



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT



STATE OF ILLINOIS
COUNTY OF Cook

} ss.

Order No. _____

_____ Robert J. Goodman _____ being duly sworn
states that he resides at 3427 Park Avenue in the City of
Brookfield, Illinois.

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

Lot 15 in Block 24 in Brookfield Manor, being a Subdivision
in the Northeast 1/4 of Section 34, Township 39 North, Range
12, East of the Third Principal Meridian, (except the Right
of Way of Suburban Railroad) in Cook County, Illinois.

That the deceased died August 14, 1997, 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 death of the deceased, does not exceed the sum of \$100,000.00 dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

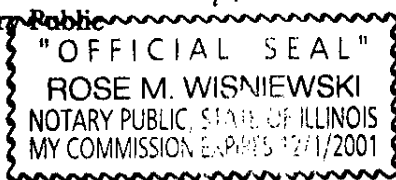
Robert J. Goodman

this 5th day of December, A.D. 19XX 2000

Rose M. Wisniewski

Notary Public

[Signature]
(affiant's signature)



00976112

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

AUG 15 1997

L. SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

REGISTRATION DISTRICT NO. 76.7U		STATE OF ILLINOIS	
REGISTERED NUMBER		613317	
DECEASED-NAME		Teresa L. Goodman	
1. COUNTY OF DEATH		Cook	
4. CITY/TOWN/TWP. OR ROAD/DISTRICT NUMBER		Chicago	
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		Berwyn, IL	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		8a. Married	
SOCIAL SECURITY NUMBER		10 331-60-7034	
RESIDENCE (STREET AND NUMBER)		13a 3427 Park Avenue	
STATE		Illinois	
13b. ZIP CODE		13160513	
FATHER-NAME		Samuel Maranich	
15. INFORMANT'S NAME (TYPE OR PRINT)		Mr. Robert J. Goodman	
RELATIONSHIP		Husband	
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		17c. 3427 Park Ave/Brookfield, IL/60513	
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)		(a) Respiratory Failure	
DUE TO, OR AS A CONSEQUENCE OF		(b) Pneumonia	
CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(c) Metastatic Melanoma	
PART II		Other significant conditions contributing to death but not resulting in the underlying cause given in PART I	
DATE OF OPERATION: IF ANY		20b. MAJOR FINDINGS OF OPERATION: 8/14/97	
19d. AUTOPSY (YES/NO)		19a. NO	
19b. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES [] NO [X]		20c. YES [] NO [X]	
20a. I (IDENTIFY) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO	
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		21c. HOUR OF DEATH: 10:05 AM	
22a. SIGNATURE (TYPE OR PRINT)		22b. DATE SIGNED: 8/14/97	
22c. DR. Robert Kilbourn 1653 W. Congress Pkwy Chgo.		22d. ILLINOIS LICENSE NUMBER: 36-092435	
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
24a. BURIAL		24b. CEMETERY OR CREMATORY-NAME: Queen of Heaven	
24c. STREET AND NUMBER OR R.F.D.		24d. CITY OR TOWN: Hillside, Illinois	
24e. STATE: Illinois		24f. DATE: 24 Aug. 18, 1997	
25a. FUNERAL HOME: Preferred Services		25b. CITY OR TOWN: Chicago, Illinois	
25c. STREET AND NUMBER OR R.F.D.: 6938 W. North Avenue		25d. STATE: Illinois	
25e. ZIP: 60635		25f. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034-101513	
26a. LOCAL REGISTRAR'S SIGNATURE: Sheila Lyne, RSM		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): AUG 5 1997	