### **UNOFFICIAL COPY**

Deceased Joint Tenancy Affidavit



Doc# 2406508006 Fee \$88.00 ILRHSP FEE:s18.00 RPRF FEE:s1.00 KAREN A. YARBROUGH

COOK COUNTY CLERK'S OFFICE DATE: 3/5/2024 10:21 AM

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STATE OF ILLINOUS

SS.

COUNTY OF COOK

<u>Frederic V. Buhrke</u> being duly s vorn states that he resides at 950 N Michigan Ave, Unit 5003, in the City of Chicago, Illinoi. 60611.

That he was in a civil union with <u>Jeffrey G. Sherman</u>, deceased who, at the time of his death, was one of the joint owners with me of the land in Cook County, Illinois, described as:

## SEE ATTACHED EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

That the decedent died on <u>June 17, 2019</u>, evidenced by a certified copy of the death certificate of the decedent attached hereto.

That the decedent died leaving a Last Will & Testament which was filed with the Clerk of the Circuit Court of Cook County, Illinois on June 26, 2019.

Frederic V. Buhrke

Subscribed and Sworn to before me this 27th day of <u>furnary</u>, 2024.

Chauma an Russe

Notary Public

Official Seal
Lauren Ann Russell
Notary Public State of Illinois
My Commission Expires 09/11/2024



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UNOFFICIAL COPY
LEGAL DESCRIPTION:

#### PARCEL 1:

UNIT NUMBER 50D IN ONE MAGNIFICENT MILE CONDOMINIUMS AS DELINEATED ON A SURVEY OF PARTS OF CERTAIN LOTS IN MOSS SUBDIVISION OF PART OF LOT 10, AND PARTS OF CERTAIN LOTS AND VACATED ALLEY LYING SOUTH OF THE SOUTH LINE OF CERTAIN LOTS IN LAWRENCE'S SUBDIVISION OF PART OF LOT 7, AL LIN THE SUBDIVISION OF THE NORTH HALF OF BLOCK 8 IN CANAL TRUSTEE'S SUBDIVISION OF THE SOUTH FRACTIONAL QUARTER OF SECTION 3, 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 CONDOMIN UM RECORDED IN THE OFFICE OF RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS, AS DOCUMENT NUMBER 26845241 AS AMENDED FROM TIME TO TIME; TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

#### PARCEL 2:

ALL THOSE CERTAIN EASEMENTS, PRIVILEGES, RIGHTS OF USE AND ALL OTHER BENEFITS DESCRIBED IN THAT CERTAIN ONE MAGNIFICENT MILE DECLARATION OF COVENANTS, CONDITIONS, RESTRICTIONS AND EASEMENTS MADE AND ENTERED INTO AS OF NOVEMBER 1, 1983 BY THE LASALLE NATIONAL BANK, A NATK NAL BANKING ASSOCIATION, AS TRUSTEE UNDER TRUST AGREEMENT DATED ON SEPTEMBER 14, 1978 AND KNOWN AS TRUST NUMBER 100049 AND RECORDED ON NOVEMBER 1, 1983 AS DOCUMENT NUMBER 26845239, AS AMENDED FROM TIME OF TIME AND AS CREATED FOR THE BENEFIT OF PARCEL 1 BY A DEED FROM LASALLE NATIONAL BANK, A NATIONAL BANKING ASSOCIATION, AS TRUSTLE UNDER TRUST AGREEMENT DATED ON SEPTEMBER 14, 1978 AND KNOWN AS TRUST NUMBER 10049 TO LASALLE NATIONAL BANK A NATIONAL BANKING ASSOCIATION AS TRUSTEE UNDER TRUST AGREEMENT DATED APRIL 1, 1981 AND KNOWN AS TRUST NUMBER 103785 DATED NOVEMBER 1, 1983 AND RECORDED NOVEMBER 1, 1983 AS DOCUMENT NUMBER 26845240 ALL IN COOK COUNTY, ILLINOIS.

PIN: 17-03-207-068-1117

Address: 950 N. Michigan Ave., #5003, Chicago, Illinois 60611

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## CERTIFICATION OF DEATH RECORD

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

| A     |        |        |      |         |
|-------|--------|--------|------|---------|
| SIALE | : FILE | NUMBER | 2019 | 0049285 |

