# UNOFFICIAL COPY .....

### JOINT TENANCY AFFIDAVIT

State of Illinois ) SS.

County of Cook

Doc# 2231222023 Fee \$88.00

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

KAREN A. YARBROUGH COOK COUNTY CLERK

DATE: 11/08/2022 11:57 AM PG: 1 OF 3

Lynda S. Orlean, hereby referred to as the affiant, states under oath that she resides at 58 Andover Circle, in the City of Northbrook, State of Illinois;

that the affiant was acquainted with Ronald L. Orlean, the decedent; who, at the time of his death, was one of the owners of property, by virtue of a properly recorded joint tenancy deed, said property located in Cook County, State of Illinois, and legally described as follows:

## UNIT 25 IN LOT 11 LEGALLY DESCRIBED AS FOLLOWS:

LOT 11 (EXCEPT THE SOUTHEASTERLY 45.83 FEET THEREOF) IN THE IVY CLUB OF NORTHBROOK, BEING A SUBDIVISION OF PART OF THE NORTHWEST QUARTER OF SECTION 6, TOWNSHIP 42 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED NOVEMBER 25, 1996 AS DOCUMENT NUMBER 26595430, COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number(s): 0406-112-01 (-0000)

Address(es) of real estate: 58 Andover Circle, Northbrook, IL 50062

The decedent died on November 10, 2020, leaving a last will and testament which was filed with the Probate Division of the Circuit Court of Cook County, Illinois

The State and Estate/Inheritance Tax and the Federal Tax, if any, that was due from the decedent's estate, has been paid in full.

Lynda S. Orlean

2231222023 Page: 2 of 3

OFFICIAL SEAL
JEFFREY S MCDONALD
NOTARY PUBLIC, STATE OF ILLINOIS

MY COMMISSION EXPIRES: 7/12/2025

## **UNOFFICIAL COPY**

Subscribed and sworn to before me this \_\_\_\_, & M\_\_\_ day of \_\_\_\_\_, \_\_\_\_ zazzz\_\_\_

This instrument prepared by:

Jeffrey S. MicDonald DiMonte and Lizak, LLC 216 Higgins Rd Park Ridge, IL 60068

Notary Public

Return to:

