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KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 09/05/2023 12:35 PM PG: 1 OF 4

This Document Prepared By and After Recording, Mail To:

Lewis M. Schneider Kelly, Olson, Michod, DeHaan & Richter LLC 225 W. Washington St., Ste. 1300 Chicago, IL 60606

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois

SS.

County of Cook

JOEL GOLDBERG, hereinafter called Affiant, being duly sworn and under penalty of perjury on oath states:

That Affiant resides at 6659 N. 5 ancisco Ave., Chicago, IL 60645;

That Affiant is the son of MARSHALL A GOLDBERG, hereinafter referred to as "Decedent,"

That at the time of the Decedent's death, Decedent was one of the owners of the real estate in Cook County, Illinois, described as:

See Attached Legal Description

Commonly known as: 6606 N. Mozart St., Chicago, IL 60645 PIN: 10-36-310-038-0000

That the Decedent died on November 16, 2016, as evidenced by a copy of Decedent's death certificate attached hereto;

That the Decedent, at the time of death, held the Decedent's share of the above-mentioned property as a joint tenant;

That the Decedent died leaving no will and no probate estate was opened;

That the total value of the taxable estate of the Decedent, for estate tax purposes, including both real and personal property owned by the Decedent either individually or in joint tenancy at the time of the death of the Decedent, does not exceed the Illinois estate tax exemption amount;

That from the Estate of the Decedent, no estate or inheritance tax is due.

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Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.
JOEL GOLDBERG Afflant
STATE OF ILLINOIS)) SS.
COUNTY OF COOK)
The undersigned a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that JOEL GOLDBERG, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he signed and delivered the said instrument as his own free and voluntary act for the uses and purposes therein set forth.
June
GIVEN under my hand and official seal this 16 day of May 2023
Huda Pasho
OFFICIAL SEAL Notary Public
HILDA RASHO NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires 3/5/2025
75
$O_{S_{C}}$

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LEGAL DESCRIPTION

THE NORTH 34 FEET OF LOT 86 IN CALIFORNIA ALBION ADDITION TO ROGERS PARK IN THE NORTH EAST QUARTER OF THE SOUTH WEST QUARTER OF SECTION 36, TOWNSHIP 41 NORTH, RANGE 13, EAST . OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

TOOK COUNTY CLOTH'S OFFICE Commonly known as: 6606 N. Mozart St., Chicago, IL 60645

PiN: 10-36-310-038-0000

GERTARICATION OF DEATH RECORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2016 0089208 DATE ISSUED 11/17/201
DECEDENT'S LEGAL NAME MARSHALL PHILLIP GOLDBERG MALE NOVEMBER 16, 2016
COUNTY OF DEATH AGE AT LAST BIRTHDAY. COOK 78 YEARS DECEMBER 09, 1937
CITY OR TOWN HOSPITAL OR OTHER INSTITUTION NAME CHICAGO 6606 NORTH MOZART STREET
PLACE OF DEATH DECEDENT'S HOME
BIRTHPLACE SOCIAL SECURITY NUMBER STATUS AT TIME OF DEATH SURVIVING SPOUSE/CIVIL UNION PARTNERS MAIDEN NAME EVER IN U.S. ARMED. CHICAGO, IL 321-30-1037 MARRIED JUNE WIENER FORCES? NO
RESIDENCE APT. NO. CITY OF TOWN INSIDE CITY LIMITS? 6606 NORTH MOZART STREET CHICAGO YES
COUNTY S.A.T. ZIP CODE FATHERICO-PARENT'S NAME PRIOR TO FIRST MARRIAGEICIVIL UNION MOTHERICO-PARENT'S NAME PRIOR TO FIRST MARRIAGEICIVIL UNION FRANCIS GENSON FRANCI
INFORMANT'S NAME MAILING ADDRESS MAILING ADDRESS
METHOD OF DISPOSITION AND STATE DATE OF DISPOSITION LICCATION CITY OR TOWN AND STATE DATE OF DISPOSITION BURIAL DECEMBER 17, 2016
FUNERAL HOME MITZVAH MEMORIAL FUNERALS, 500 LAKE COOK ROAD, DEERFIELD, IL, 60015
FUNERAL DIRECTOR'S NAME LLOYD J MANDEL 034012264
LOCAL REGISTRAR'S NAME DAVID ORR NOVEMBER 17, 2016
CAUSE OF DEATH PART L VASODEPRESSOR SYNDROME IMMEDIATE CAUSE a. MINUTES
(Final desease or condition Due to (or as a con equan, s of): Part B
Due to (or as a consequence ∈):
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. WAS AN AUTOPSY PERFORMED? NO
NON HODGKINS LYMPHOMA WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A.
FEMALE PREGNANCY STATUS NOT APPLICABLE NATURAL
DATE OF INJURY PLACE OF INJURY INJURY AT WORK?
LOCATION OF INJURY
DESCRIBE HOW INJURY OCCURRED:
ATTEND THE DECEASED? DATE LAST SEEN ALIVE WAS MEDICAL EXAMINER OR DATE PRONOUNCED TIME OF DEATH VES NOVEMBER 09, 2016 CORONER CONTACTED? YES
CERTIFIER: PHYSICIAN DATE CERTIFIED NOVEMBER 16, 2016
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JEFFREY GRINBLATT MD, 9669 NORTH KENTON, SUITE 204; SKOKIE, ILLINOIS, 60076 036-081091



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.



