

UNOFFICIAL COPY

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8316/0029 05 001 Page 1 of 2
1999-10-13 10:40:51
Cook County Recorder 43.00



STATE OF ILLINOIS)
)SS:
COUNTY OF C O O K)

Neil Zevitz, being first duly sworn on oath deposes and says that the property located at 5733 N. Sheridan Road, Unit 11-C, Chicago, Illinois, and legally described as:

UNIT NUMBER 11-"C" AS DELINEATED ON SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE (HEREINAFTER REFERRED TO AS "PCL"):

LOTS 16, 17 AND 18 (EXCEPT THE WEST 14 FEET OF SAID LOTS AND EXCEPT THE NORTH 14 FEET OF LOT 16) IN BLOCK 21 IN COCHRAN'S SECOND ADDITION TO EDGEWATER IN THE EAST FRACTIONAL HALF OF SECTION 5, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN; ALSO ALL THAT LAND LYING EAST OF AND ADJOINING THAT PART OF LOTS 16, 17 AND 18 AFORESAID AND LYING WEST OF THE LINE ESTABLISHED BY DECREES ENTERED IN CASE NUMBER 50 "C"-1659 AND CASE NUMBER 50 "C"-8385, CIRCUIT COURT OF COOK COUNTY, ILLINOIS SAID LINE BEING DESCRIBED AS FOLLOWS:

COMMENCING AT A POINT ON A LINE WHICH IS PARALLEL TO AND 14 FEET SOUTH OF THE NORTH LINE OF LOT 16 AFORESAID 240.74 FEET EASTERLY FROM THE EAST LINE OF NORTH SHERIDAN ROAD AS WIDENED; THENCE SOUTHERLY ALONG A STRAIGHT LINE TO THE INTERSECTION OF THE SOUTH LINE OF LOT 18 AFORESAID, EXTENDED EASTERLY, AT A POINT 251.38 FEET EAST OF SAID EAST LINE OF NORTH SHERIDAN ROAD AS WIDENED, IN COOK COUNT, ILLINOIS; WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO DECLARATION OF CONDOMINIUM MADE BY EXCHANGE NATIONAL BANK OF CHICAGO, AS TRUSTEE UNDER TRUST NUMBER 9487 RECORDED IN THE OFFICE OF THE RECORDER OF COOK COUNTY, ILLINOIS AS DOCUMENT NUMBER 19727898; TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

was held in joint tenancy between Neil Zevitz and Rose Zevitz. Rose Zevitz died on January 2, 1999. Attached hereto is a Medical Certificate of death duly authenticated.

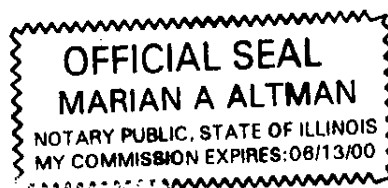
FURTHER AFFIANT SAYETH NOT.

pin # 14-05-407-015-1035

Neil Zevitz
Neil Zevitz

SUBSCRIBED AND SWORN TO before me this 5th day of August, 1999

Marian A. Altman
Notary Public



Prepared by MAIL TO
MAX CHILL
100 W. MADRDE ST RM 905
CHICAGO, IL 60603

BOX 333-CTT

506 Arce
A00 180768

Handwritten initials and marks

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.

JAN 04 1999

DATE

SIGNED

REGISTRAR

OFFICIAL TITLE

HIGHLAND PARK, Illinois

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 201B (1968)

BUREAU OF STATISTICS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62206

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

REGISTRATION DISTRICT NO. **49.6**
REGISTERED NUMBER **627**

1. DECEASED NAME Rose		LAST Zevitz		SEX Female		DATE OF DEATH (MONTH, DAY, YEAR) January 2, 1999	
2. COUNTY OF DEATH Lake		UNDER 1 YEAR MOS. 5a. 83 DAYS 5b. 83 HOURS 5c. ---		DATE OF BIRTH (MONTH, DAY, YEAR) October 13, 1915		IF HOSP. OR INST. INDICATE D.O.A. OPERMER, RM, INPATIENT (SPECIFY) 6c. Residence	
3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Deerfield		6b. 1202 Crabtree Lane		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Widowed		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO) 9. No	
4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Canada		8a. Widowed		8b. ---		EDUCATION (SPECIFY ON: Y HIGHEST GRADE COMPLETED) College (1-4 or 5-7) 2	
5. SOCIAL SECURITY NUMBER 352-03-0876		11a. Sales lady		11b. Womens Clothing		INSIDE CITY (YES/NO) 13 Yes	
6. RESIDENCE (STREET AND NUMBER) 125 E. Cypress Court		13b. Oldman		CITY, TOWN, TWP. OR ROAD DISTRICT NO. Pinellas		COUNTY 19d. Pinellas	
7. STATE FL		RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) White		14a. White		OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) ---	
8. FATHER-NAME FIRST MIDDLE LAST Solomon Fisher		MOTHER-NAME FIRST MIDDLE LAST Neil Zevitz		16. Nellie Unavailable		(MAIDEN) LAST	
9. INFORMANT'S NAME (TYPE OR PRINT) Neil Zevitz		RELATIONSHIP Son		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 1202 Crabtree Ln. Deerfield, IL 60015		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 Months 3 YRS	
10. Immediate Cause (Final disease or condition resulting in death) LEUKEMIA		(a) DUE TO, OR AS A CONSEQUENCE OF MY ELDERLY		(b) DUE TO, OR AS A CONSEQUENCE OF ---		(c) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I. ---	
11. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. ---		MAJOR FINDINGS OF OPERATION ---		DATE OF OPERATION, IF ANY ---		AUTOPSY (YES/NO) 19a. No IF FEMALE, WAS THERE A PREGNANCY IN PART I, THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
12. (101D) (CORNER) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 1/29/98		20b. ---		21a. ---		WERE ANY OTHER FACTORS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b. ---	
13. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. Forest Park		21b. ---		22a. SIGNATURE (TYPE OR PRINT) Gregory Kaczemarak		HOUR OF DEATH 7:30 P.M.	
14. NAME AND ADDRESS OF CERTIFIER Gregory Kaczemarak, M.D., 64 Old Orchard, Skokie, IL 60070		22b. ---		22c. ---		DATE SIGNED (MONTH, DAY, YEAR) 22b. Jan. 4, 1999	
15. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER Rudolph Lerner		23. ---		24a. ---		ILLINOIS LICENSE NUMBER 22d. 036-08669	
16. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		24b. ---		24c. ---		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORNER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
17. FUNERAL HOME Lloyd Mandel Levayah Funerals, 4750 West Dempster Street, Skokie, IL 60076		25a. ---		25b. ---		DATE (MONTH, DAY, YEAR) 24d. Jan. 6, 1999	
18. FUNERAL DIRECTOR'S SIGNATURE Lloyd Mandel Levayah		26a. ---		26b. ---		STATE IL	
19. LOCAL REGISTRAR'S SIGNATURE David W. Zimmerman		26c. ---		26d. ---		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) JAN 04 1999	
20. LOCAL REGISTRAR'S NAME David W. Zimmerman		26e. ---		26f. ---		ZIP 60076	

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)