



2331015044

JOINT TENANCY AFFIDAVIT

Doc# 2331015044 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 11/06/2023 02:23 PM PG: 1 OF 8

STATE OF _____)
) SS
COUNTY OF _____)

Christine Picerno and Noris Arias

hereby referred to as the affiant, states under oath
that the affiant resides at
9675 Willshire Lake Blvd.

In the City of Naples
State of Florida

that the affiant was acquainted with
Belisario Arias

the decedent; at the time of death, the decedent was one
of the owners of the property, by virtue of a properly
recorded joint tenancy deed, said property located in
Cook County, State of
Illinois, and legally described as

follows:

SEE ATTACHED EXHIBIT A

The decedent had no interest in any business or partnership, nor held any power of appointment
at death, nor created any remainder interest in property by transfer with retention of a life interest
therein or the creation of interests to take effect in possession or enjoyment after death;
The decedent died on February 23, 2009, leaving no/a last will and testament;
The total value of decedent's estate, including the taxable interest in the above captioned
property was \$ 20,000, and that the value of the above property
individually was \$ _____.

The State and Estate/Inheritance Tax and Federal Estate Tax, if any, that was due from the
decedent's estate has been paid in full; the Affiant makes this affidavit to induce HomeLight
Title, LLC to issue its policy of title insurance on the above described property.

17-22-105-050-1440

Property & mail to address:
100 East 14th St. GU 184
Chicago, IL 60605

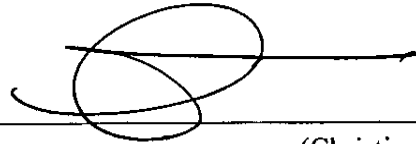
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JOINT TENANCY AFFIDAVIT

(continued)

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold HomeLight Title, LLC harmless and to reimburse HomeLight Title LLC for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that HomeLight Title LLC may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of Belisario Arias, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.



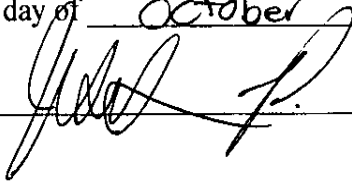
(Christine Picerno)



(Noris Arias)

Subscribed and sworn to before me this

26th day of October, 2023



(Notary Public)



JESUS PRIETO
Commission # HH 226175
Expires February 14, 2026

Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to HomeLight Title LLC for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

This instrument prepared by:

Daniel F. Stern, Esq

Return to:

Daniel F. Stern, Esq

200 S. Wacker Dr., Suite 726

200 S. Wacker Dr. Ste 625

Chicago, IL 60606

Chicago, IL 60606

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EXHIBIT A

PARCEL 1:

UNIT 2301 AND GU-184 AND GU-185 IN THE 1400 MUSEUM PARK CONDOMINIUMS, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED PROPERTY:

LOT 6 IN CHARLES SHERMAN'S SUBDIVISION AND LOTS 1 THROUGH 7 IN CHARLES BUSBY'S SUBDIVISION IN SECTION 22, TOWNSHIP 39, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN (ALSO KNOWN AS PROPOSED LOT 1 IN THE 1400 MUSEUM PARK RESUBDIVISION), TOGETHER WITH:

(AIR RIGHTS PARCEL) THAT PART OF LOT B IN HOUGHTON'S SUBDIVISION LYING ABOVE A HORIZONTAL PLANE HAVING AN ELEVATION OF +73.70 FEET ABOVE CHICAGO CITY DATUM, IN THE NORTHWEST FRACTIONAL QUARTER OF SECTION 22, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED APRIL 1, 1904 IN BOOK 88 OF PLATS, PAGE 1, AS DOCUMENT NUMBER 3517678, IN COOK COUNTY, ILLINOIS, EXCEPTING THEREFROM THE PARCELS NOTED AS EXCEPTION PARCEL "A" AND EXCEPTION PARCEL "B" DESCRIBED BELOW, IN COOK COUNTY ILLINOIS:

EXCEPTION PARCEL "A"

THAT PART OF LOT 6 IN CHARLES SHERMAN'S SUBDIVISION AND LOTS 1 THROUGH 7 IN CHARLES BUSBY'S SUBDIVISION IN SECTION 22, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING ABOVE A HORIZONTAL PLANE HAVING AN ELEVATION OF 13.78 FEET CHICAGO CITY DATUM AND LYING BELOW A HORIZONTAL PLANE HAVING AN ELEVATION OF 35.70 FEET CHICAGO CITY DATUM AND LYING WITHIN ITS HORIZONTAL BOUNDARY PROJECTED VERTICALLY AND DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHWEST CORNER OF SAID LOT 7;