**DATE ISSUED** 

6/21/2019

| DECEDENT'S LEGAL NAME  JEFFREY GUY SHERMAN  MALE  |                         |  |                          |                       |         |  |       | 1   | DATE OF DEATH JUNE 17, 2019      |                           |                     |                 |  |
|---|-------------------------|--|--------------------------|-----------------------|---------|--|-------|---|----------------------------------|---------------------------|---------------------|-----------------|--|
| COUNTY OF DEATH COOK  |                         | AGE AT LAST BIRTHDAY 72 YEARS  |                          |                       | 1       | DATE OF BIRTH JULY 25, 1946                          |       |   |                                  |                           |                     |                 |  |
| CITY OR TOWN  CHICAGO  HOSPITAL OR OTHER INSTITUTION NAME 950 NORTH MICHIGAN AVENUE #5003 |                         |  |                          |                       |         | )3   |       |   |                                  |                           |                     |                 |  |
| PLACE OF DEATH DECEDENT'S HOME  |                         |  |                          |                       |         |  |       |   |                                  |                           |                     |                 |  |
| BIRTHPLACE  | :                       | OCIAL SECURITY MIMBER STATUS AT YIME OF DEATH SURVIVING SPOUSE/CIVIL UNION PARTY |                          |                       |         |  |       |   | RTNERS                           | AIDEN NAME                | 1                   | ER IN U.S ARMED |  |
| NEW YORK, NY  |                         | CIVIL UNION  |                          |                       |         |  |       |   |                                  | FORCES? NO                |                     |                 |  |
| RESIDENCE<br>950 NORTH MICHICAN   |                         | 03<br>NO   | C                        | TY OR TOWN<br>CHICAGO |         |  |       | INSIDE CITY LIMITS? YES                       |                                  |                           |                     |                 |  |
| COOK IL   | ZIP CODE<br>50611       |  | SHERMAN                  |                       | MARRIA  | RRIAGE/CIVIL UNION MOTHER/CO PARENTS NAME PRIOR TO F |       |   |                                  | FIRST MA                  | ARRIAGE/CIVIL UNION |                 |  |
| INFORMANT'S NAME<br>FREDERIC V BUHRKE   | 700                     |  | ATIONSHIP<br>CIVIL UNION | PARTNER               |         | MAILING A  |       | RESS<br>H MICHIGAN AVENUE, CHICAGO, IL. 60611 |                                  |                           |                     | 311             |  |
| METHOD OF DISPOSITION   | V =//                   |  |                          |                       |         |  |       | LOCATION - CITY OR TOWN AND STATE DAT         |                                  |                           | TE OF DISPOSITION   |                 |  |
| CREMATION   |                         | ARF CREI   | RECREMATION CENTER R     |                       |         |  | OVILL | .E, IL  |                                  | JUNE 20, 2019             |                     |                 |  |
| FUNERAL HOME CENTRAL CHAPEL INC, 6158 SOUTH CENTRAL AVENUE, CHICAGO, IL, 60638            |                         |  |                          |                       |         |  |       |   |                                  |                           |                     |                 |  |
|   |                         |  |                          |                       |         |  |       | CTOR'S ILLINOIS LICENSE NUMBER                |                                  |                           |                     |                 |  |
| LOCAL REGISTRAR'S NAME KAREN A YARBROUGH  |                         |  |                          |                       | -       | DATE FILED WITH LOCAL REGI<br>JUNE 21, 2019          |       |   |                                  | AL REGISTI                | SISTRAR             |                 |  |
| CAUSE OF DEATH PAR  | TI MULTIPLE M           | YELOMA   | —-                       | <del>/</del>          |         |  |       | -   |                                  |                           |                     | <del></del>     |  |
| IMMEDIATE CAUSE   |                         |  |                          |                       |         |  |       |   | . =                              | . ∰ E                     | ΤV                  | NO YEARS        |  |
| (Funal disease or condition resulting to death)   | <del></del>             | Due to (or as a Unsequence of).  |                          |                       |         |  |       |   |                                  | BETWE<br>ID DEAT          |                     | <u>-</u> ·      |  |
| resulting in descrip  | b                       | 수 수 수 년 년 년 년 년 년 년 년 년 년 년 년 년 년 년 년 년  |                          |                       |         |  |       |   |                                  |                           |                     |                 |  |
|   | c                       |  | Due to                   | (or as a consequence  | e of)   | 7×.  | •     | <del></del>                                   | <b></b>                          | INTERV                    |                     |                 |  |
|   |                         |  |                          |                       |         | 5  |       |   |                                  |                           |                     |                 |  |
| DADTII Featralian de III  |                         | - 4 - 4 -  |                          | (or as a consequent   |         |  |       | /   |                                  | -                         |                     |                 |  |
| PART II Enter other significant co  | onditions contributi    | ng to death b  | out not resulting i      | n the underlying i    | cause ( | iven in PAR  | RII.  | <b>O</b> . L                                  | AS AN AL                         | ITOPSY PEI                | RFORM               | ED? NO          |  |
|   |                         |  |                          |                       |         |  |       |   |                                  | OPSY FINDI                |                     |                 |  |
|   |                         |  |                          |                       |         |  |       |   | IER OF DEATH                     |                           |                     |                 |  |
| NOT APPLICABLE  |                         |  |                          |                       |         |  |       | 9   | IATUR                            | TURAL                     |                     |                 |  |
| DATE OF INJURY TIME OF INJURY   |                         |  | JURY                     | PLACE OF INJURY       |         |  |       | INJURY AT WORK?                               |                                  |                           |                     |                 |  |
| LOCATION OF INJURY  |                         |  |                          |                       |         |  |       |   |                                  |                           |                     |                 |  |
| DESCRIBE HOW INJURY OCCURRED  |                         |  |                          |                       |         |  |       | IF  | IF TRANSPORTATION INJURY SPECIFY |                           |                     |                 |  |
|   |                         |  |                          |                       |         |  |       |   |                                  |                           |                     |                 |  |
| ATTEND THE DECEASED?  | DATE LAST SEEN. UNKNOWN | ALIVE  |                          | CONTACTED? NO         |         |  |       | RONQUNCED                                     | 1-                               | TIME OF DEATH<br>10:20 AM |                     |                 |  |
| CERTIFIER PHYSICIAN   |                         |  |                          |                       |         |  | De    | DATE CERTIFIED JUNE 20, 2019                  |                                  |                           |                     |                 |  |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH                            |                         |  |                          |                       |         |  |       | PHYSICIAN'S LICENSE NUMBER                    |                                  |                           |                     |                 |  |
| DR. JAYESH MEHTA, CHICAGO, ILLINOIS, 60611  |                         |  |                          |                       |         |  |       |   | 03 1042100 220 58                |                           |                     |                 |  |



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

