

# UNOFFICIAL COPY



Doc# 1925245049 Fee \$88.00

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

EDWARD H. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 09/09/2019 10:25 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: 08/22/2019

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## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

**Marius Morkvenas** being duly sworn states that he resides at 1555 N Dearborn Pkwy, Unit 5D, Chicago, IL 60610 in the City of Chicago.

That Marius Morkvenas was the son of Birute Morkveniene deceased who, at the time of death, was one of the joint owners of the land in 1345 S Wabash Ave, Unit 904, Chicago, IL 60605, County, Illinois, described as:

That the deceased died July 6, 2017, as evidence by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- 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 the 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 \_\_\_\_\_.

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 \$ 150,000 dollars.

Affiant makes this affidavit for the purpose of inducing Chicago Title to record the Quit Claim Deed, describing the above- mentioned property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

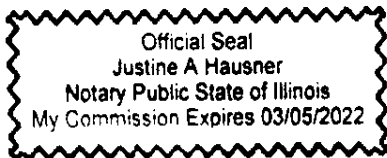
[Signature]  
Signature

08-22-19  
Date

MARIUS MORKVENAS  
Print Name

Subscribed and sworn to before me this 2nd of August, 2019.

[Signature]  
Notary Public



## UNOFFICIAL COPY

NUORAŠAS

Forma Nr. 106/a  
patvirtinta Lietuvos  
Respublikos sveikatos  
apsaugos ministro  
2014 m. birželio 9 d.  
įsakymu Nr. V-667

įstigos pavadinimas

MEDICININIS MIRTIES LIUDIJIMAS Nr. 8-5-17

galutinis ; laikinas ; vietoj liudijimo Nr. išrašyto

keičiamo liudijimo Nr., išrašymo data

Liudijimo išrašymo data

20170707

metai, mėnuo, diena

1. Mirusiojo vardas BIRLITĖ pavardė MORKVĖNIENĖ2. Lytis: vyr. ; mot. ; nežinoma  44906740570

asmens kodas

3. Gimimo data 19490614

metai,

mėnuo,

diena

arba 3.1. spėjamas

amžius (m., mėn., d.)

4. Mirties data 20170706

metai,

mėnuo,

diena

jeigu mirusiojo

tapatybė nenustatyta

4.1. Remiantis palaikų radimo data 

5. Naujagimis, miręs 7-28 parų amžiaus:

5.1. išnešiotas 5.2. neišnešiotas 5.3. pernešiotas 

5.4. masė (g)

6. Mirusiojo nuolatinė gyvenamoji vieta Kaunas, Paikailinės 15F7. Mirties vieta: 7.1. ligoninė ; namai ; kita  Kaunas, Paikailinės 15E

rašyti

7.2. adresas (jei nežinomas - palaikų radimo vieta)

8. Gydytojo nuomone mirties rūšis: liga ; profesinė liga ; nelaimingas atsitikimas ; nelaimingas atsitikimas darbe ; savižudybė ; nužudymas ; negali būti nustatyta dėl pomirtinių pakitimų ; nenustatyta ; staigi, netikėta 9. Moteris mirė: būdama nėščia ; gimdymo metu ; iki 42 d. po gimdymo ; nuo 43 d. iki 1 metų po gimdymo ; nežinoma 10. Nelaimingo atsitikimo, savižudybės, nužudymo: l.v.l. data -- data nežinoma 10.2. vieta namai ; nuolatinės globos institucija ; mokykla, kita institucija, viešojo administravimo įstaiga ; kūno kultūros ir sporto vieta ; gatvė, automagistralė ; prekybos, paslaugų paskirties objektas ; pramonės ir statybos objektas ; ūkis ; kita patikslinta (rašyti) ; nežinoma 

10.3. aplinkybės:

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Kodas  
(TLK-10-AM)

11. Mirties priežastys:

- a) Tiesioginė mirties priežastis
- b) Tarpinė mirties priežastis
- c) Tarpinė mirties priežastis
- d) Pagrindinė liga (trauma), sukėlusi mirtį

