

UNOFFICIAL COPY

99730061

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1999-08-02 13:34:09
Cook County Recorder 23.50



AFFIDAVIT RE DECEASED
JOINT TENANT

STATE OF ILLINOIS }
COUNTY OF COOK }

MARILYN R. SMITH, COOK COUNTY
RECORDER
being duly sworn for the purpose
of recording a transfer of
EUGENE "GENE" MOORE
ROLLING MEADOWS
real estate described below, states:

1. That she resides at 264 Anthony Road, Buffalo Grove, Illinois 60089
2. That she was married to LYLE WILLIAM SMITH, who died on February 12, 1999, as evidenced by the attached certified copy of death certificate;
3. That said decedent was one of the owners of land legally described as follows:

LOT ONE HUNDRED FORTY EIGHT (148) IN CAMBRIDGE COUNTRYSIDE UNIT FIVE, BEING A SUBDIVISION IN THE NORTH HALF (1/2) OF SECTION 9, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT THEREOF, REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES, OF COOK COUNTY, ILLINOIS, ON APRIL 28, 1967, AS DOCUMENT NUMBER 2321758.

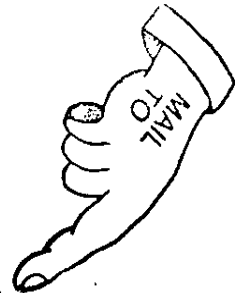
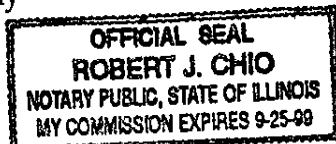
Permanent Real Estate Index Number: 03-09-210-050-0000

Address of Real Estate: 264 Anthony Road, Buffalo Grove, Illinois 60089

Marilyn R. Smith
MARILYN R. SMITH

SUBSCRIBED AND SWORN to
before me this 9th day
of July, 1999.

R. J. Chio
Notary Public



MAIL TO: Ms. Marilyn R. Smith
264 Anthony Road
Buffalo Grove, IL 60089

Prepared by:
Bruce Kiselstein, 930 E. Northwest Hwy., Mt. Prospect, IL 60056

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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 Statistics Act.

DATE FEB 16 1999

SIGNED

AT HIGHLAND PARK

REGISTRAR

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 or the local registrar or the county clerk shall be considered as prima facie evidence of the facts therein stated.

VS 2018 (1968)

BUREAU OF STATISTICS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD, 62706

REGISTRATION DISTRICT NO. 49.6		REGISTERED NUMBER 107		STATE OF ILLINOIS				99730061		PAGE 2 of 2		
1. DECEASED-NAME FIRST MIDDLE LAST Lyle William Smith			SEX 2 Male	DATE OF DEATH (MONTH, DAY, YEAR) 3 February 12, 1999								
4. COUNTY OF DEATH Lake		AGE-LAST BIRTHDAY (YRS) 5a. 59	UNDER 1 YEAR 5b. MOS. DAYS	UNDER 1 DAY 5c. HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. February 20, 1939							
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER Riverwoods		6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Brentwood North			IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY) 6c. Inpatient							
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Girard; Illinois		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Marilyn R. Stadell			9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) Yes					
10. SOCIAL SECURITY NUMBER 354-32-5661		11a. USUAL OCCUPATION Marketing Manager		11b. KIND OF BUSINESS OR INDUSTRY Airlines		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+) 4						
13a. RESIDENCE (STREET AND NUMBER) 264 Anthony Road			13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO. Buffalo Grove		13c. INSIDE CITY (YES/NO) Yes		13d. COUNTY Cook					
13e. STATE Illinois		13f. ZIP CODE 60089		14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White		14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:						
15. FATHER-NAME FIRST MIDDLE LAST Loren Smith			16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST Pearl Prose									
17a. INFORMANT'S NAME (TYPE OR PRINT) Marilyn R. Smith		17b. RELATIONSHIP Wife		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 264 Anthony Road Buffalo Grove, IL. 60089								
18. PART I. Enter the diseases, 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.								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 11/1/99?				
Immediate Cause (Final disease or condition resulting in death) → (a) Subarachnoid Hemorrhage		DUE TO, OR AS A CONSEQUENCE OF (b) Pneumonia		DUE TO, OR AS A CONSEQUENCE OF (c)								
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						19a. AUTOPSY (YES/NO) No		19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)				
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION				20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>						
21a. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 2/11/99			21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) Yes		21c. HOUR OF DEATH 2:38 A.M.							
22a. SIGNATURE Michael B. Bernsen, M.D.						22b. DATE SIGNED (MONTH, DAY, YEAR) 2/16/99						
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Bernsen, M.D. 150 Half Day Rd. Buffalo Grove IL. 60089						22d. ILLINOIS LICENSE NUMBER 036-084715						
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)						NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.						
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation		24b. CEMETERY OR CREMATORY-NAME Twin Pines Crematory		24c. LOCATION CITY OR TOWN STATE Dundee, Illinois		24d. DATE (MONTH, DAY, YEAR) Feb. 16, 1999						
25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP Glueckert Funeral Home, Ltd. 1520 N. Arlington Heights Rd. Arlington Heights, IL. 60004						25b. FUNERAL DIRECTOR'S SIGNATURE John H. Glueckert				25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-010029		
26a. LOCAL REGISTRAR'S SIGNATURE David W. Furman						26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) FEB 16 1999						