

# UNOFFICIAL COPY

## DECEASED JOINT TENANT AFFIDAVIT

### 97514894

STATE OF ILLINOIS )

COUNTY OF )

SS. Order No. \_\_\_\_\_

DEPT. OF RECORDING

125.50

714866 TRAN 9895 07/17/97 09:51:00  
714866 IN 8-97-514894  
COOK COUNTY RECORDER

Debra A Gillen being duly sworn

states that she resides at 101 West Patterson  
in the City of Chicago, County of Cook, State of  
Ill.

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

P.I.N. 14-21-109-019-1027

Common Address: 101 West Patterson

That the deceased died Dec. 23, 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.  
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 \_\_\_\_\_.

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  
\_\_\_\_\_.

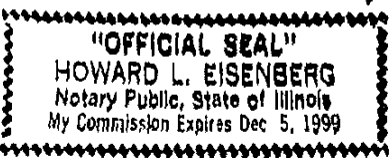
Affiant makes this affidavit for that purpose of inducing  
\_\_\_\_\_ to issue its Title Insurance Policy, describing  
the above-mentioned.

Debra Ann Gillen  
AFFIANT

Subscribed and sworn to before me by the said

DEBRA ANN GILLEN as affiant  
this 17th day of JULY, A.D. 1997

Howard L. Eisenberg  
NOTARY PUBLIC



97514894

2550

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## LEGAL DESCRIPTION

### PARCEL 1:

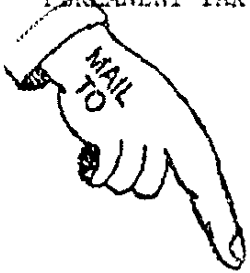
UNIT 222 IN PARK HARBOR CONDOMINIUM, AS DELINEATED ON PLAT OF SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE:

LOTS 15, 16, 17 AND 18 AND THE EAST 16 FEET OF LOT 14 IN THE SUBDIVISION OF LOTS 3, 4, 5, 10, 11 AND 12 IN BLOCK 8 IN HUNDLEY'S SUBDIVISION OF LOTS 3 TO 21 AND LOTS 33 TO 37 IN PINE GROVE IN FRACTIONAL SECTION 21, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, WHICH PLAT OF SURVEY IS ATTACHED AS EXHIBIT "D" TO DECLARATION OF CONDOMINIUM MADE BY CHICAGO CITY BANK AND TRUST COMPANY, A NATIONAL BANKING ASSOCIATION, AS TRUSTEE UNDER TRUST AGREEMENT DATED JULY 15, 1983 AS TRUST NUMBER 11050 AND RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS AS DOCUMENT NUMBER 26932046 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN COOK COUNTY, ILLINOIS

### PARCEL 2:

THE EXCLUSIVE RIGHT TO THE USE OF P-16, A LIMITED COMMON ELEMENT, AS DELINEATED ON THE SURVEY ATTACHED TO THE DECLARATION AFORESAID RECORDED AS DOCUMENT 26932046.

PERMANENT TAX I.D. NO: 14-21-109-019-1027



Debra Ann Gilled  
611 West Patterson apt 2228  
Chicago, ILL 60613

97514394

89603088

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STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO

DEC 27 1996

I SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

STATE FILE NUMBER <b>622243</b>		DATE OF DEATH (MONTH, DAY, YEAR) <b>DECEMBER 23, 1996</b>	
REGISTRATION DISTRICT NO. <b>16.10</b>		SEX <b>2</b> <b>MALE</b>	
DECEASED-NAME <b>WILLIAM GILLEN</b>		DATE OF BIRTH (MONTH, DAY, YEAR) <b>AUGUST 7, 1935</b>	
CITY OF DEATH <b>CHICAGO, ILLINOIS</b>		HOSPITAL OR OTHER INSTITUTION-NAME OF NOT IN OTHER, GIVE STREET AND NUMBER <b>VA CHICAGO HEALTHCARE SYSTEM-LAKESIDE</b>	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>CHICAGO, ILLINOIS</b>		NAME OF SURVIVING SPOUSE (MARRIAGE, IF WIFE) <b>DEBORAH ZEIMANAKA DEBRA ZEMMAN</b>	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>CHICAGO, IL</b>		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) <b>11b U.S. Armed Forces 312</b>	
SOCIAL SECURITY NUMBER <b>355-26-2967</b>		INSIDE CITY (YES/NO) <b>13c YES</b>	
RESIDENCE (STREET AND NUMBER) <b>611 W. PATTERSON ST.</b>		COUNTY <b>13d. COOK</b>	
STATE <b>ILLINOIS</b>		RACE (WHITE, BLACK, AMERICAN INDIAN, NATIVE, OTHER) <b>14a. WHITE</b>	
ZIP CODE <b>60613</b>		SPECIFY: FIRST MIDDLE LAST <b>14b. NO</b>	
MOTHER-NAME <b>GEORGE GILLEN</b>		MOTHER-NAME FIRST MIDDLE LAST <b>EDITH</b>	
FATHER-NAME <b>GEORGE GILLEN</b>		RELATIONSHIP <b>17b. RECORDS</b>	
REFORMANT'S NAME (TYPE OR PRINT) <b>HATTIE GRESHAM</b>		MAILING ADDRESS (STREET AND NO., OR P.O. BOX, CITY OR TOWN, STATE, ZIP) <b>333 E. HURON CHICAGO, IL 60611</b>	
18. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. List only one cause on each line.			
(a) <b>RESPIRATORY DISTRESS</b>			
DUE TO, OR AS A CONSEQUENCE OF			
(b) <b>DUE TO, OR AS A CONSEQUENCE OF</b>			
(c)			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause (given in PART I).			
DATE OF OPERATION, IF ANY <b>20b.</b>		MAJOR FINDINGS OF OPERATION <b>20c.</b>	
(19b) (DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>21b. YES</b>	
DATE OF DEATH (MONTH, DAY, YEAR) <b>VA 12-23-96</b>		DATE SIGNED (MONTH, DAY, YEAR) <b>22d. 12/23/96</b>	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		ILLINOIS LICENSE NUMBER <b>22d. 125034433</b>	
SIGNATURE <b>JASON PRIMER, M.D.</b>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>VA CHICAGO HEALTHCARE SYSTEM-LAKESIDE 333 E. HURON, CHGO, IL</b>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		NOTE: IF MURDER WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
CEMETERY OR CREMATORY NAME <b>QUEEN OF HEAVEN BURIAL</b>		CITY OR TOWN <b>Illinois</b>	
STREET AND NUMBER OR R.F.D. <b>3552 N. SOUTHPORT</b>		STATE <b>IL</b>	
FUNERAL HOME <b>Cooney Funeral Home</b>		CITY OR TOWN <b>Chicago IL</b>	
FUNERAL DIRECTOR'S SIGNATURE <b>Thomas G. Cooney</b>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>25c. 11375</b>	
LOCAL REGISTRAR'S SIGNATURE <b>Sheila Lyne</b>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>DEC 27 1996</b>	
DATE OF DEATH (MONTH, DAY, YEAR) <b>DEC 27 1996</b>		DATE OF DEATH (MONTH, DAY, YEAR) <b>DEC 27 1996</b>	

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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