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\*1823916005\*

Doc# 1823916005 Fee \$42.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 08/27/2018 10:30 AM PG: 1 OF 3

**DECEASED JOINT  
TENANCY AFFIDAVIT**

STATE OF ILLINOIS    )  
  )  
COUNTY OF COOK     )

**HARVEY KAPLAN**, being duly sworn states that he resides at 2523 Buckland Ln., Northbrook, IL 60062

That he was the spouse of Lois E. Kaplan, deceased, who at the time of her death was one of the owners of the land in Cook County, Illinois, legally described as:

*See Schedule A Attached*

P.I.N. 04-04-304-166-0000

Address: 2523 Buckland Ln., Northbrook, IL 60062

That the deceased died on April 23, 2018, as evidenced by an attached certified copy of death certificate of the deceased attached hereto.

Harvey Kaplan

SUBSCRIBED and SWORN to before me

this 1st day of August, 2018, at Northbrook, IL  
  
Notary Public

This instrument was prepared by  
and after recording should be  
returned to:

Robert K. Brookman  
2131 N. Clifton Ave.  
Chicago, IL 60614

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## SCHEDULE A

**2523 Buckland LN  
Northbrook, IL 60062**

Parcel 1: That Part of Lot 57 lying West of a line drawn West of a line drawn from a point on a North line of said lot, 40.36 feet East of the most Westerly Northwest corner thereof to a point of the South line of said lot, 42.58 feet East of the Southwest corner thereof in Cotswalds first Resubdivision, being a Subdivision of part of the Southwest Quarter of Section 4, Township 42, North Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Parcel 2: Easement for ingress and egress for the benefit of Parcel 1 as set forth in Declaration recorded January 7, 1991, as Document 91008100 and as amended by amendment recorded August 23, 1993, as document 93665302 in Cook County, Illinois.

PIN 04-04-304-166-0000

Property of Cook County Clerk's Office

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## COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 0036423

DATE ISSUED 5/1/2018

DECEDENT'S LEGAL NAME LOIS E KAPLAN		SEX FEMALE	DATE OF DEATH APRIL 23, 2018	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 80 YEARS	DATE OF BIRTH OCTOBER 15, 1937		
CITY OR TOWN GLENVIEW		HOSPITAL OR OTHER INSTITUTION NAME MIDWEST PALLIATIVE & HOSPICE CARECENTER		
PLACE OF DEATH HOSPICE FACILITY				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 347-28-7405	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME HARVEY KAPLAN	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 2523 BUCKLAND LANE	APT. NO.	CITY OR TOWN NORTHBROOK	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60062	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION SEYMOUR WASSERMAN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION RAE BRELANT
INFORMANT'S NAME HARVEY KAPLAN		RELATIONSHIP SPOUSE	MAILING ADDRESS 2523 BUCKLAND LANE, NORTHBROOK, IL 60062	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION WALDHEIM JEWISH CEMETERY	LOCATION - CITY OR TOWN AND STATE FOREST PARK, IL	DATE OF DISPOSITION APRIL 25, 2018	
FUNERAL HOME WEINSTEIN & PISER FUNERAL HOME, 111 S. COXIE BLVD., WILMETTE, IL 60091				
FUNERAL DIRECTOR'S NAME JAMIE ALLISON GREENEBAUM			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016823	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR APRIL 30, 2018	
CAUSE OF DEATH	PART I	END STAGE RENAL DISEASE		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	Due to (or as a consequence of)		
	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			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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 01:05 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED APRIL 26, 2018	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH BOZENA THEODOROPOULOS, 2050 CLAIRE CT, GLENVIEW, ILLINOIS, 60025			PHYSICIAN'S LICENSE NUMBER 036098347	

0307308



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*  
David Orr  
Cook County Clerk