Staigi kraujavine mirtis

Lėtine išeminė širdies ir krauj-

laugų liga

Reumatinė aortos vožtuvo sten-

ozė. Širdies nepataikumu

3 funkcini elax

12. Kitos svarbios patologinės būklės, apgyvenimo sąlygos, bei mirties priežastis

13. Ar per pastebimus 28 dienas iki mirties buvo atlikta operacija (-)?

taip  ne  nežinoma

13.1. Jei taip operacijos data:    operacijos priežastis:

14. Medicininį mirties liudijimą išrašė:

14.1. gydytojas, apžiūrėjęs mirusį ir konstatavęs mirtį

14.2. kitas gydytojas, apžiūrėjęs mirusį ir konstatavęs mirtį

14.3. gydytojas, remdamasis medicininiais dokumentais ir mirusį apžiūrėjusio kito gydytojo išvada

14.4. gydytojas patologas, atlikęs autopsiją

14.5. teismo medicinos gydytojas, atlikęs autopsiją

14.6. teismo medicinos gydytojas, remdamasis išorine mirusiojo apžiūra

14.7. kitomis aplinkybėmis (jas paaiškinant)

15. Gydytojas, išrašęs medicininį mirties liudijimą

B + 25  
pareigos

*[Signature]*  
parašas

vardas, pavardė

*[Signature]*

Aš, Kauno r. 1-ojo notaro biuro notaras Mindaugas Ladas, liudiju, kad šis *[Signature]* atitinka pateiktą dokumentą.

Notarinio registro Nr. *MI-4961*  
Notaro atlyginimas *1174.000*  
Kompensacijos (-) už kitas kliento prašymu notaro atliktas paslaugas gydis  
Notaro parašas



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Translation from Lithuania

Joint Stock Company "VITA LONGA"  
 A.Stulginskio per.72, Kaunas  
 Republic of Lithuania  
 Email:vitalonga@is.lt

FORENSIC MEDICINE SERVICE  
 Vilnius division/subdivision

MEDICAL DEATH CERTIFICATE No. 10.8.4

Form No 106/a approved  
 by Order No V-667 of the  
 Minister of Health of the  
 Republic of Lithuania on 9  
 June 2014

Final  ; Temporary  ; instead of certificate No Issued  
 Number of certificate to be replaced, date of issue  
 The date of issue of the certificate 07 July 2017  
 Day Month Year

1. Name of the deceased Birutė Surname Morkvėnienė

2. Sex: male ; female  ; unknown  44906149810  
 Persona ID code

3. Date of birth 14/06/1949 or 3.1. Estimated age (d/m/y) if the deceased has not been  
 identified   
 Day/month/year

4. Date of death 06/07/2017  
 Day/month/year

4.1. Based on the date of finding of the body  5. Newborn, who died 7-28 days of age:  
 5.1. Full-term  ;  
 5.2. Premature baby  ;  
 5.3. Post-mature  ;  
 5.4. Weight (g)

6. The deceased's domicile Pakalnės 15F, Kaunas

7. Place of death 7.1. Hospital  ; home X; other  Pakalnės 15F, Kaunas  
 To be entered

7.2. Address (if not known, the place of finding of the body)

8. Type of death in view of doctor: disease X; occupational disease  ; accident  ; accident at work  ; suicide  
 ; murder  ; cannot be found due to post-mortem lesions  ; undetermined ; sudden, unexpected

9. A woman died: being pregnant  ; during childbirth  ; prior to 42 days after childbirth  ; from 43 days to 1  
 year after childbirth  ; unknown

10. The accident, suicide, murder: 10.1. Date       ; date unknown  ;

10.2. Place home  ; permanent foster home  ; school, other institution, public administration institution  ;  
 physical culture and sports place  ; street, highway  ; trade, service-purpose object  ;  
 industrial and construction object  ; farm  ; other specified (to be entered)  ;  
 unknown

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## 10.3. Circumstances:

Code  
(TLK-10-AM)

## 11. Cause of death:

a) Direct cause of death Sudden coronary death

b) Intermediate cause of death

c) Intermediate cause of death

d) The main disease (trauma) that caused death Chronic ischemic cardiovascular disease

