## **UNOFFICIAL COPY**



Doc# 2335634033 Fee \$88.00

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

KAREN A. YARBROUGH COOK COUNTY CLERK

DATE: 12/22/2023 02:26 PM PG: 1 OF 4

DECEASED JOINT TENANCY AFFIDAVIT

PROPERTY LOCATED AT:

2140 S. China Place, 2nd Floor Front, Chicago, IL 60616

PROPERTY INDEX NUMBER: 17-21-435-037-1017

Prepared by and return to: Law Office of Maureen P. Meersman P.C. 716 E. Northwest Hwy. Mt. Prospect, IL 60056 847-259- 3292

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## **Deceased Joint Tenancy Affidavit**

State of Illinoi County of Lak	
Date: December	er <u>20</u> , 2023
	f Joseph Mark, by Mei Lin C. Mark, Surviving Joint Tenant, being first duly sworn, sched Legal Description
	Address: 2140 S. China Place, 2 <sup>nd</sup> Floor Front, Chicago, IL 60616 Index Number: 17-21-433-037-1017
•	and says:
1.	That she was acquainted with, Joseph Mark, deceased who, at the time of his death, was one of the owners of the and in Cook County, Illinois, described as:
See atta	ached legal description
2.	That the deceased died on November 6, 2023, as evidenced by a certified copy of death certificated of the deceased attached nereto.
3.	That the total value of the estate of the deceased, including both real and personal property owned by the deceased individually at the time of the death of the deceased, does not exceed the sum of \$100,000.00 dollars.
	Affiant's Signature
Subscribed and sworn before me this Do day of All he and.	
Seal	Maureur Moers  Notary Public

OFFICIAL SEAL
MAUREEN P MEERSMAN
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 02/02/2026

## **UNOFFICIAL COPY**

Legal Description:

PARCEL 1: UNIT NO. 2140-2F IN THE RICHVIEW SANTA FE CONDOMINIUM AS DELINATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: LOTS 1 AND 2 IN RICHVIEW SUBDIVISION IN THE WEST ½ OF THE SOUTHEAST ¼ OF SECTION 21, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS; WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMIMIUM RECORED AS DOCUMENT NUMBER 98669013, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, ALL IN COOK COUNTY, ILLINOIS.

PARCEL 2: EASMENTS FOR THE BENEFIT OF PARCEL 1 FOR INGRESS AND EGRESS, USE AND SE. SECOK. ENJOYMENT AS SET FORTH IN DECLARATION OF PARKSHORE COMMON I MASTER AREA ASSOCIATION RECORDED AS DOCUMENT NUMBER 98669013.

PHYSICIAN'S LICENSE NUMBER

036-149924

MEDICAL CERTIFICATE OF DEATH

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STATE FILE NUMBER . 42023 0091579 11/14/2023 DATE ISSUED DECEDENT'S LEGAL NAME DATE OF DEATH JOSEPH YEN GHENG MARK MALE NOVEMBER 06 2023 COUNTY OF DEATH AGE AT LAST BIRTHDAY DATE OF BIRTH 89 YEARS NOVEMBER 27 1933 CITY OR TOWN HOSPITAL OR OTHER INSTITUTION NAME: FOX LAKE 72 TWEED RD PLACE OF DEATH \*DECEDENT'S HOME SOCIAL SECURITY BIRTHPLACE MBER STATUS AT TIME OF DEATH :: 🗯 SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME 🐺 EVER IN U.S. ARMED FORCES? YES CHINA CONCORUED CONTROL MARRIED MEILIN CHAN RESIDENCE '. CITY OR TOWN INSIDE CITY LIMITS? 72 TWEED RD FOX LAKE YES STAT' ZIP CODE FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION NOT AVAILABLE IL 10020 NOT AVAILABLE INFORMANT'S NAME RELATIONSHIP MAILING ADDRESS 1926 BIRCH RD NORTHBROOK IL, 60062 SPARLING MARK SON LAC OF DISPOSITION W METHOD OF DISPOSITION LOCATION CITY OR TOWN AND STATE DATE OF DISPOSITION MOUNT AUBURN CEMETERY STICKNEY, IL NOVEMBER 13, 2023 FUNERAL HOME DALCAMO FUNERAL HOME, 470 WEST 26, H-37 REET, CHICAGO, IL: 60616 "FUNERAL DIRECTOR'S NAME FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER #BERNARD MATTHEW DALCAMO 034016271 LOCAL REGISTRAR'S NAME DATE FILED WITH LOCAL REGISTRAR KELLY ANNE AMIDEI NOVEMBER 10 2023 CAUSE OF DEATH PART.I. CEREBRAL ATHEROSCLEROSIS IMMEDIATE CAUSE BESSENTIAL HTN, ATRIAL FIB, ACUTE CEREBRA VA SCULAR INSUFFICIENY 45 va see aw Due to (or as a consequence of): (3) PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PAR I WAS AN AUTOPSY PERFORMED? NO WERE AUTOPSY/FINDINGS USED TO: COMPLETE CAUSE OF DEATH? N/A FEMALE PREGNANCY STATUS MANNER OF DEATH IATURAL NOT APPLICABLE INJURY AT WORK? PLACE OF INJURY TIME OF INJURY DATE OF INJURY LOCATION OF INJURY, # IF TRANSPOATATION INJURY, SPECIFY: DESCRIBE HOW INJURY OCCURRED DATE PRONOUNCED WAS MEDICAL EXAMINER OR TIME OF DEATH DATE LAST, SEEN ALIVE ATTEND THE DECEASED? 02:57 PM **EUNKNOWN** CORONER CONTACTED? NO NO. DATE CERTIFIED. NOVEMBER 07, 2023 PHYSICIAN

NAME ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

VRATI PARIKH, 36100 BROOKSIDE DR, GURNEE, ILLINOIS, 60031

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.



Lake County Clerk

