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#2326957007\*

Doc# 2326957007 Fee \$88.00

RHSP FEE:\$18.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 09/26/2023 12:32 PM PG: 1 OF 4

## DOCUMENT COVER SHEET

TYPE OF DOCUMENT: DECEASED JOINT  
TENANT AFFIDAVIT

GRANTOR: \_\_\_\_\_

GRANTEE: \_\_\_\_\_

DATE OF DOCUMENT: \_\_\_\_\_

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## DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois )

County of Cook ) ss. PIN 04-34-103-024-0000

)

Judith F Essak \_\_\_\_\_ being duly sworn states that  
 She resides at 1102 Terrace Lane, Glenview, IL 60025 \_\_\_\_\_ in the City of  
 Glenview \_\_\_\_\_.

That She was acquainted with Robert D Essak \_\_\_\_\_  
 deceased who, at the time of His death, was one of the owners of the land in Cook  
 County, Illinois, described as:

*See Exhibit A attached hereto and made a part hereof*

That the deceased died July 29, 2023 \_\_\_\_\_, as evidenced  
 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 10,000 dollars

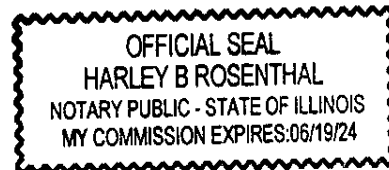
Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its  
 Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Judith F Essak

this 20 day of September, A.D. 20 23

Notary Public



Judith F. Essak  
 (affiant's signature)

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LEGAL DESCRIPTION OF THE PROPERTY COMMONLY KNOWN AS:

1102 TERRACE LANE, GLENVIEW, IL 60025

LOT 4 IN PARK TERRACE SUBDIVISION IN THE WEST 1/2 OF THE NORTHWEST 1/4  
OF SECTION 34, TOWNSHIP 42 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL  
MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED JANUARY 20, 1955, AS  
DOCUMENT 16127930 IN COOK COUNTY, ILLINOIS

PERMANENT INDEX NUMBER(S): 04-34-103-024-0000

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## CERTIFICATION OF DEATH RECORD

### COOK COUNTY CLERK VITAL RECORDS

### CHICAGO, ILLINOIS

### MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 0064640

DATE ISSUED 8/10/2023

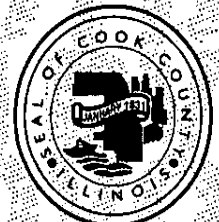
DECEDENT'S LEGAL NAME ROBERT DAVID ESSAK				SEX MALE	DATE OF DEATH JULY 29, 2023														
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 85 YEARS		DATE OF BIRTH FEBRUARY 14, 1938															
CITY OR TOWN GLENVIEW			HOSPITAL OR OTHER INSTITUTION NAME 1102 TERRACE LANE																
PLACE OF DEATH DECEDENT'S HOME																			
BIRTHPLACE CHICAGO, IL		SOCIAL SECURITY NUMBER		STATUS AT TIME OF DEATH MARRIED															
				SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME JUDITH FINK															
				EVER IN U.S. ARMED FORCES? NO															
RESIDENCE 1102 TERRACE LANE			APT. NO.	CITY OR TOWN GLENVIEW	INSIDE CITY LIMITS? YES														
COUNTY COOK	STATE IL	ZIP CODE 60025	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION HERMAN ESSAK		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ADELHEIT DAVIS														
INFORMANT'S NAME JUDITH ESSAK		RELATIONSHIP WIFE		MAILING ADDRESS 1102 TERRACE LANE, GLENVIEW, IL 60025															
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION ZION GARDENS		LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION AUGUST 01, 2023														
FUNERAL HOME CHICAGO JEWISH FUNERALS, 8851 NORTH SKOKIE BOULEVARD, SKOKIE, IL, 60077																			
FUNERAL DIRECTOR'S NAME YEHUDA POLSTEIN				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034017304															
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH				DATE FILED WITH LOCAL REGISTRAR AUGUST 10, 2023															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 15%; vertical-align: top;"> <b>CAUSE OF DEATH</b>  IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small> </td> <td style="width: 10%;">PART I.</td> <td style="width: 55%;">METASTATIC NEUROENDOCRINE TUMOR</td> <td rowspan="4" style="width: 10%; text-align: center; vertical-align: middle;"> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH </td> <td style="width: 10%; text-align: center;">WEEKS</td> </tr> <tr> <td>a.</td> <td>Due to (or as a consequence of)</td> <td></td> </tr> <tr> <td>b.</td> <td>Due to (or as a consequence of)</td> <td></td> </tr> <tr> <td>c.</td> <td>Due to (or as a consequence of)</td> <td></td> </tr> </table>						<b>CAUSE OF DEATH</b>  IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	PART I.	METASTATIC NEUROENDOCRINE TUMOR	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	WEEKS	a.	Due to (or as a consequence of)		b.	Due to (or as a consequence of)		c.	Due to (or as a consequence of)	
<b>CAUSE OF DEATH</b>  IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	PART I.	METASTATIC NEUROENDOCRINE TUMOR	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	WEEKS															
	a.	Due to (or as a consequence of)																	
	b.	Due to (or as a consequence of)																	
	c.	Due to (or as a consequence of)																	
PART II: Enter other <b>significant conditions contributing to death</b> but not resulting in the underlying cause given in PART I.				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 02:15 PM															
CERTIFIER PHYSICIAN				DATE CERTIFIED JULY 31, 2023															
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. JEFFREY TRIMARK, 2050 PFINGSTEN ROAD, GLENVIEW, ILLINOIS, 60026				PHYSICIAN'S LICENSE NUMBER 036157173															

2651130



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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM