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DECEASED JOINT TENANCY AFFIDAVIT



Doc# 2401146012 Fee \$93.00

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

KAREN A. YARBROUGH COOK COUNTY CLERK

DATE: 01/11/2024 10:24 AM PG: 1 OF 3

State of Illinois County of Cook

ROZENS7 RAUCH. called Affiant, being duly sworn states that she

resides at 100 Prairie Park Dr., #511, Wheeling, IL 60090. That Affiant was married to Aleksander Rozenstrauch, hereinafter referred to as Deceased, and at the time of Deceased's death, was one of the owners of the land in Cook County, Illinois, described as:

For APN/Parcel ID(s): 03-02-100-082-1580, and 03-07-100-082-1483

UNITS 4-511 AND P-4-43 IN PRAIRIE PARK AT WHEELING CONDOMINIUM, AS DELINEATED ON A PLAT OF SURVEY OF THE FOLLOWING DESCRIBED TRACT OF LAND:

THAT PART OF LOT 1 IN PRAIRIE PARK AT WHEELING SUBDIVISION OF PARTS OF THE NORTH 1/2 OF SECTION 2, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS;

WHICH PLAT OF SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM RECORDED MARCH 03, 2005 AS DOCUMENT 0506203148, AS AMENDED FROM TIME TO TIME; TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

PIN: 03-02-100-082-1580 and 03-02-100-082-1483

Address of Property: 100 Prairie Park Dr., #511, Wheeling, IL 60090

That the Deceased died on November 16, 2023, as evidenced by a copy of Deceased's death certificate attached hereto.

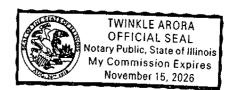
That the Deceased, at the time of his death, held his share of the above-mentioned property as a joint tenant.

Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

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Subscribed and sworn before me this 20th day of December 2023.



Affiant's Signature

At. Cori F.

OR COUNTY CRAFTS OFFICE Mail to/Prepared by: Att. Cori F. Brown, My Estate Matters, 6767 N. Milwaukee Ave., Suite 202, Niles, IL 60714

CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

\$20,784 0.735				CHICAGO	the state of the state of	響点
			MEDIC	AL CERTIF	ICATE OF	DEATH

STATE FILE NUMBER 2023 0097512 DATE ISSUED	11/30/2023
DECEDENT'S LEGAL NAME ALEKSANDER RÖZENSTRAUCH SEX DATE OF DEATH NOVEMBER 16, 202	3
COUNTY OF DEATH AGE AT LAST BIRTHDAY DATE OF BIRTH COOK APRIL 08, 1947	
CITY OR TOWN HOSPITAL OR OTHER INSTITUTION NAME 100 PRAIRIE PARK DR #511	
PLACE OF DEATH DECEDENT'S HOME	
BIRTHPLACE SOCIAL SECURITY NUMBER STATUS AT TIME OF DEATH SURVIVING SPOUSE/CIVIL UNION PARTNERS MAIDEN NAME EVER IN POLAND 339-48-9681 MARRIED GRAZYNA K WATRAS FORCES	U.S. ARMED
RESIDENCE APT NO. CITY OR TOWN INSIDE CITY OF TOWN YES	
COUNTY STATE ZIP CODE FATHERICO PARENTS NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MOTHERICO PARENTS NAME PRIOR TO FIRST MARRIA LENA GEPPERT	GE/CIVIL UNION
INFORMANTS NAME GRAZYNA K ROZENSTRAUC RELATIONSHIP WIFE MAILING ADDRESS 100 PRAIRIE PARK DR WHEELING IL, 60090	
METHOD OF DISPOSITION LOCATION - CITY OR TOWN AND STATE DATE OF DISPOSITION CITY OR TOWN AND STATE DATE OF	ON:
FUNERAL HOME ELEGY CREMATION AND MEMORIAL SERVIC :S 3400 W STONEGATE BLVD, ARLINGTON HEIGHTS, IL, 60005	
FUNERAL DIRECTOR'S NAME FUNERAL DIRECTOR'S ILLINOIS LICENSE NUM WILLIAM DAKOTA HAMILTON 034017138	BER .
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH DATE FILED WITH LOCAL REGISTRAR NOVEMBER 30, 2023	
CAUSE OF DEATH PART I. PANCREATIC CANCER	MONTHS
(Final disease or condition Due to (or as a orisequence of):	
Due to (or as a consequence □,):	
Due to (or as a consequence of): PART IL: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART. WAS AN AUTOPSY PERFORMED?	
WERE AUTOPSY FINDINGS USED. COMPLETE CAUSE OF DEATH? N	го
FEMALE PREGNANCY STATUS NOT APPLICABLE NATURAL	
	AT WORK?
LOCATION OF INJURY	
DESCRIBE HOW INJURY OCCURRED: IF TRANSFORM TOOL IN TOOL INJURY OCCURRED.	
ATTEND THE DECEASED? DATE LAST SEEN ALIVE. WAS MEDICAL EXAMINER OR DATE PRONOUNCED. TIME OF NO 09.00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CERTIFIER DATE CERTIFIED NOVEMBER 22 2	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH	
SHEVRIN DANIEL 4901 SEARLE PARKWAY, SLEEPY HOLLOW, ILLINOIS, 60077 1 036059734 2 8 7	4317

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.

