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Doc# 1909834030 Fee \$52.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 04/08/2019 10:53 AM PG: 1 OF 8

Property of Cook County Clerk's Office

DOCUMENT COVERSHEET

TYPE OF DOCUMENT: DECEASED JOINT TENANCY AFFIDAVIT

GRANTOR: _____

GRANTEE: _____

DATE OF DOCUMENT: 03/28/2019

PIN: 14-05-203-011-1059

1 of 2

879

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Deceased Joint Tenancy Affidavit

State of California)
County of Los Angeles)

The undersigned being duly sworn states:

That she resides at 3448 Heather Road in the City of Long Beach, State of California;

That she was acquainted with **ROBERT JOHN TOMSON**, deceased, who at the time of his death, was one of the owners of the land in Cook, County, Illinois described as:

UNIT 6E TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN SHORELINE TOWERS CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NO. 24559390, IN THE NORTHEAST 1/4 OF SECTION 5, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

That the deceased died on April 17, 2013 as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament
- Leaving a Will & Testament a copy of which is attached. The original of the unproven will, is filed with the Clerk of the Probate Division of the Circuit Court of Cook, Illinois.
- Leaving a Last Will & Testament which was filed in The Unproven Will Box of the Probate Division of the Circuit Court of Cook, County, Illinois on or about _____.

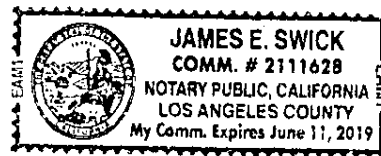
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$ _____ dollars.

The undersigned Affiant makes this Affidavit for the purpose of inducing Burnet Title to issue its title insurance policy, describing the above-mentioned property.

Janice H. Wellsted
AFFIANT

Subscribed and sworn to before me by the said **JANICE H. WELLSTEED (f/k/a JANICE H. TOMSON)** (Affiant) this 28th of March, 2019.

James E. Swick
Notary Public



STATE OF CALIFORNIA
UNOFFICIAL COPY
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052013079475

CERTIFICATE OF DEATH

3201319017982

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE	
ROBERT		JOHN	
3. LAST (Family)		TOMSON	
4. DATE OF BIRTH - mm/dd/yyyy			
01/25/1949			
5. AGE Yrs.		6. SEX	
64		M	
7. DATE OF DEATH - mm/dd/yyyy		8. HOUR - (24 Hours)	
04/17/2013		2045	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
NY			
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/SDOP (at time of Death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION - Highest Level/Degree		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)	
MASTER'S		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED.		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
TEACHER		EDUCATION	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED.		18. YEARS IN OCCUPATION	
		22	
70. DECEDENT'S RESIDENCE (Street and number, or location)			
3448 HEATHER RD			
71. CITY		72. COUNTY/PROVINCE	
LONG BEACH		LOS ANGELES	
73. ZIP CODE		74. YEARS IN COUNTY	
90808		24	
75. STATE/FOREIGN COUNTRY		CA	
26. INFORMANT'S NAME, RELATIONSHIP			
JANICE TOMSON, SPOUSE			
27. INFORMANT'S MAILING ADDRESS (Street and number, or care route number, city or town, state and zip)			
3448 HEATHER RD, LONG BEACH, CA 90808			
28. NAME OF BURNING SPOUSE/SDOP - FIP		29. MIDDLE	
JANICE		HEILBRUNN	
30. LAST (BIRTH NAME)		31. NAME OF FATHER/PARENT - FIRST	
HEILBRUNN		JOHN	
32. MIDDLE		33. LAST	
		TOMSON	
34. BIRTH STATE		35. NAME OF MOTHER/PARENT - FIRST	
NY		STELLA	
36. MIDDLE		37. LAST (BIRTH NAME)	
		PLEKAN	
38. BIRTH STATE		39. DISPOSITION DATE - mm/dd/yyyy	
NY		05/01/2013	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION(S)	
FOREST LAWN CEMETERY 1500 SAN ANTONIO DR - LONG BEACH, CA 90807		BU	
42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
KRIKORIAN SAULT		EMB8778	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	
ALL SOULS MORTUARY		FD16919	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE - mm/dd/yyyy	
JONATHAN FIELDING, MD		04/23/2013	
101. PLACE OF DEATH			
RONALD REAGAN UCLA MEDICAL CENTER			
102. IF HOSPITAL, SPECIFY ONE			
<input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Other			
103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
<input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, location)	
LOS ANGELES		757 WESTWOOD PLAZA	
106. CITY		107. CAUSE OF DEATH	
LOS ANGELES		Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT use terminal events such as cardiac arrest, respiratory arrest, or vascular rupture without showing the etiology. DO NOT abbreviate.	
108. IMMEDIATE CAUSE (Final disease or condition resulting in death)		109. BIOPSY PERFORMED?	
(A) NON TRAUMATIC SPONTANEOUS SUBDURAL HEMORRHAGE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(B) LARGE B CELL LYMPHOMA		DAYS	
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.		MOS	
110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		111. AUTOPSY PERFORMED?	
HYPERTENSION		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date)		113. USED IN DETERMINING CAUSE?	
STEM CELL TRANSPLANT 03/25/2013		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE MDR DATE AND PLACE STATED FROM THE CAUSES STATED		115. SIGNATURE AND TITLE OF CERTIFIER	
At the MDR Date and Place Stated From the Causes Stated		IGOR BARJAKTAREVIC M.D.	
116. LICENSE NUMBER		117. DATE - mm/dd/yyyy	
A121964		04/18/2013	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
IGOR BARJAKTAREVIC M.D.		IGOR BARJAKTAREVIC M.D.	
120. INJURED AT WORK?		121. INJURY DATE - mm/dd/yyyy	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
122. HOUR (24 Hours)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE - mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			