Jeffrey S. McDonald
DiMonte and Lizak, LLC
216 Higgins Rd.
Park Ridge, IL 60068

## COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS

| DECEDENT'S LEGAL NAME RONALD L ORLEAN  AGE AT LAST BIRTH DAY COOK B3 YEARS  DATE OF BIRTH NOVEMBER 10, 2020  COTY OF TOWN NORTHBROOK B3 YEARS  MOSPITAL OR OTHER INSTITUTION NAME S6 ANDOVER CIRCLE  MOSPITAL OR OTHER INSTITUTION NAME S6 ANDOVER CIRCLE  MOSPITAL OR OTHER INSTITUTION NAME S6 ANDOVER CIRCLE  SOCIAL SECURITY NUMBER STATUS AT TIME OF DEATH DECEDENT'S HOME BIRTHPRACE CHICAGO, IL  MARRIED  LYNDA ROSENBLUM FÖRCEST YES. RESIDENCE APT.NO. CITY OR TOWN NORTHBROOK YES. COUNTY COOK L COOK L COUNTY COOK L COOK L COUNTY COOK L COUNTY COOK L C |                                   |                 |   | MEDICAL (      | CERTIFICATI            | OF DEAT  | Н                |                                  |                    | i,                   |
|--|-----------------------------------|-----------------|---|----------------|------------------------|--|------------------|----------------------------------|--------------------|----------------------|
| RONALD LORLEAN  ACE ALLES BIRTHOM BY YEARS  DATE OF BRITH NOVEMBER 10, 2020  CITY OR TOWN NORTHBROOK  BY YEARS  HOSPITAL OR OTHER INSTITUTION HAVE SOUND ARRIVED  PLACE OF BRITH NOVEMBER 18, 1537  NOVEMBER 18, 1537  NOVEMBER 18, 1537  PLACE OF BRITH NOVEMBER 18, 1537  NOVEMBER 18, 1537  PLACE OF BRITH NOVEMBER 18, 1537  NOVEMBER 18, 1537  PLACE OF BRITH NOVEMBER 18, 1537  NOVEMBER 18, 1537  PLACE OF BRITH NOVEMBER 18, 1537  NOVEMBER 18, 1537  PLACE OF BRITH NOVEMBER 18, 1537  NOVEMBER 18, 1537  PLACE OF BRITH NOVEMBER 18, 1537  NOVEMBER 18, 1537  PLACE OF BRITH NOVEMBER 18, 1537  NOVEMBER 18, 1537  NOVEMBER 18, 1537  NOVEMBER 18, 1537  PLACE OF BRITH NOVEMBER 18, 1537  NOVEMBER 18, 1537  PLACE OF BRITH NOVEMBER 18, 1537  NOVEMBER 18, 1537  PLACE OF BRITH NOVEMBER 18, 1537  PLACE OF BRITH NOVEMBER 18, 1537  NOVEMBER 18, 1537  PLACE OF BRITH NOVEMBER 18, 1537  NOVEMBER 18, 1537  PLACE OF BRITH NOVEMBER 18, 1537  P | STATE FILE NUMBER 2020            | 0104795         |   |                |                        | •  |                  | DATE                             | ISSUED 11/10       | 6/202                |
| COOK B3 YEARS HOSPITALOR DITER INSTITUTION NAME  PAGE OF DEATH  OF CODEN'S HOME  BRITHALOR  SPANDOVER CIRCLE  SOCIAL SECURITY NUMBER STATUS AT TIME OF DEATH  BRITHALOR  CHICAGO, II.  SOCIAL SECURITY NUMBER STATUS AT TIME OF DEATH  CHICAGO, II.  SOCIAL SECURITY NUMBER STATUS AT TIME OF DEATH  RESIDENCE  SPANDOVER CIRCLE  COUNTY  STATUS OF CODE  FAMILIFORM STATUS NUMBER STATUS AT TIME OF DEATH  COOK  BY PART OF CODE  FAMILIFORM STATUS NUMBER STATUS AT TIME OF DEATH  COOK  BY PART OF CODE  FAMILIFORM STATUS NUMBER STATUS AT TIME OF DEATH  LYNDA ROSENBLUM  FORCEST YES  FAMILIFORM STATUS NUMBER STATUS AT TIME OF DEATH  AT THE CHICAGON STATUS NUMBER STATUS AT TIME OF DEATH  BURLAL STATUS NUMBER STATUS NUMBER STATUS AT TIME OF DEATH  BURLAL STATUS NUMBER STATUS NUMBER STATUS AT TIME OF DEATH  COOK STATUS NUMBER STATUS NUMBER STATUS AT TIME OF DEATH  BURLAL STATUS NUMBER STATUS N |                                   |                 |   |                |                        |  | 1 77 1           |                                  | 1 10, 2020         | ::!                  |