I21,-

## 12. Other major morbid conditions that led to death, but not related to the main cause of death

Rheumatic aortic valve stenosis; Heart Failure Function Class 3

## 13. Was (were) any surgery (surgeries) performed in the last 28 days before the death? .

Yes ; No ; Unknown13.1. If yes: The date of the surgery ; reason for surgery

Day/month/year

## 14. Medical death certificate issued by:

14.1. The doctor, who examined the dead and verified death X;

14.2. Another doctor, who examined the dead and verified death ;14.3. The doctor, who treated the deceased, based on medical documents and conclusion of other doctor, who examined the deceased ;14.4. Physician pathologist, who performed the autopsy ;

14.5. Forensic doctor, who performed the autopsy ;

14.6. Forensic doctor based on an external examination of the deceased ;14.7. under other circumstances (explaining them) 

## 15. The doctor, who issued the medical death certificate

Doctor

/signature/

Position

Signature

Name, surname

/stamp/ Edita Gudaitienė,

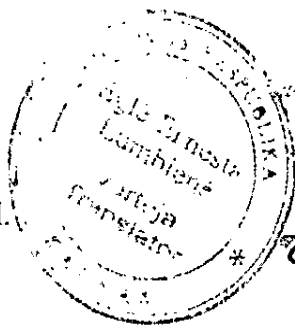
/Stamp/: JSC VITA LONGA , Kaunas city, Republic of Lithuania, For Certificates/

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*M* July, 2017

I, *Hindaugas Ladas*, the notary of Kaunas notary bureau, hereby testify that this copy corresponds to the document submitted.

Notarial register No. - *ML-4961*  
Notary pay - *1,74 eur*  
Compensation (-s) for other notary services requested by the client -  
Notary - /Signature/



Eglė Ernesta Lumbienė

This translation corresponds to the original.

Translator Eglė Ernesta Lumbienė

Address: Laisvės al. 34, Kaunas

Tel.: 868745433

Licence No. CH640176-1, issued 12.06.2017

by Kaunas District Department

I take responsibility for true translation from Lithuanian to English.

Kaunas,

2017 m. liepos mėn. *M* d.

Susiūta, sunumeruota ir antspaudu patvirtinta  
*3 (trijų) lapai*  
Notaras



Aš, *Hindaugas Ladas*, Kauno t. a. notarų biuro notaras Eglės Ernestos Lumbienės parašo tikrumą liudiju.

Notarinio registro Nr. - *ML-4962*  
Notaro atlyginimas - *0,84 eur*  
Kompensacijos už patikrą registruose dydis \_\_\_\_\_  
Kompensacijos (-ų) už kitus kliento prašymu atliktas paslaugas dydis \_\_\_\_\_  
Notaro parašas \_\_\_\_\_  
Notarial register No. - *ML-4962*  
Notary pay - *0,84 eur*  
Compensation for revise in registers \_\_\_\_\_  
Compensation (-s) for other notary services requested by the client \_\_\_\_\_  
Notary signature - \_\_\_\_\_

*Hindaugas Ladas*, the notary of Kaunas notary bureau hereby certify, that the signature of Eglė Ernesta Lumbienė is true.

/Sewed, numbered, and emblem seal stamped 4 pages/

# UNOFFICIAL COPY

For the premises commonly known as: 1345 South Wabash Ave., Unit 904 and P-72, Chicago, IL 60605

**Legal Description:**

UNIT 904 AND PARKING UNIT P-72 IN THE 1345 S. WABASH CONDOMINIUMS, AS DELINEATED ON THE SURVEY ATTACHED AS EXHIBIT B TO THE DECLARATION OF CONDOMINIUM RECORDED APRIL 29, 2015 IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS, AS DOCUMENT NO. 15119172, AS AMENDED FROM TIME TO TIME, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, in Section 22, township 39 north, range 14, east of the third principal meridian, IN COOK COUNTY, ILLINOIS.

PIN'S: 17-22-104-038-1050; 17-22-104-038-1173

Property of Cook County Clerk's Office

COOK COUNTY  
RECORDER OF DEEDS

COOK COUNTY  
RECORDER OF DEEDS