STATE REGISTRAR A B I C D E FAX AUTH.# CENSUS TRACT

This is a true certified copy if the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

Barcode: *HD3191337*

Jonathan E. Fielding, M.D.
 DO 12
 Director of Public Health and Registrar

APR 29 2013

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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Last Will and Testament

OF

ROBERT J. TOMSON

I, ROBERT J. TOMSON, residing in the County of Los Angeles, State of California, and being of sound and disposing mind and memory, and not acting under duress, menace, fraud, nor undue influence of any person whomsoever, do make, publish and declare this my Last Will and Testament, and do hereby expressly revoke all other and former Wills or Codicils to Wills made by me.

FIRST: I hereby direct my Personal Representative, hereinafter named, to pay all my just debts and funeral expenses as soon after my demise as can be lawfully and conveniently done.

SECOND: I hereby declare that I am married to JANICE H. TOMSON and that my wife and I have never had children.

THIRD: I give and devise all the estate and effects whatsoever and wheresoever, both real and personal, to which I may have power to dispose of at my decease, unto my wife, JANICE H. TOMSON, if and only if she survives me for at least six (6) months.

If JANICE H. TOMSON does not survive me for at least six (6) months, it is my will that all of my property and estate, so as aforesaid devised to her shall go, and in such case the same is hereby given as follows:

A. \$10,000.00 to ELIZABETH R. MILLER, if living, otherwise to her issue

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upon the principle of representation;

B. \$10,000.00 to CHRISTOPHER J. OLIVER, if living, otherwise to his issue upon the principle of representation;

C. \$10,000.00 to BRIAN M. OLIVER, if living, otherwise to his issue upon the principle of representation;

D. The rest, residue and remainder of my estate and effects whatsoever and wheresoever, both real and personal to RANDALL H. HEILBRUNN.

FOURTH: I have, except as otherwise provided in this Will, intentionally and full knowledge declined to provide for any heirs of mine who may be living at my death, and I direct that such persons, if any, shall take no part of my estate.

FIFTH: No interest shall be paid on any legacy given under this Will.

SIXTH: Should any part, clause, provision or condition of this Will be held to be void, invalid or inoperative, then I direct that such invalidity shall not affect any other clause, provision or condition hereof, but the remainder of this Will shall be effective as though such clause, provision or condition had not been contained herein.