| NORTHEROOK  SECRET HOME  MARRIED  SECRET HOME  MARRIED  SECRET HOME  MARRIED  CHY DR (DOWN  NORTHBROOK  PERSON  SECRET HOME  CHY DR (DOWN  NORTHBROOK  PERSON  NORTHBROOK  PERSON  MARRIED  SECRET HOME  CHY DR (DOWN  NORTHBROOK  PERSON  NORTHBROOK  PERSON  MARRIED  SECRET HOME  SECR |                                   |                 |   |                |                        |  |                  |                                  |                    | <del></del>          |
| DECEDENTS HOME  SOCIAL SECURITY NUMBER STATUS AT TIME OF DEATH  MARRIED  LIVINDA ROSENBLUM  FORCES* YES  RESIDENCE  CHICAGO, II.  API, NO.  CHI OR TOWN  RESIDENCE  SE ANDOUER CIRCLE  COUNTY  II.  API, NO.  CONC  II.  API, NO.  CONC  III.  API, NO.  API,  |                                   |                 |   |                |                        |  | NAME             | •                                |                    |                      |
| ENTITIE CALL SOCIAL SECURITY FULNERS STATUS AT THE OF DEATH  CHICAGO, IL  CHICAGO, IL  CHICAGO, IL  CHICAGO, IL  CHICAGO, IL  RESIDENCE  API NO.  CHIVAGO, IN CHICAGO  STATUS STATUS  STATUS STATUS  AND DIVER CINCLE  COOK  API NO.  CHIVAGO CONCENTY  COOK  API NO.  CHIVAGO CONCENT  CHICAGO  CH |                                   |                 |   |                | . :                    |  |                  | : :::-                           |                    | •                    |
| RESIDENCE SS ANDOVER CIRCLE API, NO. CITY OR TOWN NORTHBROOK VES SS ANDOVER CIRCLE SS AND CIRCLE | BIRTHPLACE                        | SOCIAL SE       | CURITY NUMBER                           |                | E OF DEATH             | 1  |                  | R'S MAIDEN NAME                  | FORCER             | D                    |
| COUNTY COOK STATE OF CODE STATE COOK STATE OF CODE STATE COOK KARL ORDER OF STATE OF COOK KARL ORDER OF COOK KAR | RESIDENCE                         |                 | •                                       | . <del> </del> |                        | Y OR TOWN  | 7.               | 1                                | NSIDE CITY LIMITS? | <u> </u>             |
| LYNDA ORLEAN  MÉTICO OF DISPOSITION  BURIAL  PLACE OF DISPOSITION  FUNERAL HOME  GOLDMAN FUNERAL GROUP, 195 N. BUFFALO G'ROVE ROAD, BUFFALO GROVE, IL, 60089  FUNERAL DISCORDS NAME  FU |                                   |                 |   |                |                        |  | MOTHERICO PARENT |                                  |                    | ION -                |
| METADO OF DISPOSITION BURIAL  PLACE OF DISPOSITION WESTLAWN FEWER'S LIMINSTATE AND STATE DATE OF DISPOSITION WESTLAWN FEWER STANDS LIMINSTATE GOLDMAN FUNERAL GROUP, 195 N. BUFFALO GTUVE ROAD, BUFFALO GROVE, IL, 60089  FUNERAL DIRECTORS RUMB GOLDMAN  LOCAL SEGISTRARS NAME KAREN A YARBROUGH  CAUSE OF DEATH PART L. END STAGE KIDNEY DISEASE  MALEDIATE CAUSE (Five disease or condotor) Westlands a commissioned of the superinduction of the sup |                                   |                 |   |                | <u> </u>               | the state of the s | •                | RTHBROOK                         | U 60062            | :                    |
| FUNERAL DIRECTOR'S NAME FUNERA | METHOD OF DISPOSITION PL/CO OF    |                 |   | OSITION        | JM ASSNAWESTLANN       | LOCATION - CITY OR TOWN AND STATE DATE OF DISPOSITION  |                  |                                  | <u></u><br>√.      |                      |
