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96361979

. DEPT-01 RECORDING	625.50
. T40008 TRAN 7400 05/13/96 15134100	
. #0603 # BJ #-96-361979	
. COOK COUNTY RECORDER	
. DEPT-10 PENALTY	622.00

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF MICHIGAN)
) SS
 COUNTY OF ERIEN)

EILEEN L. ROHRBACK, being duly sworn, states that she resides at 442 Park Barrington Drive, in the City of Barrington, and State of Illinois.

That she is the survivor of Robert L. Rohrback and Eileen L. Rohrback, husband and wife.

That Robert L. Rohrback died on March 30, 1995, as evidenced by a certified copy of Death Certificate attached hereto.

That Robert L. Rohrback, at the time of his death, owned in the name of Robert L. Rohrback and Eileen L. Rohrback, husband and wife, as joint tenants and not as tenants in common, the following described land in Cook County Illinois, described as:

PARCEL 1:

Lot 55 of Park Barrington Unit 2, recorded June 5, 1989, as document Number 89-253,207, as corrected by document Number 89-614,309 recorded December 26, 1989, being a resubdivision of part of Lot 9 in Southgate Unit No. 1 (Document Number 21,811,304 recorded February 17, 1972), and being a resubdivision of Lots 1 through 11 inclusive and Lots 123 through 127 inclusive of Part of Park Barrington Unit 1 (Document Number 88-206,339 recorded May 13, 1988), being a subdivision of the Southeast 1/4 of the Northwest 1/4 and the Southwest 1/4 of the Northeast 1/4 of Section 12, Township 42 North, Range 9, East of the Third Principal Meridian, in Cook County, Illinois.

Parcel II:

Easement for ingress and egress over Outlot "A" contained in Plat of subdivision of Park Barrington Unit 1 and in Declaration of Covenants and Restrictions recorded May 13, 1988, as Documents 88-206,339 and 88-206,341 respectively.

Property Address: 442 Park Barrington Drive, Barrington, Illinois, 60010. PIN: 01-12-212-008.

T-25.50
 P-22.00
 47.50

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That Affiant makes this Affidavit for the purpose of securing the transfer of the above described property to the surviving joint tenant.

Dated: April 15, 1996

IN THE PRESENCE OF:

Michael J. Roberts
Michael J. Roberts

Eileen L. Rohrback
Eileen L. Rohrback

Marianna Schaub
Marianna Schaub

Subscribed and sworn to before me
this 15th day of April, 1996.

Signature: Marianna Schaub
Marianne Schaub, Notary Public
Berrien County, Michigan
My Commission expires: 5/23/2000

Drafted by:
Michael J. Roberts, (P36900)
Hutzbaugh & Dewane, P.L.C.
811 Ship St., P.O. Box 27
St. Joseph, Michigan 49085
(616) 983-0191

Notary Public
Berrien County Clerk's Office

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I, PATTIE S. BENDER, Clerk of the County of St. Joseph and the Circuit Court thereof, the same being a Court of Record having a seal, do hereby certify that the following is a copy of the record of death as listed immediately below now remaining in my office.

LF _____
 CF 46-3



STATE OF MICHIGAN
 DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
0991082

