERAL HOME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE ZIP	
25a. MALBC & SONS FUNERAL HOME		6000 N. MILWAUKEE AVE.		CHICAGO ILLINOIS 60646	
25b. SIGNATURE		WESLEY A. STINICH		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
25c. John A. Wilhelm, M.F.		25d. 034-011619			
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)			
25e. John A. Wilhelm, M.F.		25f. MAY 01 2003			