THENCE NORTH 89°U730? 57'29" EAST ALONG THE SOUTH LINE OF SAID LOT 7, 43.53 FEET,

THENCE NORTH 23.69 FEET;

THENCE EAST 10.02 FEET;

THENCE NORTH 11.97 FEET;

THENCE WEST 7.19 FEET;

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THENCE NORTH 19.60 FEET;

THENCE WEST 1.05 FEET;

THENCE NORTH 6.54 FEET;

THENCE EAST 0.30 FEET;

THENCE NORTH 29.59 FEET;

THENCE EAST 7.86 FEET;

THENCE NORTH 0.35 FEET;

THENCE EAST 14.48 FEET;

THENCE NORTH 8.87 FEET;

THENCE WEST 16.66 FEET;

THENCE NORTH 20.55 FEET;

THENCE WEST 1.41 FEET;

THENCE NORTH 19.29 FEET;

THENCE EAST 9.52 FEET;

THENCE NORTH 6.25 FEET;

THENCE EAST 7.69 FEET;

THENCE NORTH 5.22 FEET;

THENCE WEST 2.44 FEET;

THENCE NORTH 11.68 FEET;

THENCE WEST 18.43 FEET;

THENCE NORTH TO THE NORTH LINE OF SAID LOT 6, 22.46 FEET;

THENCE SOUTH 89°57'29" WEST, 42.48 FEET TO THE NORTHWEST
CORNER OF SAID LOT 6;

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THENCE SOUTH 00°00'41" WEST ALONG THE WEST LINE OF SAID LOTS, 186.07 FEET TO THE POINT OF BEGINNING,

ALSO

THAT PORTION LYING ABOVE A HORIZONTAL PLANE HAVING AN ELEVATION OF 13.78 FEET CHICAGO CITY DATUM AND LYING BELOW AN INCLINED PLANE PROJECTED VERTICALLY AND DESCRIBED AS FOLLOWS:

THE WEST LINE OF SAID INCLINED PLANE BEGINNING ON THE SOUTH LINE OF SAID LOT 7 WHICH BEARS NORTH 89°57'29" EAST, 43.53 FEET EAST OF THE SOUTHWEST CORNER OF SAID LOT 7;

THENCE NORTH 23.69 FEET AT THE ELEVATION OF 35.70 FEET CHICAGO CITY DATUM; THE EAST LINE OF SAID INCLINED PLANE BEGINNING ON THE SOUTH LINE OF SAID LOT 7 WHICH BEARS NORTH 89°57'29" EAST, 53.55 FEET EAST OF THE SOUTHWEST CORNER OF SAID LOT 7;

THENCE NORTH 23.69 FEET AT THE ELEVATION OF 36.77 FEET CHICAGO CITY DATUM; ALSO THAT PORTION LYING ABOVE A HORIZONTAL PLANE HAVING AN ELEVATION OF 13.78 FEET CHICAGO CITY DATUM AND LYING BELOW AN INCLINED PLANE PROJECTED VERTICALLY AND DESCRIBED AS FOLLOWS:

THE WEST LINE OF SAID INCLINED PLANE BEGINNING ON THE NORTH LINE OF LOT 6 IN CHARLES SHERMAN'S SUBDIVISION WHICH BEARS NORTH 89°57'29" EAST, 42.48 FEET EAST OF THE NORTHWEST CORNER OF SAID LOT 6;

THENCE SOUTH 22.46 FEET AT THE ELEVATION OF 35.76 FEET CHICAGO CITY DATUM; THE EAST LINE OF SAID INCLINED PLANE BEGINNING ON THE NORTH LINE OF LOT 6 WHICH BEARS NORTH 89°57'29" EAST, 60.91 FEET EAST OF THE NORTHWEST CORNER OF SAID LOT 6;

THENCE SOUTH 22.46 FEET AT THE ELEVATION OF 32.64 FEET CHICAGO CITY DATUM; ALSO THAT PORTION LYING ABOVE A HORIZONTAL PLANE HAVING AN ELEVATION OF 13.78 FEET CHICAGO CITY DATUM AND LYING BELOW A HORIZONTAL PLANE HAVING AN ELEVATION OF 27.15 FEET CHICAGO CITY DATUM AND LYING WITHIN ITS HORIZONTAL BOUNDARY PROJECTED VERTICALLY AND DESCRIBED AS FOLLOWS: COMMENCING AT THE SOUTHWEST CORNER OF SAID LOT 7;

THENCE NORTH 89°57'29" EAST ALONG THE SOUTH LINE OF LOT 7, 43.53 FEET; THENCE NORTH 23.69 FEET;

THENCE EAST 10.02 FEET;

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THENCE NORTH 11.97 FEET;

THENCE WEST 7.19 FEET,

THENCE NORTH 19.60 FEET;