1 DECEDENT'S NAME (First, Middle, Last) ROBERT LEE ROHRBACK, JR.			2 SEX Male	3 DATE OF DEATH (Month, Day, Year) March 30, 1995
4a AGE - Last Birthday (Years) 70	4b UNDER 1 YEAR MONTHS: _____ DAYS: _____	4c UNDER 1 DAY HOURS: _____ MINUTES: _____	5 DATE OF BIRTH (Month, Day, Year) November 17, 1924	6 COUNTY OF DEATH St. Joseph
7a LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c) HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) Sturgis Hospital			7b IF HOSP OR INST. Inpatient, Op./Emer. Room, DOA (Specify) Emer Room	7c CITY, VILLAGE, OR TOWNSHIP OF DEATH Sturgis - City
8 SOCIAL SECURITY NUMBER 578-22-2513		9a USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Attorney		9b KIND OF BUSINESS OR INDUSTRY Patent
10a CURRENT RESIDENCE - STATE Illinois	10b COUNTY Cook	10c LOCALITY (Check one box and specify) <input checked="" type="checkbox"/> INSIDE CITY OR VILLAGE OF <input type="checkbox"/> TWP OF Barrington		10d STREET AND NUMBER 442 Park Barrington Drive
10e ZIP CODE 60010	11 BIRTHPLACE (City and State or Foreign Country) Washington D.C.	12 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	13 SURVIVING SPOUSE (If wife, give name before first married) Eileen Reese	14 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes
15 ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Hispanic, other Hispanic, Afro-American, Arab, English, French, Finnish, etc. (Specify below) American		16 RACE - American Indian, Black, White, etc. If Asian, give nationality, i.e., Chinese, Filipino, Asian Indian, etc. (Specify below) White		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (K-12) _____ College (1-4 or 5+) 5+
18 FATHER'S NAME (First, Middle, Last) Robert Rohrbach		19 MOTHER'S NAME (First, Middle, Surname before first married) Theresa Morrow		
20a INFORMANT'S NAME (Type, Print) Eileen Rohrbach		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code) 442 Park Barrington Dr., Barrington, IL 60010		
21 METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (Specify) Cremation		22a PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) Elm Lawn Cemetery	22b LOCATION - City or Village, State Elmhurst, IL	
23 SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>		24 LICENSE NUMBER (of Licensee) 6223	25 NAME AND ADDRESS OF FACILITY Friedrichs Funeral Home 520 W. Central Rd., Mt. Prospect, IL 60036	
26 PART I Enter the diseases, injuries, 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) Acute myocardial infarction				Approximate Interval Between Onset and Death Sudden
DUE TO (OR AS A CONSEQUENCE OF) CAD				
SEQUENTIALLY LIST CONDITIONS IF ANY, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. DUE TO (OR AS A CONSEQUENCE OF) 9-7-1979				
DUE TO (OR AS A CONSEQUENCE OF) remote MI				
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I remote MI				27a WAS IN AUTOPSY PERIOD? (Yes or No) NO
28 ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) 2nd Home		29 WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) Yes		31a <input type="checkbox"/> The case reviewed and determined not to be a medical examiner's case. <input checked="" type="checkbox"/> On the basis of examination and of investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) <i>[Signature]</i> 31b DATE SIGNED (Mo, Day, Yr.) Mar. 31, 1995 31c CASE NUMBER Unknown A-M
10a In the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) 30b DATE SIGNED (Mo, Day, Yr.) _____		30c TIME OF DEATH M		
30d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) John Robertson, M.D., 916 Myrtle St. Sturgis, MI 49091		32b LICENSE NUMBER 026794		
33a AGE SUBJECT FROM NATURAL OR PENDING INVEST (Specify) Natural	33b DATE OF INJURY (Mo, Day, Yr.) _____	33c TIME OF INJURY M	33d DESCRIBE HOW INJURY OCCURRED	
33e INJURY AT WORK (Specify, Yes or No)	33f PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify))		33g LOCATION (Street or RFD No, City, Village or Twp, State)	
34a REGISTRAR'S SIGNATURE <i>[Signature]</i>			34b DATE FILED (Month, Day, Year) March 31, 1995	

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Circuit Court of St. Joseph County, Michigan, the 3rd day of April A.D. 1995.

PATTIE S. BENDER, Clerk

[Signature]
 Deputy

TYPE, PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT FOR USE BY PHYSICIAN OR INSTITUTION

DECEDENT

PARENTS

INFORMANT

DISPOSITION

MODE OF DEATH

CERTIFIER

MEDICAL EXAMINER

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