

# UNOFFICIAL COPY

COUNTY OF COOK )  
                  ) SS  
STATE OF ILLINOIS )

92245244 4 4

REPT-101 REC'D  
142223 TRAM 1992 04/16/92 07:44:00  
61717 8 \* -92-245244  
COOK COUNTY RECORDER

## DECEASED JOINT TENANCY AFFIDAVIT

ANN L. NEWQUIST-SUCHERMAN, being duly sworn, upon oath deposes and says:

That she resides at 7005 N. Tripp, Lincolnwood, Illinois, and that she is one of the parties who took title, not in tenancy in common, but in joint tenancy, to real estate situated in Cook County, Illinois, described as follows:

PARCEL 1: THAT PART OF LOTS 30 TO 37, BOTH INCLUSIVE, TAKEN AS A TRACT, IN ALLEN AND WEBER'S KENILWORTH AVENUE SUBDIVISION OF THE EAST 10 ACRES OF THE NORTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 34, TOWNSHIP 41, NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. DESCRIBED AS FOLLOWS: THAT PART OF THE EAST 25.0 FEET OF THE WEST 75.33 FEET OF SAID TRACT, AS MEASURED AT RIGHT ANGLES TO THE WEST LINE OF SAID TRACT, LYING SOUTH OF A LINE DRAWN AT RIGHT ANGLES TO SAID WEST LINE, THROUGH A POINT IN SAID WEST LINE, 240 FEET SOUTH OF THE NORTH WEST CORNER OF SAID TRACT.

PARCEL 2: EASEMENT FOR INGRESS AND EGRESS FOR THE BENEFIT OF PARCEL 1 AS SET FORTH IN DECLARATION OF EASEMENTS RECORDED MAY 18, 1960 AND RECORDED NOVEMBER 29, 1960 AS DOCUMENT 18027365 ALSO AS INCORPORATED IN DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS RECORDED DECEMBER 11, 1985 AS DOCUMENT 85318933 AND CREATED BY DEED FOR COSMOPOLITAN NATIONAL BANK OF CHICAGO, AS TRUSTEE UNDER TRUST AGREEMENT DATED MAY 18, 1960 KNOWN AS TRUST NUMBER 9837 TO ARNOLD J. SUCHERMAN AND ANN L. NEWQUIST SUCHERMAN, HIS WIFE, RECORDED AS DOCUMENT 86325664.

ADDRESS: 7005 N. Tripp, Lincolnwood, IL 60666

P.I.N. No.: 10-34-210-057

Affiant states that Arnold J. Sucherman, who was one of said owners in joint tenancy, died leaving a last will and testament, on February 25, 1992, a resident of the City of Lincolnwood, County of Cook, and State of Illinois, as is evidenced by the attached copy of the death certificate of the deceased.

*Ann L. Newquist-Sucherman*  
AFFIANT

Subscribed and sworn to before me  
this 2nd day of APRIL, 1992.



*Ralph C. Rey*  
Notary Public

" OFFICIAL SEAL "  
ROBIN C. REYNOLDS  
NOTARY PUBLIC STATE OF ILLINOIS  
MY COMMISSION EXPIRES 10/17/92

Attorney At Law  
7108 W Dakton Street  
Niles, IL 60848

*B350/12*

92245244

92245244

DECEDENT'S BIRTH NO

REGISTRATION  
DISTRICT NOREGISTERED  
NUMBER1603  
237

STATE OF ILLINOIS

STATE FBI  
NUMBERUNOFFICIAL COPY  
MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH DAY YEAR)		
1		Arnold J. Sucherman		Male	February 25, 1992		
4		CITY/TOWN/TWP OR ROAD/DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT RETURNED GIVE STREET AND NUMBER)	DATE OF BIRTH (MONTH DAY YEAR)		
6a		Evanston		96	St Francis Hospital		
7		CITY/TOWN/TWP OR ROAD/DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT RETURNED GIVE STREET AND NUMBER)		8c	
7		Chicago, IL		St Francis Hospital		8c	
8a		MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)		9	
8a		Married		Ann Newquist		9	
10		SOCIAL SECURITY NUMBER		KIND OF BUSINESS OR INDUSTRY		12	
10		326-14-9720		Podiatry		12	
13a		RESIDENCE STREET AND NUMBER		CITY/TOWN/TWP OR ROAD/DISTRICT NO		INSIDE CITY (YES/NO)	
13a		7005 N. Tripp		Lincolnwood		13c	
13c		STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, OR OTHER SPECIFY)	
13c		ILLINOIS		60646		14a	
14a		WHITE		14b		14b	
14b		YES		SPECIFY		14b	
14b		NO		SPECIFY		14b	
15		FATHER NAME FIRST MIDDLE LAST		MOTHER NAME FIRST MIDDLE (MAIDEN) LAST			
15		Joseph Sucherman		Sally Wolfson			
17a		INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO) (CITY/TOWN/STATE ZIP)		
17a		Ann Sucherman		17b	Wife 7005 N. Tripp, Lincolnwood, IL 60646		
18 PART I		Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.				APPROXIMATE INTERVAL OF THE CAUSE AND DATE	
18 PART I		(a) Coronary Artery Disease DUE TO OR AS A CONSEQUENCE OF				92245244	
18 PART I		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST					
18 PART I		(b) DUE TO OR AS A CONSEQUENCE OF					
18 PART I		(c) DUE TO OR AS A CONSEQUENCE OF					
18 PART II		Other significant conditions contributing to death but not resulting from the cause(s) listed in PART I					
19a		AUTOPSY (YES/NO)		NOTE IF AUTOPSY PERFORMABLE PREVIOUS TO THIS CAUSE OF DEATH (YES/NO)			
19a		NO		19b			
20a		DATE OF OPERATION IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE WAS THIS APTD (GAIN, YIN, PART) THREE MONTHS?	
20a						20c	
20c		YES		NO		20c	
21a		IF DID NOT ATTEND THE DECEASED AND LAST SAW HIM HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED (YES/NO)		HOUR OF DEATH	
21a		Feb. 24, 1992		21b		21c	
21b		TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		DATE SIGNED (MONTH DAY YEAR)			
22a		SIGNATURE		22b			
22a		Emmanuel R. Abbel		22b			
22a		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER			
22a		Emmanuel R. Abbel, M.D. 7126 N. Lincoln, Lincolnwood, IL 60646		22d			
22c		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE IF AN INJURY WAS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED			
22c							
24a		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY NAME		LOCATION CITY/TOWN STATE	
24a		Burial		24b		24c	
24a				New Light Cemetery		Lincolnwood, Illinois	
24a						24d	
24a						FEB 27, 1992	
25a		FUNERAL HOME		STREET AND NUMBER/CITY/TOWN STATE ZIP			
25a		Lloyd Mandel Funeral Direction		3939 Dempster, Skokie, Illinois 60076			
25b		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S LICENSE NUMBER			
25b		Lloyd Mandel		25c			
25c		LOCAL REGISTRAR'S SIGNATURE		DATE OF ENTRY BY LOCAL REGISTRAR (MONTH DAY YEAR)			
25c		Loraine Brown		26a			
26a				February 26, 1992			

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE February 26, 1992

SIGNED

Loraine Brown

AT EVANSTON

LOCAL REGISTRAR

Illinois OFFICIAL TITLE

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.