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1999-01-11 12:33:31
Cook County Recorder 23.50

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

PATRICIA BLACK, being duly sworn on oath states that she resides at 9220 East Prairie #209B, Skokie, Illinois.

**COOK COUNTY
RECORDER
JESSE WHITE
SKOKIE OFFICE**



That she is the daughter of CORINE BROOKS, deceased, who, at the time of her death, was one of the owners of the land in Cook County, Illinois described as follows:

Parcel 1: Unit 209B and the exclusive right to the use of Parking Space 44 and Storage Space 44 in the Enclave Condominium, as delineated on a survey of the following described tract of land: Part of Lot 11 in County Clerk's Division of the Northeast 1/4 of Section 14, Township 41 North, Range 13 East of the Third Principal Meridian which survey is attached as Exhibit "S" to the Declaration of Condominium recorded as Document Number 97025991; together with its undivided percentage interest in the common elements in Cook County, Illinois.

Parcel 2: Easements for ingress and egress in favor of Parcel 1 created by the aforesaid Declaration recorded as Document 97025591.

PIN # 10-14-224-002-0000 and 10-14-224-003-0000

Commonly known as 9220 East Prairie #209B, Skokie, Illinois.

That the deceased died on September 29, 1998, as evidenced by a ^{Plain} 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.

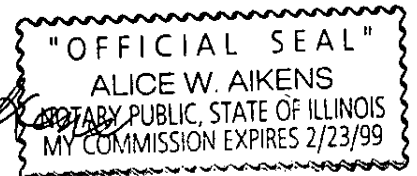
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, did not exceed the sum of \$100,000.00.

Affiant makes this affidavit for the purpose of spreading the death of Corine Brooks of record and clearing title to the above-referenced property so it shall be in the name of Patricia Black.

Patricia Black
Patricia Black

Subscribed and sworn to before me this 10th day of November, 1998.

Alice W. Jenkins
Notary Public



This document prepared by: Laura S. Addelson, 500 Davis Center #701, Evanston, IL. 60201
Mail Recorded Document To: Laura S. Addelson, 500 Davis Center #701, Evanston, IL. 60201



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STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>16.23</u>	REGISTERED NUMBER <u>1230</u>	SEX <u>Female</u>	DATE OF DEATH (MONTH, DAY, YEAR) <u>3. September 29, 1998</u>
DECEASED-NAME FIRST MIDDLE LAST <u>CORINE BROOKS</u>		DATE OF BIRTH (MONTH, DAY, YEAR) <u>5d. July 28, 1914</u>		
1. COUNTY OF DEATH <u>Cook</u>	AGE-LAST BIRTHDAY (YRS) <u>84</u>	UNDER 1 YEAR MOS. <u>5b.</u> DAYS <u>5c.</u> HOURS <u>5d.</u> MIN <u>5e.</u>	IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) <u>6c. Inpatient</u>	
4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <u>6a. Evanston</u>	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <u>6b. Hospice of the North Shore</u>		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <u>9. No</u>	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <u>7. Kathleen, GA</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>8a. Divorced</u>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <u>8b. None</u>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (9-12) <u>12. 12th</u> College (1-4 or 5-) <u>13d. Cook</u>	
SOCIAL SECURITY NUMBER <u>10. 257-18-8205</u>	USUAL OCCUPATION <u>11a. Caterer</u>	KIND OF BUSINESS OR INDUSTRY <u>11b. Catering</u>	INSIDE CITY (YES/NO) <u>13c. Yes</u>	COUNTY <u>13d. Cook</u>
RESIDENCE (STREET AND NUMBER) <u>13a. 9220 Prairie Avenue</u>	CITY, TOWN, TWP. OR ROAD DISTRICT NO. <u>13b. Skokie</u>	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <u>14b. X NO</u>		
STATE <u>13a. Illinois</u>	ZIP CODE <u>13f. 60203</u>	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <u>14a. Black</u>	MOTHER-NAME FIRST MIDDLE LAST <u>16. Estella Jones</u>	
FATHER-NAME FIRST MIDDLE LAST <u>15. Mose Colson</u>	RELATIONSHIP <u>17b. Son</u>	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <u>17c. 1924 Asbury, Evanston, IL 60201</u>		
INFORMANT'S NAME (TYPE OR PRINT) <u>17a. Alvin G. Brooks, Jr.</u>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>months</u>			
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, shock, or heart failure. List only one cause on each line.				
Immediate Cause (Final disease or condition resulting in death) <u>(a) pancreatic cancer</u>	DUE TO, OR AS A CONSEQUENCE OF			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <u>(b)</u>	DUE TO, OR AS A CONSEQUENCE OF			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. <u>(c)</u>				
DATE OF OPERATION, IF ANY <u>20a.</u>	MAJOR FINDINGS OF OPERATION <u>20b.</u>		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <u>20c. YES X NO</u>	
WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <u>21b. No</u>	HOUR OF DEATH <u>21c. 02:55 A.M.</u>		DATE SIGNED (MONTH, DAY, YEAR) <u>22b. 9/29/98</u>	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. <u>21a. 9/28/98</u>			ILLINOIS LICENSE NUMBER <u>22d. 036-056182</u>	
22a. SIGNATURE <u>Charles A. Thorsen MD</u>			NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <u>Charles A. Thorsen MD, 500 Davis St, Evanston</u>				
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>24a. Cremation</u>	CEMETERY OR CREMATORY-NAME <u>24b. The Lakes Crematory</u>	LOCATION CITY OR TOWN STATE <u>24c. Lake Villa, Illinois</u>	DATE (MONTH, DAY, YEAR) <u>24d. Oct 3, 1998</u>	
FUNERAL HOME NAME <u>25a. Symonds Funeral Services, 858 Sheridan Road, Highland, IL 60040</u>	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <u>34-12248</u>			
FUNERAL DIRECTOR'S SIGNATURE <u>25b. Irving R. Symonds III</u>	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <u>26b. Oct 1, 98</u>			
LOCAL REGISTRAR'S SIGNATURE <u>26a.</u>	(BASED ON 1989 U.S. STANDARD CERTIFICATE)			

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

A DECEASED

B C D E

PARENTS

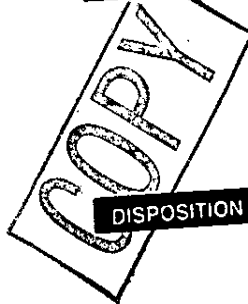
1 2 3

CAUSE

4 5 N P

CERTIFIER

DISPOSITION



I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named as item 1, and that the record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE October 1, 1998 SIGNED [Signature] LOCAL REGISTRAR

AT EVANSTON, Illinois OFFICIAL TITLE

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 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.