



1814955223

Doc# 1814955223 Fee \$44.00

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

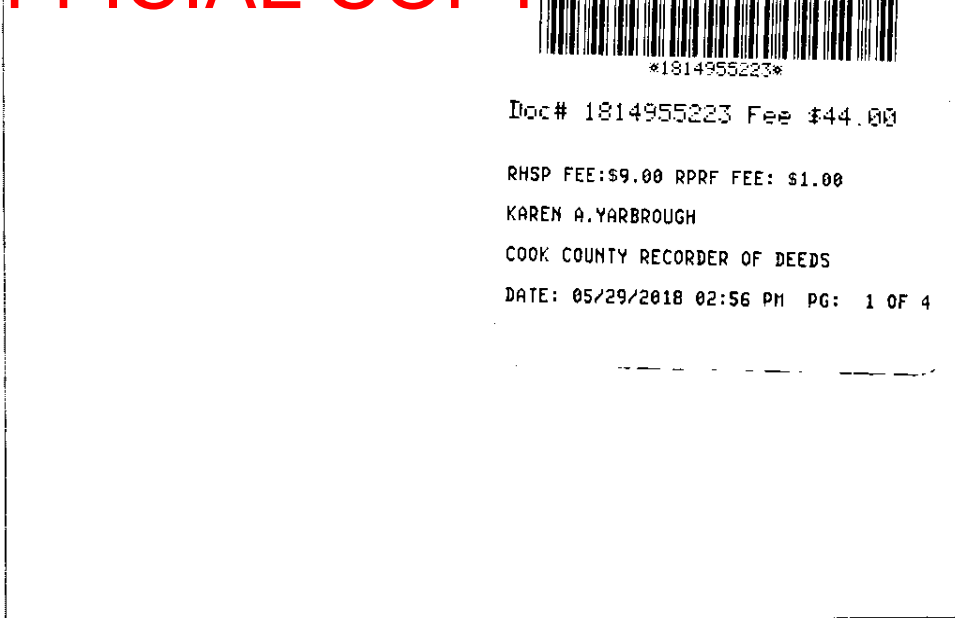
KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 05/29/2018 02:56 PM PG: 1 OF 4

**DECEASED
JOINT TENANCY AFFIDAVIT**

After Recording Mail to:
Theodore E. Froum, Esq.
Froum Law Group, LLC
500 Davis Street, Suite 812
Evanston, IL 60201



Above Space for Recorder's Use Only

Property of Cook County Clerk's Office

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

- 1. I, JANE R. JACOBSEN, the surviving tenant of the joint tenancy created by the deed with the document number 87661327, do hereby declare under oath that the other tenant, my husband, ROBERT G. JACOBSEN, died on June 9, 2015, as evidenced by the attached certified copy of his medical certificate of death. (See Exhibit A)

- 2. I also declare that the aforementioned named deceased joint tenant was an owner of the property in COOK County, Illinois, with the following legal description:

LOT 20 AND THE WEST 7 FEET OF LOT 19 IN BLOCK 4 IN McCORMICK'S SUBDIVISION OF 611 ½ FEET NORTH AND ADJOINING SOUTH 708 ½ FEET EAST OF CHICAGO AND NORTH WESTERN RAILROAD, IN THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 12, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property Address: 1441 Noyes Street, Evanston, IL 60201
PIN: 10-12-411-003-0000

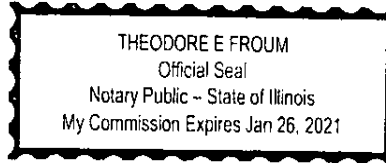
UNOFFICIAL COPY

3. That the deceased died leaving a Last Will and Testament, a copy of which is attached hereto (See Exhibit B). The original of the unproven Will was filed with the Clerk of the Probate Division of the Circuit Court of Cook County, Illinois on July 17, 2015.

Jane R. Jacobsen
Affiant

Subscribed and sworn to
before me on April 25, 2018

Theodore E. From
Notary Public



Prepared by: THEODORE E. FROUM, Esq., 500 Davis Street, Ste. 812, Evanston, IL 60201

THIS DOCUMENT HAS A LIGHT BACKGROUND WATERMARK. PLEASE HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.
BUREAU OF VITAL STATISTICS

UNOFFICIAL COPY

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2015087580

DATE ISSUED: June 11, 2015

DECEDENT INFORMATION

STATE FILE DATE: June 11, 2015

NAME: ROBERT JACOBSEN

DATE OF DEATH: June 9, 2015

SEX: MALE SSN: [REDACTED] 4551 AGE: 071 YEARS

DATE OF BIRTH: July 9, 1943

BIRTHPLACE: CHICAGO, ILLINOIS, UNITED STATES

PLACE OF DEATH: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 9600 DEER RUN DRIVE

LOCATION OF DEATH: PONTE VEDRA BEACH, ST JOHNS COUNTY, 32082

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SPOUSE (IF FEMALE, MAIDEN NAME): JANE ROTHSCHILD

RESIDENCE: 9600 DEER RUN DRIVE, PONTE VEDRA BEACH, FLORIDA 32082, UNITED STATES COUNTY: ST JOHNS

OCCUPATION, INDUSTRY: TEACHER, EDUCATION

RACE: White Black or African American Asian Indian Chinese Filipino Native Hawaiian Japanese Korean
 American Indian or Alaskan Native-Tribe Vietnamese Other Asian
 Guamanian Chamorro Samoan Other Pacific Isl. Other: Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: MASTER'S DEGREE

EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER: HERBERT JACOBSEN

MOTHER: CATHARINE BALL

INFORMANT: JANE JACOBSEN

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 1441 NOYES STREET, EVANSTON, ILLINOIS 60201, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: MEMORY GARDEN, ARLINGTON HEIGHTS, ILLINOIS

METHOD OF DISPOSITION: REMOVAL FROM STATE

FUNERAL DIRECTOR/LICENSE NUMBER: PARYSE I AMBERT, F061761

FUNERAL FACILITY: HARDAGE GIDDENS - BEACHES CHAPEL F040272
1701 BEACH BLVD, JACKSONVILLE BEACH, FLORIDA 32250

CERTIFIER INFORMATION

TYPE OF CERTIFIER: MEDICAL EXAMINER

MEDICAL EXAMINER CASE NUMBER: 152300182

TIME OF DEATH (24 hr): 0915

CERTIFIER'S NAME: PREDRAG BULIC

CERTIFIER'S LICENSE NUMBER: ME98610

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

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - and Approximate Interval: Onset to Death:

a CONGESTIVE HEART FAILURE

b LEFT AND RIGHT SIDED HYPERTENSIVE HEART DISEASE

c CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND SYSTEMIC HYPERTENSION

d

PART II - Other significant conditions contributing to death but not resulting in the underlying cause given in PART I
ALCOHOLISM, ATHEROSCLEROTIC CARDIOVASCULAR DISEASE

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN

REASON FOR SURGERY:

IF FEMALE, NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 hr):

INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, Status of Decedent:

Type of Vehicle:

Ken Jones
State Registrar

REQ: 2016033810

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED



THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
WARNING: 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 WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.



* 5 4 6 1 7 2 2 1 *



UNOFFICIAL COPY



CONFIDENTIAL