

# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
                                  )SS  
COUNTY OF COOK )

F	2355
P	
T	2355
I	JP

2011-01-28 10:00 AM 100-100-100-100  
1995-11-18 14:22 100-100-100-100  
1995-11-18 14:22 100-100-100-100  
COOK COUNTY RECORDER

Audrey Peven, being duly sworn states that she resides at 185 Princeton Lane, in the Village of Glenview, Illinois.

That she was acquainted with Bernard Peven, deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

96078412

Lot 157 in William H. Hintze's Subdivision of the West 1/2 of the Northwest 1/4 of the Northeast 1/4 of Section 3, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.  
P.I.N. 16-03-200-006  
Address of Property: 4343 West North Avenue, Chicago, Illinois

That the deceased died December 18, 1995, 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 Cook County, Illinois on December 27, 1995.

96078412

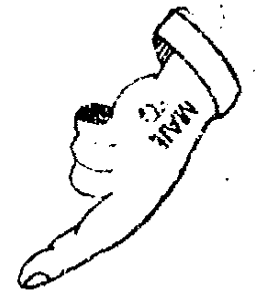
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of 1500,000 dollars.

Subscribed and sworn to before me by the said

Audrey Peven  
this 24 day of June, A.D. 1996

Joanne Evins  
Notary Public

Audrey Peven  
(Affiant's signature)



OFFICIAL  
JOANNE EVINS  
Notary Public, State of Illinois  
My Commission Expires 4-28-09

Howard Mandell  
221 N. La Salle, #2040  
Chicago, IL 60601

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Property of Cook County Clerk's Office

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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 DEC 19 1995 SIGNED Louell Huchleberry  
 47 SKOKIE Illinois OFFICIAL TITLE DIRECTOR of HEALTH

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.

DECEDENT'S BIRTH NO.  
 REGISTRATION DISTRICT NO. 16.36  
 REGISTERED NUMBER 15207

STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**  
 STATE FILE NUMBER

Type or Part in  
 REGISTRATION DISTRICT NO.  
 REGISTERED NUMBER

DECEASED NAME  
 COUNTY OF DEATH  
 CITY/TOWN/TWP OR ROAD DISTRICT NUMBER

AGE LAST BIRTHDAY (M/D/Y)  
 SEX  
 UNDER 1 YEAR  
 1 YEAR - 5 YEARS  
 5 YEARS - 10 YEARS  
 10 YEARS - 15 YEARS  
 15 YEARS - 20 YEARS  
 20 YEARS - 25 YEARS  
 25 YEARS - 30 YEARS  
 30 YEARS - 35 YEARS  
 35 YEARS - 40 YEARS  
 40 YEARS - 45 YEARS  
 45 YEARS - 50 YEARS  
 50 YEARS - 55 YEARS  
 55 YEARS - 60 YEARS  
 60 YEARS - 65 YEARS  
 65 YEARS - 70 YEARS  
 70 YEARS - 75 YEARS  
 75 YEARS - 80 YEARS  
 80 YEARS - 85 YEARS  
 85 YEARS - 90 YEARS  
 90 YEARS - 95 YEARS  
 95 YEARS - 100 YEARS

DATE OF DEATH  
 MONTH DAY YEAR  
 1923  
 2  
 1  
 3  
 DECEMBER 19, 1995

HOSPITAL OR OTHER INSTITUTION NAME (IF OTHER THAN HOME)  
 RUSH NORTH S HOSPITAL  
 HOSPITAL OR OTHER INSTITUTION NAME (IF OTHER THAN HOME)  
 RUSH NORTH S HOSPITAL  
 HOSPITAL OR OTHER INSTITUTION NAME (IF OTHER THAN HOME)  
 RUSH NORTH S HOSPITAL

DECEASED  
 A. SKOKIE  
 B. CHICAGO, ILLINOIS  
 C. 10 324-18-9278  
 D. RESIDENCE (STREET AND NUMBER)  
 E. 185 PRINCETON LANE  
 STATE ILLINOIS ZIP CODE 60025

FIRST MIDDLE LAST  
 BERNARD  
 PEVENI  
 MAILED NEVER MARRIED DIVORCED (SPECIFY)  
 MARRIED  
 SOCIAL SECURITY NUMBER  
 10 324-18-9278  
 RESIDENCE (STREET AND NUMBER)  
 185 PRINCETON LANE  
 STATE ILLINOIS ZIP CODE 60025

