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#53034

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
 ) SS.  
COUNTY OF COOK )

DEPT-01 RECORDINGS \$25.50  
T#0000 TRAN 8155 01/13/93 11:31:00  
#9131 # \* 73-030796  
COOK COUNTY RECORDER

93030996

NORMAN MASSING being duly sworn states that he resides at 2 Belford Lane in the City of Rolling Meadows.

That he was acquainted with PEARL MASSING, Deceased who, at the time of her death was one of the owners of the land in Cook County, Illinois, described as:

Lot Twenty-two (22) in Winthrop Village, being a Subdivision in the East half (E 1/2) of the Southwest quarter (SW 1/4) of Section Twenty-six (26), Township Forty-two (42) North, Range Ten (10), East of the Third Principal Meridian, in Cook County, Illinois, according to plat of said subdivision recorded by the Recorder of Deeds of Cook County on July 16, 1968 as Document No. 20552835.

DEPT-01 RECORDINGS \$23.50  
T#0000 TRAN 8177 01/13/93 14:26:00  
#8182 # \* 73-031544  
COOK COUNTY RECORDER

Permanent Tax # 02-26-315-022-0000

That the Deceased died on December 2, 1992, as evidenced by a certified copy of death certificate of the Deceased attached hereto.

That the Deceased died leaving a Last Will and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois on December 28, 1992.

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 \$129,400.00.

Affiant makes this affidavit for the purpose of keeping the chain of title clear on this property.

*Norman Massing*  
NORMAN MASSING

SUBSCRIBED and SWORN to before me by the said NORMAN MASSING, this 5 day of Jan, A.D. 1993

*Lois Kulinsky*  
NOTARY PUBLIC

OFFICIAL SEAL  
LOIS KULINSKY  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXP: 4/15/96

This document prepared by:  
LOIS KULINSKY & ASSOCIATES, LTD. #53034  
395 East Dundee Road, Suite 200  
Wheeling, Illinois 60090  
(708) 459-4448  
GEN:MASSING.307/VRL

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DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 14825	STATE OF ILLINOIS	STATE FILE NUMBER	
REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>		
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED—NAME FIRST MIDDLE LAST 1. PEARL MASSING		SEX 2. FEMALE	
	DATE OF DEATH (MONTH, DAY, YEAR) 3. December 2, 1992			
	COUNTY OF DEATH 4. Cook	AGE—LAST BIRTHDAY (YRS) 5a. 74	UNDER 1 YEAR MO. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.
	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. April 5, 1918			
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. Arlington Heights		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. Northwest Community Hospital	
			IF HOSP. OR INST. INDICATE D.O.A. OPER. EMER. RM. INPATIENT (SPECIFY) 6c. Emer. Rm.	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chicago, Illinois		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Norman Massing
	WAS DECEASED BY ER IN U.S. ARMED FORCES? (YES/NO) 9. No			
	SOCIAL SECURITY NUMBER 10. 351-09-0499		USUAL OCCUPATION 11a. Secretary	KIND OF BUSINESS OR INDUSTRY 11b. Publishing
	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. College (1-4 or 5+) 2			
RESIDENCE (STREET AND NUMBER) 13a. 2 Belford Lane		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Rolling Meadows	INSIDE CITY (YES/NO) 13c. Yes	
COUNTY 13d. Cook				
STATE 13e. Illinois		ZIP CODE 13f. 60008	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White	
OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes SPECIFY:				
FATHER—NAME FIRST MIDDLE LAST 15. Mr. Siiverman		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST 16. Anne Harris		
INFORMANT'S NAME (TYPE OR PRINT) 17a. Norman Massing		RELATIONSHIP 17b. Husband	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 60008 2 Belford Lane Rolling Meadows, IL	
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.		APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH		
Immediate Cause (Final disease or condition resulting in death) (a) acute myelogenous leukemia		4 mos. 10 d.		
CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. senile dementia		AUTOPSY (YES/NO) 19a. No		
DATE OF OPERATION, IF ANY 20a.		WAS AUTOPSY PROMOTED BY A MEMBER OF THE COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.		
MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
(DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. I did 11/17/92		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. Yes		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH 21c. 3:04 P. M.		
22a. SIGNATURE <i>Gary Kay</i> DR. G. KAY		DATE SIGNED (MONTH, DAY, YEAR) 22b. 12/3/92		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. Gary Kay 820 Bristlefield EGV, IL 60007		ILLINOIS LICENSE NUMBER 22d. 036-0730JP		
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY—NAME 24b. Shalom Memorial Park		
FUNERAL HOME 25a. Piser Weinstein Menorah Chapel 9200 Skokie Blvd. Skokie, Illinois 60077		LOCATION CITY OR TOWN STATE 24c. Palatine Illinois		
FUNERAL DIRECTOR'S SIGNATURE 25b. <i>Karen L. Scott</i>		DATE (MONTH, DAY, YEAR) 24d. Dec 6, 1992		
LOCAL REGISTRAR'S SIGNATURE 25c. <i>Karen L. Scott, M.D.</i>		FUNERAL DIRECTOR'S ILL. LICENSE NUMBER 25d. 034-009696		
25a. KAREN L. SCOTT, M.D. <i>Karen L. Scott</i>		DATE FILED IN LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. Dec 4, 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 December 4, 1992 SIGNED *Karen L. Scott* LOCAL REGISTRAR AT EVANSTON, 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.

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