| FUNERAL DIRECTORS NAME IRWIN GOLDMAN IRWIN G | FUNERAL HOME                      | 3ROUP, 199      | <del></del>                             | X              |                        |  |                  |                                  |                    | ٠,                   |
| KAREN A YARBROUGH  CAUSE OF DEATH PART I. END STAGE KIONEY DISEASE  IMALEDATE CAUSE  Due to (or as a surresponse of)  WAS AN AUTOPSY PERFORMEDT. NO  WERE AUTOPSY PERFORMEDT. NO  WERE AUTOPSY PERFORMEDT. NO  CUPACTE CAUSE OF DEATH? N/A:  FEMALE PREGNANCY STATUS  NOT APPLICABLE  OATE OF INJURY  TIME OF RINIRY  PLACE OF INJURY  DESCRIBE HOW INJURY OCCURRED  IF ITANSPORTA ION INJURY, SPECIFY.  ATTEND THE DECEASED?  OCTOBER 21, 2020  OCTOBER 21, 2020  CORDINER CONTACTED?  YES  DATE CERTIFIED  PHYSICIAN  PHYSICIAN  DATE CERTIFIED  DATE CERTIFIED  PHYSICIANS  DATE CERTIFIED  PHYSICIANS  DATE CERTIFIED  DATE CERTIFIED  ONUMBER 14, 2020  TIME OF OBATH  NO WERE AUTOPSY PERFORMEDT. NO  WERE AUTOPSY PERFORMEDT. NO  WERE AUTOPSY PERFORMEDT. NO  WERE AUTOPSY PERFORMEDT. NO  WERE AUTOPSY PERFORMEDT. NO  WERE AUTOPSY PERFORMEDT. NO  WERE AUTOPSY PERFORMEDT. NO.  WAS AN AUTOPSY | FUNERAL DIRECTOR'S NAME           |                 | <b>11</b> : 11                          |                |                        |  | FUNERAL DIRECT   |                                  | ENSE NUMBER        |                      |
| INAMEDIATE CAUSE  (Final dasase or condition (resulting in destri)  Does to (or as a someopoence of)  VAS. M. AUTOPSY PROPOEDT, NO  VIETE AUTOPSY PROPOEDT |                                   | 1               | · · · ·                                 | O              | <u>Z</u>               |  |                  |                                  | VR                 | :                    |
| Due to lot as a correspondence of)  WAS AN AUT OPEY PERFORMED). NO  WERE AUTOPSY FRIDINGS USED TO CUP-ACTE CAUSE OF DEATH? NIA.  FEMALE PREGNANCY STATUS INDIT APPELICABLE  DATE OF INJURY  INJURY  DESCRIBE HOW INJURY DECURRED  IF TRANSPORTA INSTALLER  ATTEND THE DECEASED?  OCTOBER 21, 2020  WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES  DATE CERTIFIED  DATE CERTIFIED  DATE CERTIFIED  DATE CERTIFIED  NOVEMBER 12, 2020  PHYSICIAN  DATE CERTIFIED  DATE CERTIFIED  PHYSICIAN  NOVEMBER 12, 2020  PHYSICIAN DATE CERTIFIED  DATE CERTIFIED  DATE CERTIFIED  PHYSICIAN  NOVEMBER 12, 2020  PHYSICIAN DATE CERTIFIED  DATE CERTIFIED  DATE CERTIFIED  PHYSICIAN PHYSICIAN PHYSICIANS ON BULKEGAN ROAD, DEERFIELD, ILLINOIS, 60015  036-097750   | IMMEDIATE CAUSE :                 | ,               | AGE KIDNEY DI                           | SEASE          | <u>'C</u>              | •  |                  | WIE<br>SATE                      |                    | •                    |
| DIRECT STATES OF STATES  DESCRIBE HOW INJURY DOCURRED  DATE LAST SEEN ALIVE YES  OCTOBER 21, 2020  PART II Enter other eignificant conditions contributing to death but not resulting in the underlying cause given in PART I.  WAS AN AUTOPSY PERFORMED? NO  WERE AUTOPSY PRIDINGS USED TO  COMPLETE CAUSE OF DEATH? N/A  PAN INFO OF DEATH? N/A  INJURY AT WORK?  DESCRIBE HOW INJURY DOCURRED  IF TRANSPORTA IN INJURY, SPECIFY.  ATTEND THE DECEASED? OCTOBER 21, 2020  CORONER CONTACTED? YES  DATE CERTIFIED HOW INJURY STEED  TIME OF DEATH ON 45 PM  DATE CERTIFIED NOVEMBER 12, 2020  PHYSICIAN  PHYSICIAN SO SWAUKEGAN ROAD, DEERFIELD, ILLINOIS, 60015  036-097750  |                                   | t.              |   | Datrio (0      | or as a consent ince   | <b>6</b>   |                  | PROXILIA<br>RVAL BET<br>ET AND D |                    |                      |
