



MAIL TO → BOX 352

AFFIDAVIT REGARDING DECEASED JOINT TENANT

2180290

STATE OF ILLINOIS)

DATE: 11/2/00

SS

COUNTY OF COOK)

MARY K. FLEMMING being first duly sworn for the purpose of establishing the following, deposes and says:

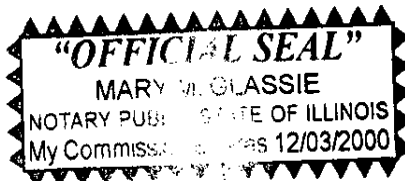
1. That he/she resides at: 330 W. KENNEDY DRIVE, STREAMWOOD, IL
2. That he/she was acquainted with MICHAEL J. FLEMMING who died on JUNE 23, 1996, as evidenced by the attached certified copy of the death certificate.
3. That decedent was one of the owners of the land described in the attached Exhibit A.
4. That said decedent died:
 - leaving no will and testament.
 - leaving a last will and testament, a copy of which is attached.

THIS INSTRUMENT FILED FOR RECORD BY FIRST AMERICAN EQUITY LOAN SERVICES, INC. AS AN ACCOMMODATION ONLY. IT HAS NOT BEEN EXAMINED AS TO ITS EXECUTION OR AS TO ITS EFFECT UPON THE TITLE.

Mary K. Flemming
Affiant's Signature

Subscribed and sworn to before me this 2nd day of Nov., 2000.

Mary M. Glassie
Notary Public



UNOFFICIAL COPY

EXHIBIT A

**LOT 309 IN GLENBROOK, UNIT NO. 5, BEING A SUBDIVISION OF PART OF
THE SOUTH 1/2 OF SECTION 13, TOWNSHIP 41 NORTH, RANGE 9, EAST
OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS**

Property of Cook County Clerk's Office

PIN# 06-13-406-009

00893456

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named herein and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

UNOFFICIAL COPY

June 25, 1996

Signed Nick Cannata

Date _____
 At Cook County Department of Public Health Official Title Chief Deputy Registrar, 1010 Lake Street, Oak Park, Illinois 60301

REGISTRATION DISTRICT NO. 16.0
 REGISTERED NUMBER

STATE OF ILLINOIS
 MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED-NAME MICHAEL J. FLEMING FIRST MIDDLE LAST
 SEX MALE DATE OF BIRTH (MONTH, DAY, YEAR) JUNE 23, 1944

1. COUNTY OF DEATH COOK AGE-LAST BIRTHDAY (MNS) 5A 52 UNDER 1 YEAR | UNDER 1 DAY | UNDER 1 HOUR | UNDER 1 MIN | DATE OF BIRTH (MONTH, DAY, YEAR) 30 MAY 5, 1944

4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER COOK HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER) COLUMBIA HOFFMAN ESTATES MED. CENTER IF HOSP. OR INST. INDICATE D.O.A. (SPECIFY)
 6a. HOFFMAN ESTATES 6b. MARY O'BRIEN NAME OF SURVIVING SPOUSE (MAYDEN NAME, IF WIFE) INPATIENT

7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO, IL. MARRIED, NEVER MARRIED, WIDOWED, REFORCED (SPECIFY) MARRIED 8b. MARY O'BRIEN
 8. SOCIAL SECURITY NUMBER 330-36-3169 USUAL OCCUPATION TRUCK DRIVER 11a. TRANSPORTATION 12. EDUCATION (SEE INSTRUCTIONS) 1 HIGHEST GRADE COMPLETED 9

10. RESIDENCE (STREET AND NUMBER) 330 W. KENNEDY DR CITY, TOWN, TWP. OR ROAD DISTRICT NO. STREAMWOOD 13a. COOK 13b. STREAMWOOD 13c. YES 13d. COOK

13a. STATE ILLINOIS ZIP CODE 131 60107 FACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) WHITE 14b. NO 14c. NO 14d. NO 14e. NO 14f. NO 14g. NO 14h. NO 14i. NO 14j. NO 14k. NO 14l. NO 14m. NO 14n. NO 14o. NO 14p. NO 14q. NO 14r. NO 14s. NO 14t. NO 14u. NO 14v. NO 14w. NO 14x. NO 14y. NO 14z. NO

15. FATHER-NAME CHARLES FLEMING MOTHER-NAME MARY 16. (MAYDEN) LAST NORUK
 17a. MARY FLEMING 17b. WIFE 17c. 30 W. KENNEDY DR. STREAMWOOD, ILLINOIS

18. PART I. Immediate Cause (final disease or condition resulting in death) Cerebro-vascular Accident
 (a) DUE TO OR AS A CONSEQUENCE OF Large cerebral Respiration failure
 (b) DUE TO OR AS A CONSEQUENCE OF Respiration failure
 (c) DUE TO OR AS A CONSEQUENCE OF Respiration failure

19. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) STATING THE UNDERLYING CAUSE LAST. (c) STATING THE UNDERLYING CAUSE LAST.

20. DATE OF OPERATION, IF ANY NO MAJOR FINDINGS OF OPERATION NO
 21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. JUNE 20, 1996
 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO
 21c. HOUR OF DEATH 11:33 A.M.
 21d. DATE SIGNED (MONTH, DAY, YEAR) 6-24-96

22a. SIGNATURE [Signature] 22b. ILLINOIS LICENSE NUMBER 036-089215
 22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) MOHAMMED HADI, M.D. 716 S. BARRINGTON RD, Streamwood, IL-60107
 22d. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

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

24a. BURNAL, CREMATION, REMOVAL, etc. CREMATION 24b. CEMETERY OR CREMATORY-NAME PARK CREAMATORY 24c. LOCATION PARK FOREST, ILLINOIS 24d. DATE (MONTH, DAY, YEAR) JUNE 26, 1996

25a. FUNERAL HOME SCHMAEDEKE FUNERAL HOME 10701 S. HARLEM AVE. WORTH, ILLINOIS 60482
 25b. FUNERAL DIRECTOR'S SIGNATURE [Signature] 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 10332
 25d. LOCAL REGISTRAR'S SIGNATURE [Signature] 25e. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) JUNE 25, 1996

26a. REGISTRAR [Signature] (BASED ON 1993 U.S. STANDARD CERTIFICATE) ILLINOIS Department of Public Health—Division of Vital Records

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