

UNOFFICIAL COPY

Doc#: 2231442205 Fee: \$98.00

Karen A. Yarbrough

Cook County Clerk

Date: 11/10/2022 03:19 PM Pg: 1 of 4

DECEASED TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

Pauletta L. Brune, being duly sworn states that she resides at 25674 W. Indian Trail Road in the Village of Barrington, Illinois 60010.

That Pauletta L. Brune is the Daughter of Frank Luke and Pauline Luke, who, at the time of their deaths, were two of the owners of the land in Cook County, Illinois, described as:

SEE ATTACHED LEGAL

Street address: 1935 South Archer Avenue, Unit 316 and G-95, Chicago, Illinois 60616
Real estate index number: 17-21-414-001-0000; 17-21-414-002-0000; 17-21-414-003-0000;
17-21-414-004-0000; 17-21-414-007-0000

That the Decedent, Frank Luke, died on November 26, 2012 as evidenced by a copy of the death certificate of the Decedent attached hereto.

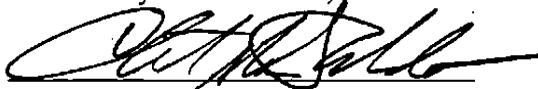
That the Decedent, Pauline Luke, died on July 30, 2019 as evidenced by a copy of the death certificate of the Decedent attached hereto.



Pauletta L. Brune

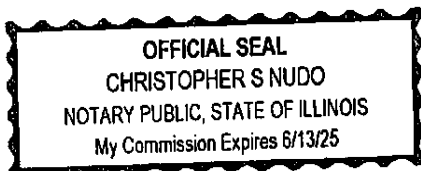
Subscribed and sworn to before me by the said

Pauletta L. Brune
this 9th day of November, 2022.



Notary Public

THIS INSTRUMENT WAS
PREPARED
BY AND RETURN TO:
CHRISTOPHER S. NUDO
Attorney At Law
1250 Larkin Avenue, Suite 100
Elgin, Illinois 60123



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Legal Description

UNIT NUMBER 316 AND G-95, IN POINTE 1900 ON STATE CONDOMINIUM, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED TRACT OF LAND:

LOTS 1 TO 7 BOTH INCLUSIVE. TOGETHER WITH THE VACATED 30 FOOT ALLEY LYING EAST OF AND ADJOINING EAST LINE OF SAID LOT 6 AND LYING WEST OF AND ADJOINING THE WEST LINE OF SAID LOTS 2 TO 5, BOTH INCLUSIVE, IN BLOCK 32 IN CANAL TRUSTEES NEW SUBDIVISION OF BLOCKS IN EAST FRACTIONAL SOUTHEAST ¼ OF SECTION 21, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN,

WHICH SURVEY IS ATTACHED AS EXHIBIT "E" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 0421739021, AS AMENDED FROM TIME TO TIME; TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN COOK COUNTY, ILLINOIS.

SUBJECT ONLY TO: (I) non-delinquent real estate taxes; (II) applicable zoning, planned development and building laws and ordinances and other ordinances of record; (III) encroachments onto the Property, if any; (IV) acts done or suffered by Purchaser or anyone claiming by, through or under Purchaser; (V) covenants, conditions, agreements, existing leases on the common elements, building lines and restrictions of record; (VI) easements recorded at any time prior to Closing, including any easements established by or implied from the Declaration or amendments thereto and any easements provided for in any plat of subdivision of the Project which may hereafter be recorded; (VII) terms, conditions, and restrictions of the Declaration; (VIII) roads or highways, if any; (IX) Purchaser's mortgage, if any; and (X) limitations and conditions imposed by the Condominium Property Act of the State of Illinois ("Act").

GRANTOR ALSO HEREBY GRANTS TO THE GRANTEE, ITS SUCCESSORS AND ASSIGNS, AS RIGHTS AND EASEMENTS APPURTENANT TO THE SUBJECT UNIT DESCRIBED HEREIN, THE RIGHTS AND EASEMENTS FOR THE BENEFIT OF SAID UNIT SET FORTH IN THE DECLARATION OF CONDOMINIUM; AND GRANTOR RESERVES TO ITSELF, ITS SUCCESSORS AND ASSIGNS, THE RIGHTS AND EASEMENTS SET FORTH IN SAID DECLARATION FOR THE BENEFIT OF THE REMAINING PROPERTY DESCRIBED THEREIN. THIS DEED IS SUBJECT TO ALL RIGHTS EASEMENTS, COVENANTS, CONDITIONS, RESTRICTIONS AND RESERVATIONS CONTAINED IN SAID DECLARATION THE SAME AS THOUGH THE PROVISIONS OF SAID DECLARATION WERE RECITED AND STIPULATED AT LENGTH HEREIN.

