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Doc# 1806749118 Fee ≇42.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00 KAREN A.YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 03/08/2018 02:46 PM PG: 1 OF 3

STATE OF ILLINOIS

SS

COUNTY OF COOK

DECEASED JOINT TENANCY AFFIDAVIT

The affiant, MARY F. STIVER, first being duly sworn states as follows:

That I was married to GEORGE E. STIVER, JR. at the time of his death.

That GEORGE E. STIVER, JR. passed away on June 4, 2013. A copy of his death certificate is attached.

That GEORGE E. STIVER, JR. and MARY F. STIVER were married to each other at the time of GEORGE E. STIVER, JR.'s death and they owned the following property in joint tenancy:

PARCEL 1: Unit 110D and the exclusive right to the use of Parking Space P28 and Storag: Space S28, limited common elements, together with its undivided percentage interest in the common elements in Creekside at Old Orchard Condominiums, as delineated and defined in the Declaration recorder as Document No. 96-261584, as amended from time to time, in the Northwest 1/4 of Section 27 and the East 1/2 of the Northeast 1/4 of Section 28, Township 42 North, Range 11, East of the Third Princip at Meridian, in Cook County, Illinois.

PARCEL 2: Easement for ingress and egress in favor of Parcel 1 created by Declaration recorded as Document No. 96-261584 as amended from time to time.

Permanent Real Estate Index Number: 03-27-100-092-1206

Address of Real Estate: 740 Creekside Drive, Unit 110, Mount Prospect, IL 60056

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Further, affiant sayeth naught.

Mary 1. Stines

MARY F. STIVER

State of Illinois, County of Cook SS. I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that MARY F. STIVER, personally know to me to be the same person whose name subscribed to the foregoing instrument, appeared before me this day in person.

Given under my hand and official seal, on <u>f</u>e

 $\frac{1}{1}$

Commission expire 10/03/18

Notary Public

This document was prepared by:

John H. Zelenka, Attorney, 236 F. Northwest Highway, Palatine, IL 60067, 847/359-4488

Return to: John H. Zelenka, Attorney, 236 E. Northwest Highway, Palatine, IL 60067

OFFICIAL SEAL JOHN ZELENKA FARY (UBLIC - STATE OF ILLINOIS (COMMISSION EXPIRES:10/03/18

Clort's Original

CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2013 (JU44123					DATE GOUED	0///2013
DECEDENT'S LEGAL NAME GEORGE EDGAR STIVI	<u> 1986 (1984) - 1986</u>			SEX MAL		04, 2013	
COOK		TLAST BIRTHDAY YEARS		DATE OF BIRTH MARCH 06,	1934		
CITY OR TOWN ARLINGTON HEIGHTS			SPITAL OR OTHER II IIDWEST CARE		ICE - NORTHWI	EST. COMM HOSP	
PLACE OF DEATH HOSPICE FACILITY					경우 (1) - 선명 (1)		
BIRTHPLACE SAINT LOUIS, MO	SOCIAL SECURITY NUMB	MARRIED	- 漢字 - 字字 - [4]為 .	ARY FRANCES	MUELLER	FORCES? YE	
RESIDENCE 740 CREEKSIDE DRIVE		APT NO 110	CITY OR MT P	TOWN ROSPECT		INSIDE CITY LIMI YES	TS?
COUNTY ST.		CO PARENTS NAME PRIOR RGE E STIVER SR			CO-PARENT'S NAME PR	IOR TO FIRST MARRIAGE/CIV	/IL UNION
INFORMANTS NAME MARY FRANCES STIVE		ELATIONSHIP WIFE	# 15 74		RIVE, MT PROSPEC	T, IL, 60056	
METHOD OF DISPOSITION ENTOMBMENT	P'ACE JE DIS MAMORY	POSITION GARDENS CEMET		ATION CITY OR TO LINGTON HEIG	150 C 15 C 150 C 150 C 150 C	JUNE 06, 2013	
FUNERAL HOME FRIEDRICHS FUNERAL	HOME INC., 320 W C1	N IT AL ROAD, MT	PROSPECT, IL.	60056			
FUNERAL DIRECTOR'S NAME THOMAS J NOLAN					RAL DIRECTOR'S ILLII 4011952	NOIS LICENSE NUMBER	
LOCAL REGISTRAR'S NAME DAVID ORR				3 (6) (1) (1) A (1)	FILED WITH LOCAL R NE 7, 2013	EGISTRAR:	
CAUSE OF DEATH PART	i TRANSITIONAL BLAD	DER CANCER			TE MEEN	UNKNOUN UN	KNOWN
(Final disease or condition resulting in death)	Ь	Due to (or as a	con equence of):		SOXIMA	AND DE	
		Due to (or as a	consequence of):		APPR	DNSET	
	c						
PART II: Enter other significant co	onditions contributing to deat		consequence of):	in PART L	WAS AN AUTOR	PSY PERFORMED? NO	104 I
						Y FINDINGS USED TO	
FEMALE PREGNANCY STATUS NOT APPLICABLE					MAINER OF DE	ATH	
DATE OF INJURY	TIME OF	INJURY PLA	CE OF INJURY			INJURY AT W	/ORK?
LOCATION OF INJURY							
DESCRIBE HOW INJURY OCCUR	RED				if trai	NSPOF (AT) ON INJURY, 5	PECIFY
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAM		DATE PRONOUI	NCED	TIME OF DEAT	
YES CERTIFIER	JUNE 03, 2013	CORONER CONTAC	TED? NO			05:35 AM	
PHYSICIAN NAME ADDRESS AND ZIP CODE	OF PERSON COMPLETING C					NE 06, 2013	
CTDINGED DATRICIA	er en	15 (5) 15 (6) 15 (6)	ICTÓN DEICUT	E ILLIMOIS SOO	10.5 1 2 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	026074227	- 1 in 1



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.