SEVENTH: If any devisee, legatee or beneficiary under this Will or legal heir of mine, or person claiming under any of them, shall contest this Will or attack or seek to impair or invalidate any of its provisions, or conspire with or voluntarily assist anyone attempting to do any of those things, in that event I specifically disinherit each such person and all legacies, devises and interests given under this Will to that person shall be forfeited and shall augment proportionately the shares of my estate going under this Will to such of my devisees, legatees and beneficiaries as shall not have participated in such

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acts or proceedings. If all my devisees, legatees and beneficiaries shall participate in such proceedings, I give and devise the whole of my estate to my heirs at law according to the laws of succession of the State of California then in force, excluding all contestants and all persons conspiring with or voluntarily assisting them.

EIGHTH: I nominate my wife, JANICE H. TOMSON as my Personal Representative, and I direct that no bond or other security be required of her for the performance of her duties.

In the event JANICE H. TOMSON should predecease me or refuse to act as my Personal Representative, or should become disqualified, I nominate RANDALL H. HEILBRUNN as substitute Personal Representative, and I direct that no bond or other security be required of him for the performance of his duties.

NINTH: I authorize my Personal Representative to sell, lease or mortgage the whole or any part of my estate at either public or private sale, with or without notice, subject to such confirmation as may be provided by law. I further authorize my Personal Representative to retain any securities, properties or other investments and continue to hold, manage and operate any property, business or enterprise that I may own in whole or in part at the time of my death, with or without order of court, the profits or losses therefrom, if any, to inure to or be chargeable against my estate and not my Personal Representative.

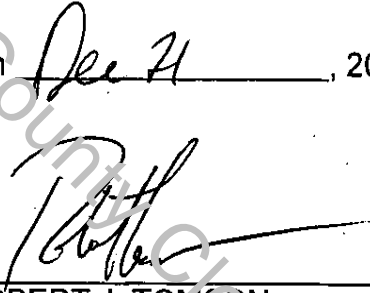
TENTH: This Will is executed in duplicate, one of said copies to be retained by me, the other to be deposited with my attorney, JAMES E. SWICK, 2750 Bellflower Blvd., Suite 100, Long Beach, California, and I direct that either of said instruments be admitted to probate as my Last Will and Testament without the other. So

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that there may be no presumption of revocation of this Will, I, ROBERT J. TOMSON, do hereby declare that I will not at any time revoke this Will except by a later Will expressly revoking the same or by the destruction of both copies of this Will by me. The production after my death of either copy of this Will shall be prima facie evidence that said Will was in full force and effect at the time of my death, unless a Will is produced executed by me at a date subsequent hereto.

ELEVENTH: This is a Will of five (5) pages, and all of said pages are intended to constitute my entire Will and all of said pages were present at the time of the following execution of this my Last Will and Testament.

This Will was signed by me on Dec 21, 2005, in the County of Los Angeles, State of California.



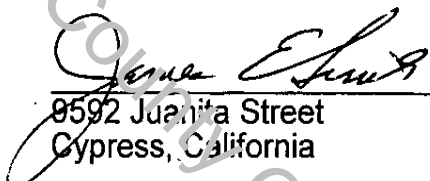
ROBERT J. TOMSON

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On the date written below ROBERT J. TOMSON declared to us, the undersigned, that this instrument, consisting of five (5) pages, including the page signed by us as witnesses, was his Will and requested us to act as witnesses to it. ROBERT J. TOMSON thereupon signed this Will in our presence, all of us being present at the same time. We now, at his request in his presence, and in the presence of each other, subscribe our names as witnesses. We declare that at the time of signing his Will, he was over eighteen years of age, appeared to be of sound mind, and we have no knowledge of any facts indicating that this Will, or any part of it, was procured by duress, menace, fraud, or undue influence.

Executed on Dec 21, 2005, at Long Beach, California.

We declare under penalty of perjury that the foregoing is true and correct.



8592 Juanita Street
Cypress, California



2750 Bellflower Blvd., Suite 100
Long Beach, California