UNOFFICIAL COPY**EXHIBIT "A"****COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2012 0088905

DATE ISSUED 12.12.2012

DECEASED'S LEGAL NAME FRANK LUKE		SEX MALE	DATE OF DEATH NOVEMBER 26, 2012	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 86 YEARS	DATE OF BIRTH FEBRUARY 15, 1926		
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME RUSH UNIVERSITY MEDICAL CENTER			
PLACE OF DEATH INPATIENT				
CITY OR TOWN BUTTE MT	SOCIAL SECURITY NUMBER XXXXXXXXXX	STATUS AT TIME OF DEATH MARRIED	MOTHER'S NAME (INCLUDE "M" & LAST NAME PARTIAL IF NECESSARY) PAULINE M MOY	DECEASED'S MARRIAGE FORCED? YES
ADDRESS 1935 SOUTH ARCHER	APT NO 316	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS YES	
CITY OR TOWN COOK	STATE IL	ZIP CODE 60616	FATHER'S (OR PARENT'S) NAME PRIOR TO FIRST MARRIAGE-CIVIL UNION NGIP JING LOOK	MOTHER'S (OR PARENT'S) NAME PRIOR TO FIRST MARRIAGE CHUNG SHEE CHEUNG
DECEASED'S NAME PAULINE M LUKE	RELATIONSHIP WIFE	MAILING ADDRESS 1935 SOUTH ARCHER AVE CHICAGO IL 60616		
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION WOODLAWN CEMETERY	LOCATION - CITY OR TOWN AND STATE FOREST PARK IL	DATE OF DISPOSITION NOVEMBER 30 2012	
FUNERAL HOME DALCAMO FUNERAL HOME, 470 WEST 27TH STREET, CHICAGO, IL, 60616				
FUNERAL DIRECTOR'S NAME BERNARD M DALCAMO		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010588		
REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR NOVEMBER 29, 2012		
CAUSE OF DEATH PART 1 PNEUMONIA	PART 2			
Due to (or as a consequence of)				
b. URINARY TRACT INFECTION				
Due to (or as a consequence of)				
Due to (or as a consequence of)				
Other significant conditions contributing to death but not resulting in the underlying cause given in PART 1				
WAS AN AUTOPSY PERFORMED? NO		WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A		
MARRIAGE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH NATURAL		
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	NATURE OF INJURY	
NATURE OF INJURY			IF TRANSPORTATION INJURY \$25.00	
DESCRIBE HOW INJURY OCCURRED				
DATE DECEASED S	DATE LAST SEEN ALIVE NOVEMBER 26, 2012	WAS MEDICAL EXAMINEE OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 01 18 AM
PHYSICIAN			DATE CERTIFIED NOVEMBER 26, 2012	
ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR OMAR LATEEF MD, 1653 WEST CONGRESS PKWY, CHICAGO, ILLINOIS, 60612			PHYSICIAN'S LICENSE NUMBER 036-106867	

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

UNOFFICIAL COPY

CERTIFICATION OF DEATH RECORD

EXHIBIT "B"

LAKE COUNTY
WAUKEGAN, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 0061077

DATE ISSUED 8/12/2019

DECEDENT'S LEGAL NAME PAULINE M LUKE		SEX FEMALE	DATE OF DEATH JULY 30, 2019	
COUNTY OF DEATH LAKE	AGE AT LAST BIRTHDAY 92 YEARS	DATE OF BIRTH MAY 16, 1927		
CITY OR TOWN BARRINGTON		HOSPITAL OR OTHER INSTITUTION NAME JOURNEYCARE, INC		
PLACE OF DEATH HOSPICE FACILITY				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 1935 SOUTH ARCHER	APT NO 316	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60616	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION PAUL CHIN MOY	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LILLIAN WONG
INFORMANT'S NAME PAULETTA BRUNE		RELATIONSHIP DAUGHTER	MAILING ADDRESS 25674 WEST INDIAN TRAIL ROAD, BARRINGTON, IL, 60010	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION TRISONS CREMATORY	LOCATION - CITY OR TOWN AND STATE LOMBARD, IL	DATE OF DISPOSITION AUGUST 09, 2019	
FUNERAL HOME DALCAMO FUNERAL HOME, 470 WEST 26TH STREET, CHICAGO, IL, 60616				
FUNERAL DIRECTOR'S NAME PHILIP L DALCAMO			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016165	
LOCAL REGISTRAR'S NAME KELLY ANNE AMIDEI			DATE FILED WITH LOCAL REGISTRAR AUGUST 5, 2019	
CAUSE OF DEATH PART I ACUTE ON CHRONIC RESPIRATORY FAILURE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Due to (or as a consequence of)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
a PULMONARY HYPERTENSION		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				
SEPTIC SHOCK DUE TO URINARY TRACT INFECTION			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 03:25 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED AUGUST 02, 2019	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SHAWNA O'REILLY, 405 LAKE ZURICH RD, BARRINGTON, ILLINOIS, 60010			PHYSICIAN'S LICENSE NUMBER 036144273	

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.

Robin M. O'Conna
Lake County Clerk

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

HOLD UP TO LIGHT TO VERIFY TRUE WATERMARK

