

99946616

DECEASED AFFIDAVIT

UNOFFICIAL COPY

2/17/00 8 85 005 Page 1 of 3
1999-10-06 12:02:03
Cook County Recorder 25.50

92-269C335

MAUREEN CASLER, married to ARVID CASLER, being duly sworn states that he resides at 813 Castleton Ct., in the Village of Mundelein. She was acquainted with IRMA ZIMMER, deceased, who, at the time of her death, was the owner of the land in Cook County, Illinois, described as:

99 SEP -1 PM 12: 53

99 OCT -5 PM 2: 04



COOK COUNTY
RECORDED

EUGENE "GENE" MOORE
ROLLING MEADOWS

SEE ATTACHED LEGAL DESCRIPTION

PIN: 08-15-301-005-1236

Common Address: 702 E. Algonquin Rd., Unit 108, Arlington Hts., IL 60005

That the deceased died November 28, 1998, as evidence by certified copy of death certificate of the decease attached hereto.

That the deceased died leaving a last will and testament and probate estate has been opened or is contemplated.

That the total value of the estate of the deceased, including both real 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 \$120,000.00.

DATED this 28th day of July, 1999.

Maureen Casler (Seal)
MAUREEN CASLER

State of Illinois, County of Cook ss. I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that MAUREEN CASLER, married to ARVID CASLER, personally known to me to be the same person whose name is subscribed to the foregoing instrument appeared before me this day in person and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal, this 28th day of May, 1999.



Terrence D. Kane
Notary Public

Commission expires

THIS INSTRUMENT WAS PREPARED BY: TERRENCE D. KANE, Atty., 505 East Golf Road, Suite A, Arlington Heights, IL 60005

MAIL TO:
Terrence D. Kane
505 E. Golf Rd., Suite A
Arlington Hts., IL 60005



Address of Property:
702 E. Algonquin Rd., Unit 108
Arlington Hts., IL 60005
Send subsequent tax bills to:
Grantee

3/16

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PARCEL 1:

UNIT K-108 IN BRITTANY PLACE CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:
 LOT 1 IN GRETA LEDERER DEVELOPMENT CO.'S SUBDIVISION OF PART OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 15, TOWNSHIP 41 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 JULY 25, 1966 AS DOCUMENT 2283027, IN COOK COUNTY, ILLINOIS;
 WHICH SURVEY IS ATTACHED AS EXHIBIT AS EXHIBIT "C" TO THE DECLARATION FOR BRITTANY PLACE, INCLUDING MATTERS RELATING TO THE BRITTANY PLACE CONDOMINIUM RECORDED MAY 19, 1994 AS DOCUMENT 94451607 AS AMENDED BY RECHARACTERIZATION AMENDMENT NO. 1 RECORDED JUNE 24, 1994 AS DOCUMENT 94556621; TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS

PARCEL 2:

EASEMENTS APPURTENANT TO AND FOR THE BENEFIT OF PARCEL 1 FOR PEDESTRIAN INGRESS AND EGRESS, AS SET FORTH IN THE DECLARATION FOR BRITTANY PLACE, INCLUDING MATTERS RELATING TO THE BRITTANY PLACE CONDOMINIUM RECORDED MAY 19, 1994 AS DOCUMENT 94451607 AS AMENDED BY RECHARACTERIZATION AMENDMENT NO. 1 RECORDED JUNE 24, 1994 AS DOCUMENT 94556621, AND AS CREATED BY DEED FROM LASALLE NATIONAL TRUST NA AS TRUSTEE UNDER TRUST NUMBER 113581 TO IRMA K. ZIMMER RECORDED FEBRUARY 7, 1995 AS DOCUMENT 95091401

PIN: 08-15-301-005-1236

Property of Cook County Clerk's Office

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DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.25	STATE OF ILLINOIS		MEDICAL CERTIFICATE OF DEATH		
	REGISTERED NUMBER 1471					
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
	1. IRMA ZIMMER		2. Female	3. 11/28/98 November 28		
	COUNTY OF DEATH	AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	
	4. Cook	5a. 69	5b.	5c.	5d. April 26 1929	
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)	
	6a. Evanston		6b. Evanston Hospital		6c. Inpatient	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
	7. Rossland Canada		8a. Widowed	8b. None		9. No
	SOCIAL SECURITY NUMBER		USDA OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
	10. 342-26-7866		11a. Interior Designer	11b. Interior Inds	12. 12 College (1-4 or 5 -)	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY	
13a. 702 Alagonquin Rd.		13b. Arlington Hts.		13c. Yes	13d. Cook	
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		
13a. Ill.		13f. 60004	14a. White	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
FATHER-NAME FIRST MIDDLE LAST			MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST			
15. Carl H. Hanson			16. Dagmar I. Holm			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. Maureen Cusler		17b. Daughter	17c. 813 Castlton Mund Ill 60060			
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.						
Immediate Cause (Final disease or condition resulting in death)		(a) Metastatic breast cancer				
		DUE TO, OR AS A CONSEQUENCE OF				
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) 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.				AUTOPSY (YES/NO)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
				19a. No	19b.	
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? --			
20a.	20b.		20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
(DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH		
21a.		11/28/98	21b. Yes	21c. 10:55 P.M.		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				DATE SIGNED (MONTH, DAY, YEAR)		
22a. SIGNATURE <i>Maureen Cusler</i>				22b. 11/29/98		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)				ILLINOIS LICENSE NUMBER		
22c. 2500 Ridge #210 Evanston, IL 60202				22d. 036-086969		
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.		
23.						
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)	
24a. Cremation	24b. Acacia Park	24c. Chicago Ill			24d. Dec 2 1998	
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN	STATE ZIP	
25a. G.L. Hills Funeral Home		745 Graceland Ave		DesPlaines Ill	60016	
FUNERAL DIRECTOR'S SIGNATURE				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
25b. <i>John H. Hill</i>				25c. 034-012258		
LOCAL REGISTRAR'S SIGNATURE				DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
26a. <i>C. Lucia Brown</i>				26b. Dec. 1 1998		

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 December 1, 1998 SIGNED *C. Lucia Brown*
AT EVANSTON, Illinois OFFICIAL TITLE LOCAL 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, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.