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KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 05/12/2017 03:23 PM PG: 1 OF 3

DECEASED JOINT TENANCY AFFIDAVIT

(The Above Space For Recorder's Use Only)

Lisa I. Gordon, being first duly sworn, for the purpose of clarifying the public records, deposes and states as follows:

1. That she resides at 1240 N. Lake Shore Drive in the City of Chicago, State of Illinois IL 60610;
2. That she was acquainted with Sheldon S. Gordon, who died on January 25, 2017, as evidenced by the attached (redacted) certified death certificate;
3. That the decedent was one of the owners of the following property:

Unit 25-A in 1410 North State Parkway Condominium as delineated on a survey of the following described real estate: Lots 15 to 18, in Lot "A" of Block 2 in the subdivision of Lot "A" of Block 1 and Lot "A" of Block 2, in the Catholic Bishop of Chicago, a Subdivision of Lot 13, in Bronson's Addition to Chicago, in the North East 1/4 of Section 4, Township 39 North, Range 14 East of the Third Principal Meridian, in Cook County, Illinois, which survey is attached as Exhibit "A" to the Declaration of Condominium recorded as Document 25784879, together with its undivided percentage interest in the common elements.

1410 N. State Parkway Unit 25-A Chicago, IL 60610
17-04-211-036-1045

4. 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 One Million Dollars (\$1,000,000); and

5. Affiant further states naught.

DM

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L SA

Affiant's Signature

State of Illinois)
) SS.
County of Will)

Subscribed and sworn to
Before me this 1 day of May 2017



Margaret M. Williams

Notary Public

Property of Cook County Clerk's Office

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CERTIFICATE OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH


STATE FILE NUMBER 2017 0007167

DATE ISSUED 1/27/2017

DECEDENT'S LEGAL NAME SHELDON S GORDON		SEX MALE	DATE OF DEATH JANUARY 25, 2017		
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 83 YEARS	DATE OF BIRTH MARCH 13, 1933			
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME 1410 N STATE PKWY				
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME DANNA D'ONOFRIO	EVER IN U.S. ARMED FORCES? NO	
RESIDENCE 1410 N STATE PKWY	APT. NO. 25A	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES		
COUNTY COOK	STATE IL	ZIP CODE 60610	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ISADORE GORDON	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION RUTH POLANSKY	
INFORMANT'S NAME LISA GORDON		RELATIONSHIP DAUGHTER	MAILING ADDRESS 1240 N LAKE SHORE DRIVE APT 9A, CHICAGO, IL 60610		
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MEMORIAL PARK CEMETERY	LOCATION - CITY OR TOWN AND STATE SKOKIE, IL	DATE OF DISPOSITION JANUARY 27, 2017		
FUNERAL HOME WEINSTEIN & PISER FUNERAL HOME, 111 SKOKIE BLVD., WILMETTE, IL, 60091					
FUNERAL DIRECTOR'S NAME TODD A LOVCIK			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014419		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JANUARY 27, 2017		
CAUSE OF DEATH	PART I. CARDIAC ARREST			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a.	Due to (or as a consequence of)			MINUTES
	b.	DIABETES MELLITUS			YEARS
	c.	CHOLANGIOCARCINOMA			1 YEARS
<small>Due to (or as a consequence of)</small>					
PART II. Enter other <i>significant conditions contributing to death</i> 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		
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 NOVEMBER 16, 2016	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 01:05 AM	
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 25, 2017		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DANIEL DERMAN MD, 201 E HURON, SUITE 12-105, CHICAGO, ILLINOIS, 60611			PHYSICIAN'S LICENSE NUMBER 036072292		



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.


 David Orr
 Cook County Clerk



THE WORD VOID APPEARS WHEN PHOTOCOPIED