UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
County of Cook) ss.

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Doc# 1813619000 Fee \$44,00

RHSP FEE:S9.00 RPRF FEE: S1.00 KAREN A.YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 05/16/2018 09:07 AM PG: 1 OF 4 .

RECORDER'S STAMP

RANDA JIBREE! QAFISHEH, hereinafter called Affiant, being duly sworn, states that she resides at 814 Derbyshire Lane, Prospect Heights, Illinois 60070. That she was acquainted with **JIBREEL A. QAFISHEH**, hereinafter referred to as Deceased, who at the time of his death was one of the owners of the land in Cook County, Illinois, described as:

[See Attached Legal Description]

Permanent Index Number(s): 03-15-315-311-0000

Property Address: 814 Derbyshire Place, Prospect Heights, Illinois 60070

That the deceased died on November 29, 20'8, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That t	he deceased died:
X	_ Leaving no Last Will and Testament.
	Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of County, Illinois about
	_ Leaving a Last Will & Testament which was filed on with the Probate
	Division of the Circuit Court of County, in the State of, Case No.

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Subscribed and sworn to before me this 20 day of Merch, A.D. 20 18. Notary Public (Affiant's signature)

PREPARED BY:

Mohammed, Shamaileh & Tabahi, LLC

Amro Shamaleh

2222 Chestnut Avenue, Suite 301 U. VORCOOK COUNTY CLERK'S OFFICE

Glenview, IL 60026 Phone: 847-916-7800

Fax: 847-916-7899

OFFICIAL SEAL AMRO SHAMAILEH NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES: 10/30/21

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LEGAL DESCRIPTION

LOT 43 IN ESTATES TO SOMERSET PARK PHASE I, BEING A SUBDIVISION IN THE SOUTH 1/2 OF THE SOUTHWEST 1/4 OF SECTION 15, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED JANUARY 8, 1987 AS DOCUMENT NUMBER 87-013577, IN COOK COUNTY, ILLINOIS.

Permanent Tax No: 03-15-302-025

Known As: 814 Derbyshire, Prospect Heights IL 60070

Droporty of Cook County Clark's Office

CONTROC TO PARATER ESCUENCIA

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS

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		***** ******			MEDI	CAL CE	RTIFIC	ATE OF	DEATH	基础能		i)
S	TATE FILE	NUMBER	2017.00	96745							DATE	្ធ SSUE

建筑的第三人称单位的	The section of	學 组队基本的 智能的		
DECEDENT'S LEGAL NAME JIBREEL A QAFISHEH			SEX. MALE	DATE OF DEATH NOVEMBER 29, 2017
COOK	AGE AT U	AST BIRTHDAY ARS	DATE OF BIRTH SEPTEMBER 10), 1952
CITY OR TOWN PARK RIDGE		CA 136 A 136 C	OTHER INSTITUTION NAME	HOSPITAL
PLACE OF DEATH				
BIRTHPLACE	Trible to the first state of the control	STATUS AT TIME OF DEATH	SURVIVING SPOUSE/CIVIL UNION	
PALESTINE RESIDENCE	-3926	MARRIED APT. NO.	RANDA ABU-SARA	FORCES? NO
814 DERBYSHIRE I WE			PROSPECT HEIGHTS	YES
COOK STAT		PARENT'S NAME PRIOR TO FIRST MA MAJEED QAFISHEH		PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION RA QAFISHEH
INFORMANTS NAME YAZEN J QAFISHEH		ATIONSHIP ON	MAILING ADDRESS 603 ACADEMY COU	RT SCHAUMBURG, IL 60194
METHOD OF DISPOSITION BURIAL	LAC OF DISPO	SITION D MEMORIAL PARK	LOCATION CITY OR TOWN	[[[[[[[[[[[[[[[[[[[
FUNERAL HOME MUSLIM FUNERAL SERV				
FUNERAL DIRECTOR'S NAME SULEMAN FIRDAUS!			FUNERAL 03401	DIRECTOR'S ILLINOIS LICENSE NUMBER 6708
LOCAL REGISTRAR'S NAME DAVID ORR			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D WITH LOCAL REGISTRAR MBER 6, 2017
	HEPATIC FAILURE			ú, ú,
IMMEDIATE CAUSE (Final disease or condition		Due to (or as a insequence	of)	DE WATT
resulting in death)	HEPATOCELLULAR CAR			Y AL BY
		Due to (or as a consequence	on the second	APP APP ON SET
	HEPATITIS B			
		Due to (or as a consequence	of) to the second	
PART II. Enter other significant cond	ditions contributing to death bi	at not resulting in the underlying ca	use given in PAR	WAS AN AUTOPSY PERFORMED? NO
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A
FEMALE PREGNANCY STATUS NOT APPLICABLE				MANNER OF DEATH: (VATURAL
DATE OF INJURY	TIME OF INJ	URY PLACE OF INJ	JRY	INJURYAT WORK?
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRE	0	#19 15 15 15 15 15 15 15 15 15 15 15 15 15		IF TRANSPURTATION INJURY SPECIFY
ATTEND THE DECEASED? D	NOVEMBER 28 2017	WAS MEDICAL EXAMINER OR CORONER CONTACTED? N	O DATE PRONOUNCE	TIME OF DEATH 10:45 PM
CERTIFIER PHYSICIAN				DATE CERTIFIED DECEMBER 01: 2017
NAME ADDRESS AND ZIP CODE O LEONARD KLEIN, 8915 V			4	PHYSICIAN'S LICENSE NUMBER 036064246

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.



