THIS DOCUMENT PREPARED FFICIAL MAIL TO:

1632812839

Keith Goldberg, Esq. 1701 E. Lake Ave. Suite 200 Glenview, IL 60025

Doc# 1632013030 Fee \$42.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A.YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 11/15/2016 11:57 AM PG: 1 OF 3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINO!S

COUNTY OF COOK

Corrine L. Spielman, being duly sworn, states that he/she resides at 4545 Touhy Ave., #609, Lincolnwood, Illinois.

That he/she was acquainted with /(vii) E. Spielman, deceased, who, at the time of his/her death, was one of the owners of the land in Cook County Illinois, described as:

Please see attached Exhibit "A" for Legal Description

That the deceased died March 2, 2011, as evidenced by a certified copy of Death Certificate of the deceased attached hereto.

That the surviving joint tenant is Corrine L. Spielman and that he/she survived the deceased by more than thirty (30) days.

Affiant makes this Affidavit for the purpose of spreading of record the death of Corrine L. Spielman.

Affiant

Subscribed and Sworn to before me this 2/1 day of

DOTO BEC 200

Notary Public

OFFICIAL SEAL
KEITH GOLDBERG
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 12/11/19

Spr

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UNOFFICIAL COPY

LEGAL DESCRIPTION

Common address:

5048 - 5050 N. Clark St., Chicago, IL 60640

PIN:

14-08-306-016-0000

LOTS 2 AND 3 IN SUBDIVISIONS OF LOTS 2 AND 3 IN BLOCK 3 IN ANDERSONVILLE, A SUBDIVISION IN SECTIONS 7 AND 8, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Property of Cook County Clerk's Office

Unknown

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2011030771 DATE ISSUED: September 13, 2016

STATE FILE DATE: March 7, 2011 DECEDENT INFORMATION

NAME: ALVIN E SPIELMAN

DATE OF DEATH: March 2, 2011 SEX: MALE AGE: 086 YEARS

DATE OF BIRTH: April 17, 1924 SSN: 348-14-4927

BIRTHPLACE: ILLINOIS, UNITED STATES

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: SELECT SPECIALTY HOSPITAL PALM BEACH

LOCATION OF DEATH: LAKE WORTH, PALM BEACH COUNTY

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: NAF.PIED

SURVIVING SPOUSE MAME CORRINE LANGER

RESIDENCE: 8764 SHOAL CREEK LANE, BOYNTON BEACH, FLORIDA 33472, UNITED STATES

COUNTY: PALM BEACH

OCCUPATION, INDUSTRY: OWNER, LAUNDRY

Native Hawaiian Chinese ___Black or African Ar lerican Japanese Korean Vietnamese _American Indian or Alaskan Native--Tribe: _Guamian or Chamorro Other Pacific Isl:

Other: Other Asian: HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EVER IN U.S. ARMED FORCES?YES EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

PARENTS AND INFORMANT INFORMATION

FATHER: JACOB SPIELMAN

MOTHER: CELIA LEVIN

INFORMANT: CORRINE L SPIELMAN RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 4545 TOUHY AVE 609, LINCOLNWOOD, ILLINOIS 30712, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: SHALOM MEMORIAL

ARLINGTON HEIGHTS, ILLINOIS

METHOD OF DISPOSITION: REMOVAL FROM STATE

FUNERAL DIRECTOR/LICENSE NUMBER: RICHARD BERNSTEIN

FUNERAL FACILITY: RIVERSIDE GORDON MEMORIAL CHAPELS

7205 W ATLANTIC AVE, DELRAY BEACH, FLORIDA 33446

CERTIFIER INFORMATION

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

DATE CERTIFIED: March 2, 2011 TIME OF DEATH (24 hr): 1030

CERTIFIER'S NAME: EBRAHIM HOOSIEN CERTIFIER'S LICENSE NUMBER: ME86884

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT ENTERED

, State Registrar

REQ: 2017394235

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE. THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATER-WARNING: MARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, THERMOCHROMIC FLITHE BACK CONTAINS SPECIAL LINES WITH TEXT, THE DOCUMENT WILL NOT PRODUCE