THENCE WEST 1.05 FEET;

THENCE NORTH 6.54;

THENCE EAST 0.30 FEET;

THENCE NORTH 29.59 FEET;

THENCE EAST 7.86 FEET;

THENCE NORTH 0.35 FEET;

THENCE EAST 14.48 FEET TO THE POINT OF BEGINNING;

THENCE NORTH 8.87 FEET;

THENCE 3.70 FEET;

THENCE SOUTH 8.87 FEET;

THENCE WEST 3.70 FEET TO THE POINT OF BEGINNING, ALL IN COOK COUNTY, ILLINOIS. (EXCEPTION PARCEL "A" ALSO KNOWN AS PROPOSED LOT 2 IN THE 1400 MUSEUM PARK SUBDIVISION.)

EXCEPTION PARCEL "B"

THAT PART OF LOT 6 IN SHERMAN'S SUBDIVISION AND LOTS 1 THROUGH 7 IN CHARLES BUSBY'S SUBDIVISION IN SECTION 22, TOWNSHIP 39 NORTH, RANGE 14; EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING ABOVE A HORIZONTAL PLANE HAVING AN ELEVATION OF 13.94 FEET CHICAGO CITY DATUM AND LYING BELOW A HORIZONTAL PLANE HAVING AN ELEVATION OF 27.45 FEET CHICAGO CITY DATUM AND LYING WITHIN ITS HORIZONTAL BOUNDARY PROJECTED VERTICALLY AND DESCRIBED AS FOLLOWS: COMMENCING AT THE SOUTHEAST CORNER OF SAID LOT 7;

THENCE NORTH 00°U730'00'58" EAST ALONG THE EAST LINE OF SAID LOTS, 52.81 FEET TO THE POINT OF BEGINNING;

THENCE WEST 24.92 FEET;

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THENCE NORTHWESTERLY ALONG A CURVE CONCAVE EASTERLY AND HAVING A RADIUS OS 21.73 FEET, AN ARC LENGTH OF 5.62 FEET, A CHORD DISTANCE OF 5.61 FEET, AND CHORD BEARING NORTH 07°U730'24'38" WEST TO A POINT OF TANGENCY; THENCE NORTH 48.18 FEET;

THENCE EAST TO THE EAST LINE OF SAID LOTS 25.66 FEET;

THENCE SOUTH 53.74 FEET TO THE POINT OF BEGINNING, IN COOK COUNTY, ILLINOIS (EXCEPTION PARCEL "B" ALSO KNOWN AS PROPOSED LOT 3 IN THE 1400 MUSEUM PARK RESUBDIVISION);

WHICH SURVEY IS ATTACHED TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 0812216018, TOGETHER WITH AN UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

PARCEL 2:

THE EXCLUSIVE RIGHT TO USE STORAGE SPACE S-161, A LIMITED COMMON ELEMENT, AS DELINEATED ON THE SURVEY ATTACHED TO THE DECLARATION AFORESAID RECORDED AS DOCUMENT 0812216018.

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OFFICE OF VITAL STATISTICS

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FLORIDA CERTIFICATE OF DEATH

LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last, Suffix) **Belisario A. Arias** 2. SEX **Male**

3. DATE OF BIRTH (Month, Day, Year) **January 7, 1929** 4a. AGE-Last Birthday (Years) **80** 4b. UNDER 1 YEAR Months **0** Days **0** 4c. UNDER 1 DAY Hours **0** Minutes **0** 5. DATE OF DEATH (Month, Day, Year) **February 23, 2009**

6. SOCIAL SECURITY NUMBER **[REDACTED]** 7. BIRTHPLACE (City and State or Foreign Country) **Argentina** 8. COUNTY OF DEATH **Collier**

9. PLACE OF DEATH (Check only one) HOSPITAL Inpatient Emergency Room/Outpatient Dead on Arrival NON HOSPITAL Hospice Facility Nursing Home/Long Term Care Facility Decedent's Home Other (Specify)

10. FACILITY NAME (If not institution, give street address) **Georgeson House (Building)** 11a. CITY, TOWN, OR LOCATION OF DEATH **Naples** 11b. INSIDE CITY LIMITS? Yes No

12. MARITAL STATUS (Specify) Married Married, but Separated Widowed Divorced Never Married 13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) **Noris Lorenzon**

14a. RESIDENCE - STATE **Illinois** 14b. COUNTY **Dupage** 14c. CITY, TOWN, OR LOCATION **Burr Ridge**

14d. STREET ADDRESS **506 Kenmare Drive** 14e. APT. NO. **[REDACTED]** 14f. ZIP CODE **60527** 14g. INSIDE CITY LIMITS? Yes No