| PART II Enter other elignificant conditions contributing to death but not resulting in the underlying cause given in PART I.  WAS AN AUTOPSY PERFORMEDT NO  WERE AUTOPSY PERFORMEDT NO  COMPLETE CAUSE OF DEATH? N/A  FEMALE FREGNANCY STATUS  NOT APPLICABLE  DATE OF INJURY  TIME OF INJURY  PLACE OF INJURY  PLACE OF INJURY  DESCRIBE HOW INJURY DOCUMED  IF TRANSPORTA ION INJURY SPECIFY:  ATTEND THE DECEASED?  OCTOBER 21, 2020  CORONER CONTACTED? YES  DATE PRONOUNCED  TIME OF DEATH  O4:45 PM  CERTIFIED  NOVEMBER 12, 2020  NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH  DANIEL J. GOLDSTEIN MD, 350 S. WAUKEGAN ROAD, DEERFIELD, ILLINOIS, 60015  O36-097750  |                                   | -               |   | Duo so (e      | r as a porsequence of) | 127  |                  | INTERIOR OFFICE                  |                    | <del></del>          |
| PART II Enter other elignificant conditions contributing to death but not resulting in the underlying cause given in PART I.  WAS AN AUTOPSY PERFORMEDT NO  WERE AUTOPSY PERFORMEDT NO  COMPLETE CAUSE OF DEATH? N/A  FEMALE FREGNANCY STATUS  NOT APPLICABLE  DATE OF INJURY  TIME OF INJURY  PLACE OF INJURY  PLACE OF INJURY  DESCRIBE HOW INJURY DOCUMED  IF TRANSPORTA ION INJURY SPECIFY:  ATTEND THE DECEASED?  OCTOBER 21, 2020  CORONER CONTACTED? YES  DATE PRONOUNCED  TIME OF DEATH  O4:45 PM  CERTIFIED  NOVEMBER 12, 2020  NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH  DANIEL J. GOLDSTEIN MD, 350 S. WAUKEGAN ROAD, DEERFIELD, ILLINOIS, 60015  O36-097750  |                                   |                 | · · · · · · · ·                         | :              |                        |  | 7.4 ¥<br>330g    |                                  |                    |                      |
| FEMALE FREGNANCY STATUS NOT APPLICABLE  DATE OF INJURY  DESCRIBE HOW INJURY DOCUMBED  TIME OF INJURY  DESCRIBE HOW INJURY DOCUMBED  TIME OF INJURY  DESCRIBE HOW INJURY DOCUMBED  IF TRANSPORTA IN INJURY, SPECIFY.  ATTEND THE DECEASED? OCTOBER 21, 2020  DATE LAST SEEN ALIVE CORONER CONTACTED? YES  DATE PRONOUNCED  TIME OF DEATH O4:45 PM  CERTIFIER PHYSICIAN  DATE CERTIFIED NOVEMBER 12, 2020  NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DANIEL J GOLDSTEIN MD, 350 S WAUKEGAN ROAD, DEERFIELD, ILLINOIS, 60015  038-097750   | PART II Enter other eignificent c | anditions conti | ributing to death                       |                |                        | given in PART I.   | WAS A            | N AUTOPSY PERI                   | ORMED7 NO          | j.                   |
| PLACE OF INJURY  DESCRIBE HOW INJURY DOCUMBED  TIME OF INJURY  DESCRIBE HOW INJURY DOCUMBED  TIME OF INJURY  PLACE OF INJURY  PLACE OF INJURY  INJURY AT WORK?  IF TRANSPORTA ICN INJURY, SPECIFY:  ATTEND THE DECEASED?  OCTOBER 21, 2020  DATE LAST SEEN ALIVE CORONER CONTACTED? YES  CERTIFIER PHYSICIAN  NOVEMBER 12, 2020  NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DANIEL J. GOLDSTEIN MD, 350 S WAUKEGAN ROAD, DEERFIELD, ILLINOIS, 60015  NAME, 60015   |                                   | •               |   |                |                        |  |                  |                                  |                    | :                    |
