

UNOFFICIAL COPY

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1319/0122 49 001 Page 1 of 3
1999-03-22 14:03:41
Cook County Recorder 25.00



99271743

DECEASED JOINT TENANCY
AFFIDAVIT

STATE OF ILLINOIS) SS
COUNTY OF COOK)

Bonnie M. Weinstein being duly
sworn states that she resides at
206 Central Park Avenue in the
City of Wilmette, Illinois 60091.

That she was acquainted with Jean L. Weinstein deceased who, at the time of her death, was one of
the owners of the land in Cook County, Illinois, described as:

See Exhibit "A" attached hereto and made a part hereof.

That the deceased died January 12, 1999, as evidenced by a certified copy of death
certificate of the deceased attached hereto.

That the deceased died:

- ◇ 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 on or about January 19, 1999.

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 five hundred and fifty thousand dollars (\$550,000.00).

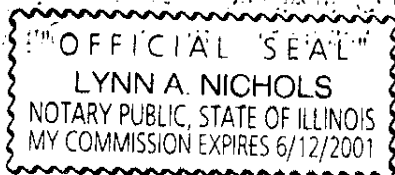
Bonnie M. Weinstein
Bonnie M. Weinstein

Subscribed and sworn to before me

this 18th day of March, A.D. 1999

Lynn A. Nichols

Notary Public



RETURN TO: Box 367

Exhibit "A"

Lots 27 and 28 In Block 1 of Straub's Addition To Wilmette in Section 33, Township 42 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois

Common Address: 206 Central Park Avenue
Wilmette, Illinois

Permanent Index Numbers: 05-33-403-026-0000
05-33-403-027-0000

Property of Cook County Clerk's Office

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 16.02

STATE OF ILLINOIS

STATE FILE NUMBER

UNOFFICIAL COPY MEDICAL CERTIFICATE OF DEATH

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. JEAN L. WEINSTEIN 2. Female 3. January 12, 1999

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
4. Cook 5a. 78 5b. 5c. 5d. April 23, 1920

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. Wilmette 6b. 206 Central Park 6c. Residence

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. Chicago, IL 8a. Widowed 8b. None 9. No

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. 360-01-8102 11a. Housewife 11b. Own Home 12. 12

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP, OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
13a. 206 Central Park 13b. Wilmette 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.)
13e. Illinois 13f. 60091 14a. White 14b. NO YES SPECIFY:

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST
15. Henry Dreebin 16. Frieda Brandt

INFORMANT'S NAME (TYPE OF PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. Bonnie Weinstein 17b. daughter 17c. 206 Central Park; Wilmette, IL 60091

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. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death) (a) CVA Cerebrovascular Accident 4 months
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) HTV Hypertension years
(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 NO

IF (DID ~~HE~~ SHE) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH
21a. October 10, 1998 21b. No 21c. 3:30 A.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 Joe Wyse 22b. January 12, 1999

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
22c. Joe Wyse, M.D.; 64 Old Orchard; Skokie, IL 60077 22d. 036-085283

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. Burial 24b. Shalom Memorial Park 24c. Arlington Heights IL 24d. Jan. 14, 1999

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25a. Weinstein Family Services; 111 Skokie Boulevard; Wilmette, Illinois 60091

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. Daniel H. Scarpone 25c. 034-11770

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. MAREN L. SCOTT, M.D. REGISTRAR 26b. JAN 13 1999

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1969 U.S. STANDARD CERTIFICATE)

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 JAN 13 1999 SIGNED C. Laurie 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.