

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
 COUNTY OF COOK)



Doc# 1828919259 Fee \$42.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 10/16/2018 03:01 PM PG: 1 OF 3

KELLY N. LEVIN, being duly sworn states that she resides at 3215 N. Elston Avenue, Unit 3S Chicago, IL 60618 in the City of Chicago.

That she was married to JONATHAN J. LEVIN, deceased, who, at the time of his death, was one of the two (2) owners of the land in Cook County, Illinois, described as:

3215 N. Elston Avenue, Unit 3S, Chicago, IL 60618

LEGAL DESCRIPTION – See page 2 for legal description

PERMANENT REAL ESTATE INDEX NUMBER(S): 13-24-324-006-0000
 13-24-324-007-0000

That the deceased died on April 16, 2018, as evidenced by a copy of death certificate of the deceased attached hereto.

That the deceased died

X Leaving no Last Will & 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 Probate Division of the Circuit Court of _____ County, Illinois.

Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____.

Affiant makes this affidavit for the purpose of clarifying ownership of such property.

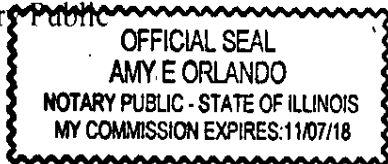
Subscribed and sworn to before me by the said this 8th day of October , 2018

Amy E. Orlando

Kelly Levin

Notary Public

KELLY N. LEVIN



Bm

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LEGAL DESCRIPTION

of premises commonly known as: 3215 N. Elston Avenue, Unit 3S, Chicago, IL 60618

PARCEL 1: UNIT NUMBER 3S IN 3215 N. ELSTON CONDOMINIUMS AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: LOTS 50 AND 51 IN BELMONT AND ELSTON AVENUE ADDITION TO CHICAGO A SUBDIVISION OF THE SOUTH ½ OF SECTION 24, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM RECORDED NOVEMBER 20, 2014 AS DOCUMENT NUMBER 1432418072 AS AMENDED FROM TIME TO TIME, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, ALL IN COOK COUNTY, ILLINOIS.

PARCEL 2: THE EXCLUSIVE RIGHT TO THE USE OF GARAGE PARKING SPACE P-3S AND ROOF RIGHTS R-3S, LIMITED COMMON ELEMENTS AS DELINEATED ON THE SURVEY ATTACHED TO THE DECLARATION AFORESAID RECORDED AS DOCUMENT NUMBER 1432418072.

This document was prepared by:
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COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 0033213 MEDICAL EXAMINER'S CASE NUMBER ME2018-01843 DATE ISSUED 10/16/2018

| | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|--|--------|---|--|--|---|---------------------------------|--|--|---|---------------------------------|--|--|---|---------------------------------|--|--|
| DECEDENT'S LEGAL NAME JONATHAN JAMES LEVIN | | | SEX MALE | DATE OF DEATH APRIL 16, 2018 | | | | | | | | | | | | | | | | | |
| COUNTY OF DEATH COOK | AGE AT LAST BIRTHDAY 35 YEARS | DATE OF BIRTH SEPTEMBER 16, 1982 | | | | | | | | | | | | | | | | | | | |
| CITY OR TOWN CHICAGO | | HOSPITAL OR OTHER INSTITUTION NAME ILLINOIS MASONIC MEDICAL CENTER | | | | | | | | | | | | | | | | | | | |
| PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE TEANECK, NJ | STATUS AT TIME OF DEATH MARRIED | SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME KELLY N. BARTKOWIAK | EVER IN U.S. ARMED FORCES? NO | | | | | | | | | | | | | | | | | | |
| RESIDENCE 3215 NORTH ELSTON AVENUE | APT. NO. 3S | CITY OR TOWN CHICAGO | INSIDE CITY LIMITS? YES | | | | | | | | | | | | | | | | | | |
| COUNTY COOK | STATE IL | ZIP CODE 60618 | FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOHN LEVIN | MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOANNE PUMILIO | | | | | | | | | | | | | | | | | |
| INFORMANT'S NAME KELLY N. LEVIN | | RELATIONSHIP WIFE | MAILING ADDRESS 3215 NORTH ELSTON AVENUE APT NO 3S CHICAGO, IL 60618 | | | | | | | | | | | | | | | | | | |
| METHOD OF DISPOSITION CREMATION | PLACE OF DISPOSITION WOODLAWN CREMATORY | LOCATION - CITY OR TOWN AND STATE FOREST PARK, IL | DATE OF DISPOSITION APRIL 23, 2018 | | | | | | | | | | | | | | | | | | |
| FUNERAL HOME BLAKE LAMB FUNERAL HOME, 4727 WEST 143RD STREET OAK LAWN IL 60453 | | | | | | | | | | | | | | | | | | | | | |
| FUNERAL DIRECTOR'S NAME NICHOLAS R. TOMA | | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016724 | | | | | | | | | | | | | | | | | | |
| LOCAL REGISTRAR'S NAME DAVID ORR | | | DATE FILED WITH LOCAL REGISTRAR JUNE 5, 2018 | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 15%; vertical-align: top;"> CAUSE OF DEATH IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small> </td> <td style="width: 5%;">PART I</td> <td colspan="3">SUDDEN UNEXPECTED DEATH IN EPILEPSY (SUDEP)</td> </tr> <tr> <td>a</td> <td colspan="3">Due to (or as a consequence of)</td> </tr> <tr> <td>b</td> <td colspan="3">Due to (or as a consequence of)</td> </tr> <tr> <td>c</td> <td colspan="3">Due to (or as a consequence of)</td> </tr> </table> | | | | | CAUSE OF DEATH IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small> | PART I | SUDDEN UNEXPECTED DEATH IN EPILEPSY (SUDEP) | | | a | Due to (or as a consequence of) | | | b | Due to (or as a consequence of) | | | c | Due to (or as a consequence of) | | |
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| | b | Due to (or as a consequence of) | | | | | | | | | | | | | | | | | | | |
| | c | Due to (or as a consequence of) | | | | | | | | | | | | | | | | | | | |
| PART II: Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I | | | WAS AN AUTOPSY PERFORMED? YES | | | | | | | | | | | | | | | | | | |
| FEMALE PREGNANCY STATUS NOT APPLICABLE | | | WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES | | | | | | | | | | | | | | | | | | |
| 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? | DATE LAST SEEN ALIVE | WAS MEDICAL EXAMINER OR CORONER CONTACTED? | DATE PRONOUNCED APRIL 16, 2018 | TIME OF DEATH 07:04 AM | | | | | | | | | | | | | | | | | |
| CERTIFIER MEDICAL EXAMINER/CORONER | | | DATE CERTIFIED JUNE 05, 2018 | | | | | | | | | | | | | | | | | | |
| NAME ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PONNI ARUNKUMAR MD, 2121 W HARRISON ST, CHICAGO, IL, 60612 | | | PHYSICIAN'S LICENSE NUMBER 0523169 | | | | | | | | | | | | | | | | | | |



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

