

STATE OF ILLINOIS }  
COUNTY OF COOK } ss.

UNOFFICIAL COPY

RECORDER'S USE ONLY

**JOINT TENANCY  
AFFIDAVIT**

**MEENA PATEL**, a widow hereinafter referred to as the affiant, states under oath that the affiant resides at 2729 Sarah St., in the Village of Franklin Park, County of Cook, State of Illinois; that the affiant was acquainted with **DINESH B. PATEL**, the decedent, and that at the time of death, the decedent was one of the owners of the property by virtue of a properly recorded joint tenancy warranty deed, said property located in **COOK COUNTY, ILLINOIS** and legally described as follows:



Doc# 1717422028 Fee \$42.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 06/23/2017 11:47 AM PG: 1 OF 3

Please see the attached legal description.

**PIN:12-28-312-015-0000**

**Commonly known as: 2729 Sarah Street, Franklin Park, IL 60131**

That 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;

The decedent died on the 14<sup>th</sup> day of **November, 2014**, leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property is less than \$1,500,000.00 and;

That the value of the above property individually was less than \$250,000.00;

That **MEENA PATEL**, the affiant, hereby covenants and agrees, for herself, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold any title company harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature which the Fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of **DINESH B. PATEL**, the decedent;
2. State and Federal Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights to contribution.

SUBSCRIBED AND SWORN to before  
me this 1<sup>st</sup> day of June, 2017.

Notary Public

*Meena D. Patel*  
MEENA PATEL



**Prepared By and Return To:**

BARRETT F. PEDERSEN  
9701 West Grand Avenue  
Franklin Park, IL 60131  
(847) 455-9444  
Atty. No. 27139

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## LEGAL DESCRIPTION

For the premises commonly known as **2729 Sarah St., Franklin Park, IL 601031**

See Attached Legal Description

**PARCEL 1:**

LOT 37 (EXCEPT THE NORTH 15 FEET THEREOF) AND THE NORTH 1/2 OF LOT 38 IN FIRST ADDITION TO MARCONI CONSTRUCTION CO'S WEST MANOR DEVELOPMENT, BEING A SUBDIVISION IN THE WEST 1/2 OF SECTION 28, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

**PARCEL 2:**

THE NORTH 2 FEET OF THE SOUTH 1/2 OF LOT 38 IN FIRST ADDITION TO MARCONI CONSTRUCTION CO'S WEST MANOR DEVELOPMENT, BEING A SUBDIVISION IN THE WEST 1/2 OF SECTION 28, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

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## CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2014 0083069

DATE ISSUED 11/6/2014

DECEDENT'S LEGAL NAME DINESH B PATEL			SEX MALE	DATE OF DEATH NOVEMBER 02, 2014	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 46 YEARS	DATE OF BIRTH JUNE 16, 1968		
CITY OR TOWN MELROSE PARK			HOSPITAL OR OTHER INSTITUTION NAME GOTTLIEB MEMORIAL HOSPITAL		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT					
BIRTHPLACE INDIA		STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME MEENA D PATEL		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 2729 SARAH STREET		APT. NO.	CITY OR TOWN FRANKLIN PARK		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60131	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BHIKHABHAI PATEL		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION SAMUBEN B PATEL
INFORMANT'S NAME MEENA D PATEL		RELATIONSHIP SPOUSE	MAILING ADDRESS 2729 SARAH STREET, FRANKLIN PARK, IL, 60131		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION BOHEMIAN NATIONAL CEMETERY (HERITAGE MEMORIAL CEMETERY)	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION NOVEMBER 06, 2014	
FUNERAL HOME VETERANS FUNERAL SERVICE, P.O. BOX 41, HINES, IL, 60141					
FUNERAL DIRECTOR'S NAME DAVID CARL PIMM			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015042		
LOCAL REGISTRAR'S NAME MARYANN PAOLANTONIO			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 4, 2014		
CAUSE OF DEATH PART I: AMYOTROPHIC LATERAL SCLEROSIS					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		b.	Due to (or as a consequence of)		
		c.	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.					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 YEARS
FEMALE PREGNANCY STATUS NOT APPLICABLE				WAS AN AUTOPSY PERFORMED? NO	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
				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 FEBRUARY 13, 2014	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 05:20 PM	
CERTIFIER PHYSICIAN				DATE CERTIFIED NOVEMBER 03, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SENDA AJROUD DRISS MD, 710 NORTH LAKE SHORE DRIVE, SUITE 1123, CHICAGO, ILLINOIS, 60611				PHYSICIAN'S LICENSE NUMBER 036-108764	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE