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DECEASED JOINT TENANCY AFFIDAVIT

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RECORDIN *
MAILINGS *
96767236 #
0017 MCH

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

96767236

10/08/96

FRIEDA A. LANDAU, being duly sworn on oath states that she resides at 1500 Oak Avenue, Evanston, Cook County, Illinois

That MEYER DWASS, deceased, was, at the time of his death, was one of the owners of the land in Cook County, Illinois described as follows:

Unit Number 5-C as delineated on the survey of the following described parcel of Real Estate (hereinafter referred to as "Parcel"): Lot 1 in the Plat of Consolidation of the North 36 feet of Lot 2 and all of Lots 3 and 4 in Block 55 in Evanston, in the Southwest 1/4 of Section 18, Township 41 North, Range 14 East of the Third Principal Meridian, according to the Plat thereof recorded October 20, 1969 in the Office of the Cook County Recorder of Deeds as Document No. 20989692 which said Survey is attached as Exhibit "A" to a certain Declaration of Condominium Ownership made by the American National Bank and Trust Company of Chicago as trustee under Trust Agreement dated February 25, 1969 and known as Trust No. 27931 and recorded in the Office of the Cook County Recorder of Deeds as Document No. 21376247 together with an undivided 2.50% interest in said Parcel (excepting from said Parcel all the property and space comprising all the units thereon as defined and set forth in said Declaration and Survey), in Cook County, Illinois.

PIN # 11-18-314-019-1036

Commonly known as 1500 Oak Avenue #5C, Evanston, Illinois 60201

That the deceased died on July 15, 1996, as evidenced by a certified copy of the 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.

COOK COUNTY
RECORDER
JESSE WHITE
SKOKIE OFFICE

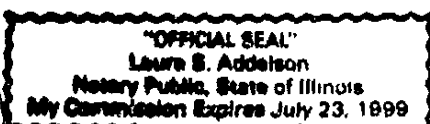
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, did not exceed the sum of \$600,000.00.

Affiant makes this affidavit for the purpose of spreading the death of Meyer Dwass of record and clearing title to the above-referenced property so it shall be in the name of Frieda A. Landau.

Frieda A. Landau
Frieda A. Landau

Laura S. Addelson
Notary Public

Subscribed and sworn to before me this 27th day of Sept, 1996.



This document prepared by: Laura S. Addelson, 500 Davis Center #701, Evanston, IL. 60201
Mail Recorded Document To: Laura S. Addelson, 500 Davis Center #701, Evanston, IL. 60201

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Property of Cook County Clerk's Office

COOK COUNTY CLERK'S OFFICE
111 N. LAUREL ST. CHICAGO, IL 60602
TEL: 312.603.1000 FAX: 312.603.1001
WWW.COOKCOUNTYCLERK.COM

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DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>16-23</u>	STATE OF ILLINOIS		STATE FILE NUMBER
	REGISTERED NUMBER <u>935</u>	MEDICAL CERTIFICATE OF DEATH		
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME FIRST MIDDLE LAST <u>MEYER DWASS</u>		SEX <u>2 Male</u>	DATE OF DEATH (MONTH, DAY, YEAR) <u>3 July 15, 1996</u>
	COUNTY OF DEATH <u>4 Cook</u>	AGE-LAST BIRTHDAY (M/D/YY) 5a. <u>73</u>	UNDER 1 YEAR UNDER 1 DAY MOSES DAYS HOURS MIN 5b. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) <u>5d. April 9, 1923</u>
A	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <u>6a. Evanston,</u>	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <u>6b. Evanston Hospital</u>		IF HOSP. OR INST. INDICATE O.O.A. OR EMER. RM. INPATIENT (SPECIFY) <u>6c. Emergency room</u>
B	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <u>7 New Haven, Conn.</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>8a. Widowed</u>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <u>8b.</u>	
C	SOCIAL SECURITY NUMBER <u>10. 042-14-3069</u>	USUAL OCCUPATION <u>11. Professor</u>	KIND OF BUSINESS OR INDUSTRY <u>11b. University</u>	EDUCATION (SPECIFY ON Y. HIGHEST GRADE COMPLETED) Elementary; Secondary (9-12) College (1-4 or 5+) <u>12. 5+</u>
D	RESIDENCE (STREET AND NUMBER) <u>13a. 1500 Oak Avenue</u>		CITY, TOWN, OR ROAD DISTRICT NO. <u>13b. Evanston</u>	INSIDE CITY (YES/NO) <u>13c. Yes</u>
E	STATE <u>13e. Illinois</u>	ZIP CODE <u>13f. 60201</u>	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <u>14a. White</u>	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <u>14b. NO</u>
FATHER-NAME FIRST MIDDLE LAST <u>15. Israel Dwass</u>		MOTHER-NAME FIRST MIDDLE LAST <u>18. Golda Hoz</u>		
INFORMANT'S NAME (TYPE OR PRINT) <u>17. Frieda Landau</u>		RELATIONSHIP <u>17. Friend</u>	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <u>17c. 1500 Oak Ave, Evanston, Ill 60201</u>	
18. PART I. Enter the disease, injury, or complication 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 INITIALS BETWEEN ONSET AND DEATH		
Immediate Cause (Final disease or condition resulting in death)		<u>(a) Chronic Obstructive Pulmonary Disease</u>		<u>Months</u>
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		<u>(b)</u>		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause (as in PART I)		<u>Depression Weight loss</u>		AUTOPSY (YES/NO) <u>19a. No</u>
DATE OF OPERATION, IF ANY <u>20a.</u>		MAJOR FINDINGS OF OPERATION <u>20b. 96767236</u>	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <u>20c. YES [] NO []</u>	
17. (D) (INDICATE WHETHER THE DECEASED AND LAST SAW HIM/HER ALIVE ON) <u>21a. I did 7-3-96</u>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <u>21b. Yes</u>	HOUR OF DEATH <u>21c. 03:30 AM</u>	
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) <u>22b. July 17, 1996</u>		
22a. SIGNATURE <u>[Signature]</u>		ILLINOIS LICENSE NUMBER <u>036-066565</u>		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <u>22c. Jacqueline D. Deval 5805 Davis Ave, Evanston, Ill</u>		NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME <u>24b. Menorah Gardens</u>	LOCATION CITY OR TOWN STATE <u>24c. Broadview Illinois Ill</u>	DATE (MONTH, DAY, YEAR) <u>24d. July 18, 1996</u>
FUNERAL HOME		FUNDING AGENCY (NAME, STREET AND NUMBER OR R.F.D., CITY OR TOWN, STATE, ZIP) <u>25a. Lloyd Mandel Levayah Funerals 4750 W. Dempster Skokie Illinois 60076</u>		
25b. LOCAL REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Doran J. Puckett</u>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <u>25c. 034-010756</u>
26a. LOCAL REGISTRAR'S SIGNATURE <u>[Signature]</u>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <u>26b. July 17, 1996</u>		

96767236

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 JULY 17, 1996 SIGNED [Signature]
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 prime fact evidence in all courts and places of the facts therein stated.

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