

UNOFFICIAL COPY

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Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

vs.

Order No. NONE PENDING

Ina Ferrier being duly sworn

states that she resides at 304 E. Circle Drive in the City of Prospect Heights, Illinois

That she was acquainted with Mary Berg

deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as: (See legal description attached hereto and made a part hereof). \$23.50

T4444 TRAN 8379 10/21/93 13:03:00
\$3269 * -93-846428
COOK COUNTY RECORDER

Permanent tax no. 03-21-402-014-1101

Property address: 2424 E. Oakton St., Unit 403F, Arlington Heights

That the deceased died February 3, 1993, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____

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That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of Two Hundred Forty Thousand and no/100 (\$240,000.00) - dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue a Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Ina Ferrier

this 18th day of August, A.D. 19 93

John C. Haas
Notary Public

Ina Ferrier
(affiant's signature)
INA FERRIER

MAIL TO:

23.50

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Property of Cook County Clerk's Office

93846425

of hereof

Unit No. 4-3F in Brandenberry Park East Condominium, as delineated on survey of Lot 1 in Unit 1, Lot 2 in Unit 2, Lot 3 in Unit 3 and Lot 4 in Unit 4 of Brandenberry Park East by Zale, being a Subdivision in the Southeast 1/4 of Section 21, Township 42 North, Range 11, East of the Third Principal Meridian, in Cook County, Illinois, which survey is attached as Exhibit A to Declaration of Condominium Ownership made by American National Bank and Trust Company as trustee under Trust No. 46142, recorded in the Office of the Recorder of Deeds of Cook County, Illinois, as Document No. 25108489, and as amended by Document No. 25145981.

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DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>16. 2B</u>	STATE OF ILLINOIS			STATE FILE NUMBER	
	REGISTERED NUMBER	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. <u>MARY H BERG</u>		2. <u>Female</u>	<u>2/3/93</u>		
	COUNTY OF DEATH		AGE - LAST (WITH DAY) (YRS)	UNDECEASED YEAR (MOON) DAY (MOON) DAY (MOON)	DATE OF BIRTH (MONTH DAY YEAR)	
	4. <u>Cook</u>		5a. <u>90</u>	5b. <u>53</u> 5c. <u>08</u>	5d. <u>10/30/02</u>	
A. DECLARED	CITY, TOWN, TWP. OR ROAD OR TRACT NUMBER		HOSPITAL OR OTHER INSTITUTION (NAME OF INSTITUTION, CITY STREET AND NUMBER)		PLACE OF DEATH (MORTUARY, HOME, NURSING HOME, HOSPITAL, ETC.)	
	6a. <u>Arlington Hts</u>		6b. <u>AMERICANA HEALTH CARE</u>		6c. <u>Hospital</u>	
	PLACE OF DEATH (MORTUARY, HOME, NURSING HOME, HOSPITAL, ETC.)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)		WAS DECEASED EVER IN U.S. ARMY OR NAVY (YES/NO)
	7. <u>Scotland</u>		8a. <u>WIDOWED</u>	8b. <u>NONE</u>		8c. <u>NO</u>
B. SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SCHOOL YEARS) (HIGH SCHOOL GRADUATE COMPLETED)	
	9. <u>10 318-05-6717</u>		11a. <u>Telephone</u>	11b. <u>Telephone Co.</u>	12. <u>6</u>	
	RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.	RURALE CITY (YES/NO)	COUNTY	
	13a. <u>2424 E. Oakton</u>		13b. <u>Arlington Heights</u>	13c. <u>Yes</u>	13d. <u>Cook</u>	
C. STATE	STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, ASIAN, PACIFIC ISLANDER)	CP (HISPANIC OR LATINO) (YES/NO) (SPECIFY)		
	13e. <u>Illinois</u>	13f. <u>60004</u>	14a. <u>White</u>	14b. <input checked="" type="checkbox"/> NO (YES SPECIFY)		
	FATHER NAME FIRST MIDDLE LAST		MOTHER NAME FIRST MIDDLE (MAIDEN) LAST			
	15. <u>Hugh Ferrier</u>		16. <u>Anna Hutton</u>			
D. INFORMANT'S NAME (TYPE OR PRINT)	INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR P.O. BOX OR TOWN STATE ZIP)		
	17a. <u>Ina Ferrier</u>		17b. <u>Sister</u>	17c. <u>304 E. Circle Prospect Heights Ill. 60070</u>		
	18. PART I		Enter the cause or causes (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.)		APPROPRIATE AGENCY (MORTUARY, HEALTH DEPT.)	
	18a. Immediate Cause (Final disease or condition resulting in death)		(a) <u>Pneumonia</u>		<u>Days</u>	
E. CAUSE	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST		(b) DUE TO OR AS A CONSEQUENCE OF			
			(c) DUE TO OR AS A CONSEQUENCE OF			
	PART II Other (significant) condition(s) contributing to death but not resulting in the ultimate condition in PART I		AUTOPSY (YES/NO)	WAS AN AUTOPSY PERFORMED (AVAILABLE) (YES/NO) (COMPLETION OF CAUSE OF DEATH INVESTIGATION)		
			19a. <u>NO</u>	19b.		
F. DATE OF OPERATION, IF ANY	DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		
	20a.	20b.		20c. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	(DO NOT) ATTEND THE DECEASED (MONTH DAY YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH		
	21a. <u>2/4/93</u>		21b. <u>Yes</u>	21c. <u>9:00 P. M.</u>		
G. CERTIFIED	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. <u>2/7/93</u>			
	22c. <u>Carl Thompson MD, 1538 N. Arlington Hts Rd. Illinois 60005</u>		ILLINOIS LICENSE NUMBER			
	22d. <u>36-43221</u>		NOTE: IF AN INJURY WAS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
H. DISPOSITION	DURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY NAME	LOCATION CITY OR TOWN STATE	DATE (MONTH DAY YEAR)		
	24a. <u>Cremation</u>	24b. <u>Lakewood Crematory</u>	24c. <u>Lake Bluff, Illinois</u>	24d. <u>Feb. 5, 1993</u>		
	FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP		FUNERAL DIRECTOR'S SIGNATURE			
	25a. <u>Kolssak Funeral Home Ltd. 189 S. Milwaukee Ave Wheeling Illinois 60090</u>		25b. <u>Robert C. K... Brown</u>			
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		LOCAL REGISTRAR SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)		
25c. <u>9797</u>		26a. <u>Karen L. Scott, M.D.</u>		26b. <u>Feb 5, 1993</u>		
LOCAL REGISTRAR		REGISTRAR				

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 5, 1993 AT EVANSTON SIGNED [Signature] 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.