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006/003 36 005 Page 1 of 3
2000-08-21 12:23:54
Cook County Recorder 25.50

COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
ROLLING MEADOWS



DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

(ss.

KENNETH G. GRANDT being duly sworn
states that HE resides at 311 S. WHEELING AVE. in the City of
WHEELING, IL 60090

That I was acquainted with VICKY L. DAVIS
deceased who, at the time of HER death, was one of the owners of the land in
COOK County, Illinois, described as:*

That the deceased died DECEMBER 12, 1996, as evidenced by a
certified copy of 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. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____

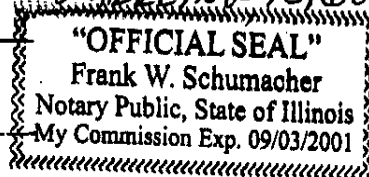
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the deceased, does not exceed the sum of _____ dollars.

Subscribed and sworn to before me by the said

Affiant
this 17th day of August A.D. 2000

THIS INSTRUMENT WAS PREPARED BY
KENNETH G. GRANDT
311 S. WHEELING AVE
WHEELING, IL, 60090

Frank W. Schumacher
NOTARY PUBLIC



*(affiant's signature)
(NOTE ATTACH LEGAL DESCRIPTION & PIN# OF PROPERTY)



EUGENE "GENE" MOORE

RECORDER OF DEEDS / REGISTRAR OF TORRENS TITLES
COOK COUNTY, ILLINOIS



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23

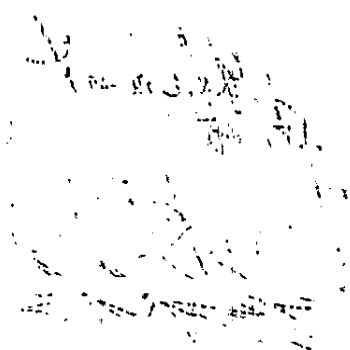
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Property of Cook County Clerk's Office

1000 N. LAKE ST. CHICAGO, IL 60611

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STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0 REGISTERED NUMBER DECEASED-NAME FIRST MIDDLE LAST Vicky L Davis DATE OF DEATH 3 December 12, 1996 SEX 2 Female DATE OF BIRTH 5d April 7, 1947

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) 4. COOK 6b. Des Plaines Holy Family Hospital

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 6a. Des Plaines, IA MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Divorced

SOCIAL SECURITY NUMBER 7. New Hampton, IA USUAL OCCUPATION 11a. Programmer

RESIDENCE (STREET AND NUMBER) 10. 485-56-5464 CITY, TOWN, TWP. OR ROAD DISTRICT NO. 11b. Computers

13a. 2808 Schoenbeck 13b. Arlington Heights

STATE 13c. Illinois 13d. Cook

FATHER-NAME FIRST MIDDLE LAST Myron K. Braun 14a. White 14b. NO YES SPECIFY

MOTHER-NAME FIRST MIDDLE LAST Jeanette 16. Relationship 17a. Son 17b. 170024 Garfield Lane, Crown Point, IN 17c. 46304

18. PART I Immediate Cause (Final disease or condition resulting in death) (a) Congestive heart failure

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) END STAGE CORONARY ARTERIOSCLEROSIS

CAUSE LAST. (b) Right Coronary Thrombosis (c) Emphysema, Bronchial Asthma

PART II. Other significant conditions contributing to death that resulted in the death. Cause given in Part I. Major findings of operation, if any

DATE OF OPERATION, IF ANY 20b. 12/16/96

20c. YES NO (X) 19a. YES 19b. YES

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE PLACE AND DUE TO THE CAUSE(S) STATED 21b. YES

21c. DATE SIGNED 12/14/96 1:15 A. M.

22a. SIGNATURE [Signature] 22b. ILLINOIS LICENSE NUMBER 36-065138

22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) G. Artur Ivan M.D. 484 Lee St. Des Plaines, IL

23. NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER) (TYPE OR PRINT) [Signature]

24. CEMETERY OR CREMATORY-NAME 24a. Lakewood Crematory 24c. Lake Bluff, IL 24d. 12/14/96

25a. Kolsbak Funeral Home Ltd. 189 S. Milwaukee Ave., Wheeling, IL 60090

25b. LOCAL HEALTH OFFICER'S SIGNATURE [Signature] 25c. 10742

26a. REGISTRAR [Signature] 26b. 10742

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statutes relating to the registration of birth, stillbirth and death.

Date JANUARY 16, 1997 Signed Nadine McCurry At Cook County Department of Public Health Official Title Deputy Registrar 1010 Lake Street Suite 300 Oak Park, Illinois 60301

therein described as follows, situated in the County of COOK, State of

Illinois, to wit:

The South 100 feet of the North 2033 feet of the East 435.6 feet of the East 1/2 of the Southeast 1/4 of Section 9, Township 42 North, Range 11, East of the Third Principal Meridian, in Cook County, Illinois.

together with all the appurtenances and privileges thereunto belonging or appertaining.

Permanent Real Estate Index Number(s): 03-09-401-036

Address(es) of premises: 2808 Schoenbeck Road, Arlington Heights, IL 60004

Witness my hand and seal, this 29th day of June, 19 94.

COMERICA BANK, SUCCESSOR IN INTEREST
TO AFFILIATED BANK

BY: Willie Hinton
WILLIE HINTON, ASST. VICE-PRESIDENT

(SEAL)

(SEAL)

This instrument was prepared by June Chattoo, Comerica Bank, 10101 W. Grand Avenue,
(NAME AND ADDRESS) Franklin Park, Illinois 60131

BFC FORMS SERVICE, INC.
708/495-3990