NAME OF SPOUSE (MARRIAGE)  
 ALAN PEVENI  
 NAME OF SPOUSE (MARRIAGE)  
 ALAN PEVENI  
 NAME OF SPOUSE (MARRIAGE)  
 ALAN PEVENI

EDUCATION (SPECIFY GRADE, YEAR, STATE COLLEGE, COLLEGE, UNIVERSITY, POSTGRADUATE)  
 12  
 INSIDE CITY YES NO  
 12C YES  
 12C YES

EDUCATION (SPECIFY GRADE, YEAR, STATE COLLEGE, COLLEGE, UNIVERSITY, POSTGRADUATE)  
 12  
 INSIDE CITY YES NO  
 12C YES  
 12C YES

PARENTS  
 1. ANDREY PEVENI  
 2. WIFE  
 3. KATIE STEINFELD

FATHER NAME FIRST MIDDLE LAST  
 JOSEPH PEVENI  
 MOTHER NAME FIRST MIDDLE LAST  
 KATIE STEINFELD

RELATIONSHIP  
 17b WIFE  
 17c 185 PRINCETON GLENVIEW, ILLINOIS

MAILING ADDRESS (STREET AND NO OR P.O. BOX)  
 185 PRINCETON GLENVIEW, ILLINOIS 60025

MAILING ADDRESS (STREET AND NO OR P.O. BOX)  
 185 PRINCETON GLENVIEW, ILLINOIS 60025

CAUSE  
 1. IMMEDIATE CAUSE (FATAL)  
 2. INTERMEDIATE CAUSE (FATAL)  
 3. UNDERLYING CAUSE (FATAL)  
 4. IMMEDIATE CAUSE (FATAL)  
 5. INTERMEDIATE CAUSE (FATAL)  
 6. UNDERLYING CAUSE (FATAL)

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (FATAL) (a)  
 IMMEDIATE CAUSE (FATAL) (b)  
 IMMEDIATE CAUSE (FATAL) (c)  
 IMMEDIATE CAUSE (FATAL) (d)  
 IMMEDIATE CAUSE (FATAL) (e)

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (FATAL) (a)  
 IMMEDIATE CAUSE (FATAL) (b)  
 IMMEDIATE CAUSE (FATAL) (c)  
 IMMEDIATE CAUSE (FATAL) (d)  
 IMMEDIATE CAUSE (FATAL) (e)

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (FATAL) (a)  
 IMMEDIATE CAUSE (FATAL) (b)  
 IMMEDIATE CAUSE (FATAL) (c)  
 IMMEDIATE CAUSE (FATAL) (d)  
 IMMEDIATE CAUSE (FATAL) (e)

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (FATAL) (a)  
 IMMEDIATE CAUSE (FATAL) (b)  
 IMMEDIATE CAUSE (FATAL) (c)  
 IMMEDIATE CAUSE (FATAL) (d)  
 IMMEDIATE CAUSE (FATAL) (e)

CERTIFICATE  
 22a SIGNATURE OF REGISTERAR  
 22b SIGNATURE OF DECEASED  
 22c SIGNATURE OF WITNESS

22a SIGNATURE OF REGISTERAR  
 22b SIGNATURE OF DECEASED  
 22c SIGNATURE OF WITNESS

22a SIGNATURE OF REGISTERAR  
 22b SIGNATURE OF DECEASED  
 22c SIGNATURE OF WITNESS

22a SIGNATURE OF REGISTERAR  
 22b SIGNATURE OF DECEASED  
 22c SIGNATURE OF WITNESS

22a SIGNATURE OF REGISTERAR  
 22b SIGNATURE OF DECEASED  
 22c SIGNATURE OF WITNESS

DISPOSITION  
 23a PLACE OF BURIAL  
 23b PLACE OF BURIAL

23a PLACE OF BURIAL  
 23b PLACE OF BURIAL

23a PLACE OF BURIAL  
 23b PLACE OF BURIAL

23a PLACE OF BURIAL  
 23b PLACE OF BURIAL

23a PLACE OF BURIAL  
 23b PLACE OF BURIAL

23c PLACE OF BURIAL  
 23d PLACE OF BURIAL

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