15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. Do not use "Retired") **Neurosurgeon** 15b. KIND OF BUSINESS/INDUSTRY **Medical**

16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.) White Black or African American American Indian or Alaskan Native (Specify tribe) Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian (Specify) Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Isl. (Specify) Other (Specify)

17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin) Yes (If Yes, specify) No Mexican Puerto Rican Cuban Central/South American Other Hispanic (Specify) Haitian

18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) 8th or less High school (no diploma) High school diploma or GED College but no degree College degree (Specify) Associate Bachelor's Master's Doctorate

19. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No

20. FATHER'S NAME (First, Middle, Last, Suffix) **Belisario A. Arias** 21. MOTHER'S NAME (First, Middle, Maiden Surname) **Maria Elena Lopez**

22a. INFORMANT'S NAME **Noris Arias** 22b. RELATIONSHIP TO DECEDENT **Spouse** 23a. INFORMANT'S MAILING - STATE **Illinois**

23b. CITY OR TOWN **Burr Ridge** 23c. STREET ADDRESS **506 Kenmare Drive** 23d. ZIP CODE **60527**

24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **Fuller Funeral Home - Cremation Service** 25a. LOCATION - STATE **Florida** 25b. LOCATION - CITY OR TOWN **Naples**

26a. METHOD OF DISPOSITION Burial Entombment Cremation Other (Specify) 26b. IF CREMATION, DONATION OR BURIAL AT SEA WAS MEDICAL EXAMINER APPROVAL GRANTED? Yes No 27a. LICENSE NUMBER (of Licensee) **FO148048** 27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH **Nicholas Lopez**

28. NAME OF FUNERAL FACILITY **Fuller Funeral Home - Cremation Service** 29. FACILITY'S MAILING - STATE **Florida**

29b. CITY OR TOWN **Naples** 29c. STREET ADDRESS **1625 Pine Ridge Road** 29d. ZIP CODE **34109**

30. CERTIFIER: Certifying Physician "To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated." (Check one) Medical Examiner "On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated."

31a. (Signature and Title of Certifier) **Cynthia Nehrkorn MD** 31b. DATE SIGNED (month/yyyy) **2/24/09** 32. TIME OF DAY (24 hr.) **1010** 33. MEDICAL EXAMINER'S CASE NUMBER **[REDACTED]**

34a. LICENSE NUMBER (of Certifier) **M20074143** 34b. CERTIFIER'S NAME **Cynthia Nehrkorn MD** 35. NAME OF ATTENDING PHYSICIAN (If other than Certifier) **[REDACTED]**

36a. CERTIFIER'S STATE **FL** 36b. CITY OR TOWN **Naples** 36c. STREET ADDRESS **1095 Whipperwill Lane** 36d. ZIP CODE **34105**

37. SUBREGISTRAR - Signature and Date **[REDACTED]** 38a. LOCAL REGISTRAR - Signature **[REDACTED]** 38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) **Feb 27 2009**

39. PROBABLE MANNER OF DEATH (The following are under the jurisdiction of the medical examiner.) Natural Accident Suicide Homicide Pending Investigation Undetermined 40. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH? Yes No

41. CAUSE OF DEATH - PART I: (See instructions on back) Enter the chain of events, diseases, injuries, or complications that directly caused the death. Enter only one cause on a line. DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. (Final disease or condition resulting in death) **Cerebral Thrombosis**

42a. WAS AN AUTOPSY PERFORMED? Yes No 42b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No

43a. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY **[REDACTED]** 43b. DATE OF SURGERY (Mo., Day, Yr.) **[REDACTED]** 44. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes No Probably Unknown

45. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR? Yes No Unknown If Yes, specify timeframe: _____ at time of death _____ within 1 to 42 days of death _____ within 43 days to 1 year of death

46. DATE OF INJURY (Month, Day, Year) **[REDACTED]** 47. TIME OF INJURY (24 hr.) **[REDACTED]** 48. INJURY AT WORK? Yes No 49a. LOCATION OF INJURY - STATE **[REDACTED]** 49b. CITY OR TOWN **[REDACTED]** 49c. STREET ADDRESS **[REDACTED]** 49d. APT. NO. **[REDACTED]** 49e. ZIP CODE **[REDACTED]**

50. DESCRIBE HOW INJURY OCCURRED **[REDACTED]** 51. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) **[REDACTED]**

52a. Status of Decedent Driver/Operator Passenger Pedestrian Other (Specify) **[REDACTED]** 52b. Type of Vehicle Car/Minivan S.U.V. Motorcycle Pickup Truck/Cargo Van Bus Heavy Transport Other (Specify)

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

MAR 02 2009 2:51
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WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.



DH FORM 1947 (08/04)

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CERTIFICATION OF VITAL RECORD



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