

This instrument prepared by and after recording return to: Susan A. Jones Berger Newmark & Fenchel P.C. 222 N. LaSalle - Suite 1900 Chicago, Illinois 60601 (312) 782-5050



DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)) SS: COUNTY OF COOK)

Gustave Friesem being duly sworn states that he resides at 369 Delta Road in the City of Highland Park, Illinois.

That he was acquainted with Doris Friesem deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

LOT 21 IN BLOCK 14 IN GLENVIEW PARK MANOR, A SUBDIVISION IN THE SOUTHEAST 1/4 OF SECTION 12, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, AS PER PLAT RECORDED JULY 25, 1944 AS DOCUMENT 13326154 IN THE VILLAGE OF GLENVIEW, IN COOK COUNTY, ILLINOIS.

09-12-440-004-0000

That the deceased died on May 27, 1997, 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 Clark 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 about July 14, 1997.

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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 unknown dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Gustave Friesem

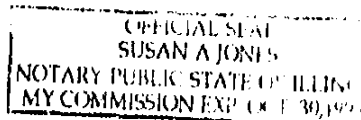
Gustave Friesem

Subscribed and sworn to
before me by the said

Gustave Friesem

this 10th day of October, 1997.

Susan A. Jones
Notary Public



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REGISTRATION DISTRICT NO. 49.6
REGISTERED NUMBER 256

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

97 028762

1. DECEASED—NAME FIRST MIDDLE LAST Doris Friesen		2. SEX Female	3. DATE OF DEATH (MONTH, DAY, YEAR) May 27, 1997
4. COUNTY OF DEATH Lake		5a. AGE—LAST BIRTHDAY (YRS) Mo. 79	5b. UNDER 1 YEAR UNDER 1 DAY 5c. DATE OF BIRTH (MONTH, DAY, YEAR) May 7, 1918
6a. CITY, TOWN, TWP. OR ROAD (DISTRICT NUMBER) Highland Park	6b. HOSPITAL OR OTHER INSTITUTION—NAME IF NOT IN EITHER, GIVE STREET AND NUMBER Highland Park Hospital	6c. IF HOSP. OR INST. INDICATED O.A. OPERATOR, INPATIENT (SPECIFY) Inpatient	
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, Illinois	8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Gustave Friesen	8c. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) No
9. SOCIAL SECURITY NUMBER 10333-14-7276	10. USUAL OCCUPATION Homemaker	11. KIND OF BUSINESS OR INDUSTRY Own Home	12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (4 yr) 4
13a. RESIDENCE (STREET AND NUMBER) 369 Delta Rd	13b. CITY, TOWN, OR ROAD (DISTRICT NO.) Highland Park	13c. INSIDE CITY (YES/NO) Yes	13d. COUNTY Lake
14. STATE Illinois	15. ZIP CODE 60035	16. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White	17. OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) NO
18. FATHER—NAME FIRST MIDDLE LAST Sam Bloom	19. MOTHER—NAME FIRST MIDDLE LAST Alta Levy	20. INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) Gustave Friesen Husband 369 Delta Rd. Highland Park, Illinois 60035	
21. PART I. Enter the disease, injuries, or complete cause of death. Do not enter the mode of death, such as stroke or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) (a) Sepsis CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) Acute myelogenous leukemia STATING THE UNDERLYING CAUSE LAST. (c)			22. TIME OF DEATH (HOURS:MINUTES) 24 hours 1 year
23. PART II. Other significant conditions contributing to death but not resulting in the underlying cause (given in PART I).			24. AUTOPSY (YES/NO) No
25. DATE OF OPERATION, IF ANY	26. MAJOR FINDINGS OF OPERATION	27. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
28. (1) (DO) (DO NOT) ATTEND THE DECEASED AND LAIT BAW/MEMBER ALIVE ON (MONTH, DAY, YEAR) May 26, 1997	29. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) No	30. HOUR OF DEATH 8:30 A/ M.	
31. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.			32. DATE SIGNED (MONTH, DAY, YEAR) May 27, 1997
33. SIGNATURE Israel Wiznitzer M.D.			34. ILLINOIS LICENSE NUMBER 036-058981
35. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Israel Wiznitzer M.D. 750 Homewood, Highland Park Ill			36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
37. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	38. CEMETERY OR CREMATORY—NAME Shalom	39. LOCATION CITY OR TOWN STATE Arlington Hts., Illinois	40. DATE (MONTH, DAY, YEAR) May 29, 1997
41. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP Furch Funeral Direction 9200 Skokie Blvd. Skokie Ill. 60077		42. FUNERAL DIRECTOR'S SIGNATURE (TYPE OR PRINT) FUNERAL DIRECTOR'S ILLINOIS LICENSE NO. YEAR Jules L. Furch 034-009430	
43. LOCAL REGISTRAR'S SIGNATURE David W. Fairman Esq		44. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) MAY 28 1997	

VP1200 (Rev. 1/89)

Illinois Department of Public Health - Office of Vital Records

(BASED ON 1988 U.S. STANDARD CERTIFICATE)

July 17, 1997

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record as made from the original certificate for the person named therein and that this certificate was established and filed with the Department of Public Health in accordance with the Statutes of Illinois.

NOT A VALID CERTIFIED COPY WITHOUT THE EMBOSSED SEAL AND IMPRINTED SIGNATURE OF THE DEPUTY STATE REGISTRAR

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