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99308928

DECEASED JOINT TENANCY
AFFIDAVIT

4078/0001 66 001 Page 1 of 3
1999-03-31 07:23:02
Cook County Recorder 25.50



STATE OF ILLINOIS}

ss

COUNTY OF COOK}

SHARLENE KATZ, being duly sworn,
states that she resides at
710 W. Creekside Drive, Unit 302A,
in the Village of Mt. Prospect,
Illinois.

That she was acquainted with LEON
KATZ deceased who, at the time of
his death, was one of the owners of
the land in Cook County, Illinois,
described as:

Unit Number 302A in The Creekside at Old Orchard
Condominiums, as delineated on a survey of the following
described tract of land:

Parcel 1

Part of Lots 1 and 2 in Old Orchard Country Club
Subdivision, being a Subdivision of Part of the Northwest $\frac{1}{4}$
of Section 27 and Part of the East $\frac{1}{4}$ of the Northeast $\frac{1}{4}$ of
Section 28 both in Township 42-North Range 11 East of the
Third Principal Meridian in Cook County, Illinois which
survey is attached as Exhibit "A" to the Declaration of
Condominium recorded as Document Number 96261584; together
with its undivided percentage interest in the common
elements in Cook County, Illinois.

Parcel 2

Easement for ingress and egress in favor of Parcel 1 created
by Declaration recorded as Document 96261584 and Deed
recorded as Document

Parcel 3

The exclusive right to the use of parking space P33A and
storage space S33A as delineated on the survey attached to
the Declaration recorded as Document 96261584.

That the deceased died February 2, 1998, as evidenced by a
certified copy of the death certificate of the deceased
attached hereto.

\$25.50

54
63
74
81K

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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 November 17, 1998.

Sharlene Katz
(Affiant's signature)

Subscribed and sworn to before me by the said SHARLENE KATZ this 14th day of January, 1999.

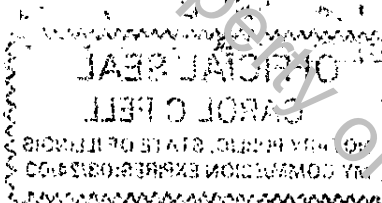
Carol C Fell
Notary Public



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DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <u>168B</u>		STATE OF ILLINOIS UNOFFICIAL COPY MEDICAL CERTIFICATE OF DEATH		STATE FILE NUMBER 99308928	
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED-NAME FIRST MIDDLE LAST 1. <u>LEON KATZ</u>		SEX 2. <u>MALE</u>		DATE OF DEATH (MONTH, DAY, YEAR) 3. <u>February 2, 1998</u>	
COUNTY OF DEATH 4. <u>Cook</u>		AGE-LAST BIRTHDAY (YRS) 5a. <u>62</u>		UNDER 1 YEAR MOS. DAYS 5b. <u>5c.</u>		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. <u>June 30, 1935</u>	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. <u>Mt Prospect</u>		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. <u>710 W Creekside # 302</u>		IF HOSP. OR INST. INDICATE D.O.A. OF/EMER. RM. INPATIENT (SPECIFY) 6c. <u>At residence</u>			
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. <u>Berlin Germany</u>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. <u>Married</u>		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. <u>Sharlene Miller</u>		IF HOSP. OR INST. INDICATE D.O.A. OF/EMER. RM. INPATIENT (SPECIFY) 9. <u>yes</u>	
SOCIAL SECURITY NUMBER 10. <u>357 26 8442</u>		USUAL OCCUPATION 11a. <u>manager</u>		KIND OF BUSINESS OR INDUSTRY 11b. <u>warehouse</u>		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. <u>12</u>	
RESIDENCE (STREET AND NUMBER) 13a. <u>710 W. Creekside # 302</u>		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. <u>Mt. Prospect</u>		INSIDE CITY (YES/NO) 13c. <u>yes</u>		COUNTY 13d. <u>Cook</u>	
STATE 13e. <u>Illinois</u>		ZIP CODE 13f. <u>60056</u>		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. <u>white</u>		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
FATHER-NAME FIRST MIDDLE LAST 15. <u>Abe Katz</u>		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. <u>Lieba Weiss</u>		INFORMANT'S NAME (TYPE OR PRINT) 17a. <u>Sharlene Katz</u>		RELATIONSHIP 17b. <u>spouse</u>	
Mailing Address (Street and No. or R.F.D., City or Town, State, Zip) 17c. <u>710 W. Creekside # 302 Mt Prospect, IL 60056</u>		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) <u>METASTATIC PANCREATIC CANCER</u>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>6 MONTHS</u>			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) <u>DUE TO, OR AS A CONSEQUENCE OF</u> (c) <u>DUE TO, OR AS A CONSEQUENCE OF</u>		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO) 19a. <u>NO</u>		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b. <u>NO</u>	
DATE OF OPERATION, IF ANY 20a. <u>1-27-98</u>		MAJOR FINDINGS OF OPERATION 20b. <u>1-27-98</u>		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. <u>YES</u> <input type="checkbox"/> NO <input type="checkbox"/>		HOUR OF DEATH 21c. <u>11 45 AM</u> M.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE <u>Timothy M. Lestingi, MD</u>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. <u>TIMOTHY M. LESTINGI, MD 1700 LUTHER L. PARK RIDGE, IL</u>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. <u>YES</u>		DATE SIGNED (MONTH, DAY, YEAR) 22b. <u>2-2-98</u>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23. <u>TIMOTHY M. LESTINGI, MD</u>		BUT DO NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a. <u>1-27-98</u>		ILLINOIS LICENSE NUMBER 22d. <u>036-082276</u>		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <u>burial</u>		CEMETERY OR CREMATORY-NAME 24b. <u>Shalom Memorial Park</u>		LOCATION CITY OR TOWN STATE 24c. <u>Arlington Heights, IL</u>		DATE (MONTH, DAY, YEAR) 24d. <u>February 4, 1998</u>	
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. <u>Weinstein Family Service Wilmette Chapel 111 Skokie Blvd Wilmette IL 60091</u>		FUNERAL DIRECTOR'S SIGNATURE 25b. <u>Kevin S. Sauer</u>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. <u>034.004715</u>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. <u>February 3, 1998</u>	
LOCAL REGISTRAR'S SIGNATURE 26a. <u>KAREN L. SCOTT, M.D.</u>		REGISTRAR 26a. <u>KAREN L. SCOTT, M.D.</u>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. <u>February 3, 1998</u>			

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 February 3, 1998 SIGNED C. Louis 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.

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