| DESCRIBE HOW INJURY OCCURRED  IF TRANSPORTA ICN INJURY, SPECIFY:  ATTEND THE DECEASED?  DATE LAST SEEN ALIVE OCTOBER 21, 2020  WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES  DATE PRONOUNCED  TIME OF DEATH 04:45 PM  CERTIFIED NOVEMBER 12, 2020  NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DANIEL J. GOLDSTEIN MD, 350 S WAUKEGAN ROAD, DEERFIELD, ILLINOIS, 60015  036-097750  |                                   | •               | · ·                                     | · · · · · ·    | 11 11                  |  | MALN             | R OF DEATH                       |                    | ٠,                   |
| DESCRIBE HOW INJURY OCCURRED  ATTEND THE DECEASED?  OCTOBER 21, 2020  WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES  DATE PRONOUNCED  TIME OF DEATH 04:45 PM  CERTIFIER PHYSICIAN  DATE CERTIFIED NOVEMBER 12, 2020  NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DANIEL J. GOLDSTEIN MD, 350 S WAUKEGAN ROAD, DEERFIELD, ILLINOIS, 60015  DIF TRANSPORTA ICN MIJURY, SPECIFY.  |                                   |                 | TIME OF IN                              | JURY           | PLACE OF INJURY        |  |                  |                                  | INJURY AT WORK     | ?                    |
| ATTEND THE DECEASED?  DATE LAST SEEN ALIVE OCTOBER 21, 2020  CORDINER CONTACTED? YES  DATE PRONOUNCED  TIME OF DEATH 04:45 PM  CERTIFIER PHYSICIAN  NOVEMBER 12, 2020  NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH.  DANIEL J. GOLDSTEIN MD, 350 S WAUKEGAN ROAD, DEERFIELD, ILLINOIS, 60015  DATE PRONOUNCED  TIME OF DEATH 04:45 PM  PHYSICIANTS LICENSE NUMBER 036-097750  | LOCATION OF INJURY                |                 | •                                       |                |                        | in the second second   |                  |                                  |                    | •                    |
| YES OCTOBER 21, 2020 CORONER CONTACTED? YES 04:45 PM  CERTIFIER PHYSICIAN  NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH.  DANIEL J. GOLDSTEIN MD, 350 S WAUKEGAN ROAD, DEERFIELD, ILLINOIS, 60015  036-097750  | DESCRIBE HOW INJURY OCCUP         | RRED            |   | · ·            |                        |  |                  | IF TRANSPORTA                    | ICN NURY, SPECI    | FY:                  |
| CERTIFIER PHYSICIAN  NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH.  DANIEL J. GOLDSTEIN MD, 350 S WAUKEGAN ROAD, DEERFIELD, ILLINOIS, 60015  DATE CERTIFIED NOVEMBER 12, 2020  PHYSICIANS LICENSE NUMBER 036-097750  |                                   |                 |   |                |                        | DATE P   | RONOUNCED        |                                  |                    |                      |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH.  DANIEL J. GOLDSTEIN MD, 350 S WAUKEGAN ROAD, DEERFIELD, ILLINOIS, 60015  PHYSICIAR'S LICENSE NUMBER  038-097750   |                                   | · · · ·         | • | <u> </u>       |                        |  | <del></del>      |                                  |                    | <del>- 11</del><br>1 |
|  | NAME, ADDRESS AND ZIP CODE        |                 |   |                | FIELD, ILLINOIS        | , 60015  |                  | PHYSICIAIT                       | S LICENSE NUMBER   |                      |



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.

Karen A. Yarbrough Cook County Clerk

