

When Recorded Return To:  
Cossidente & Salus, Ltd.  
14300 S. Ravinia Ave., Suite 100  
Orland Park, IL 60462

0010146786

9386/0058 03 001 Page 1 of 3  
2001-02-23 14:20:04  
Cook County Recorder 25.50



Send Subsequent Tax Bill To:  
Richard E. Foster  
7227 W. 152<sup>nd</sup> Court, Unit 38  
Orland Park, IL 60462

**COPY**

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
) ss )  
COUNTY OF COOK )

RICHARD E. FOSTER being duly sworn states that he resides at 7227 W. 152<sup>nd</sup> Ct., Unit 38, in the City of Orland Park, Illinois.

That he was married to NANCY T. FOSTER, deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

Unit 38 in Catalina Villas Condominium III as delineated on a survey of the following described real estate: Part of Lot 6 (except the South 242.00 feet of the East 185.00 feet) in Silver Lake Gardens Unit 8, a subdivision of part of the East half of the Northeast quarter of Section 13, Township 36 North, Range 12, East of the Third Principal Meridian in Cook County, Illinois, which survey is attached as Exhibit "A" to Declaration of Condominium made by Catalina Construction Corporation, an Illinois Corporation, recorded in the Office of the Recorder of Deeds, Cook County, Illinois, as Document Number 86296707 together with its undivided percentage interest in the Common Elements.

Party of the first part also hereby grants to parties of the second part, their successors and assigns, as rights and easements appurtenant to the above described real estate, the rights and easements for the benefit of said property set forth in the aforementioned Declaration, and party of the first part reserves to itself, its successors and assigns, the rights and easements set forth in said Declaration for the benefit of the remaining property described therein.

This Deed is conveyed on the conditional limitation that the percentage of ownership of said grantees in the common elements shall be divested pro tanto and vest in the grantees of the other units in accordance with the terms of said declaration and any amended declarations recorded pursuant thereto, and the right of revocation is also hereby reserved to the grantor herein to accomplish this result. The acceptance of this conveyance by the grantees shall be deemed an agreement within the contemplation of the Condominium Property Act of the State of Illinois to a shifting of the common elements pursuant to said declaration and to all other terms of said declaration which is hereby incorporated herein by reference thereto, and to all the terms of ea amended declaration rerecorded pursuant thereto.

P.I.N.: ~~27-13-206-001~~ 27-13-206-003-1038 (volume 146)

\*\*re-record to correct P.I.N.\*\*  
Common Address: 7227 W. 152<sup>nd</sup> Ct., Unit 38, Orland Park, IL 60462

# UNOFFICIAL COPY

That the deceased died February 17, 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 ~~Cook~~ 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 dollars.

Affiant makes this affidavit for that purpose of transferring to trust the abovementioned property.

Signed and Sworn to before me

Richard E. Foster, 2000  
[Signature]  
Notary Public

[Signature]  
RICHARD E. FOSTER

UNOFFICIAL COPY

Property of Cook County Clerk's Office

STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**

REGISTRATION DISTRICT NO. 16-0  
 REGISTERED NUMBER

1. DECEASED-NAME: **FIRST** Nancy **MIDDLE** Foster **LAST** Foster **SEX** Female **DATE OF BIRTH** 54. December 9, 1931 **DATE OF DEATH** 3. February 17, 1997

2. COUNTY OF DEATH: Cook **CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER** 6a. Oak Lawn **NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)** 8b. Richard E. Foster **IF HUSBAND OR INST. INDICATED, DO A SPOUSE OR INST. PATIENT (SPECIFY)** 6c. Inpatient

3. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married **USUAL OCCUPATION** 11a. Librarian **CITY, TOWN, TWP. OR ROAD DISTRICT NO.** 13b. Orland Park **INSIDE CITY (YES/NO)** 13c. Yes **COUNTY** 13d. Cook

4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Washington, NJ **SOCIAL SECURITY NUMBER** 10. 321-28-8868 **RESIDENCE (STREET AND NUMBER)** 13a. 7227 W. 152nd Ct. **STATE** 13e. Illinois **FATHER-NAME FIRST MIDDLE LAST** 15. Kyle Totten **RELATIONS** 16. Anne Beavers **MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)** 17a. Richard E. Foster **17b. Husband** 17c. 7227 W. 152nd Ct., Orland Park, IL 60462

18. 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) **HYPoxic / ISCHEMIC ENCEPHALOPATHY**  
 CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) (b) **CARDIO PULMONARY ARREST**  
 STATING THE UNDERLYING CAUSE LAST (c)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.  
**ACUTE CHRONIC RENAL FAILURE DILATED CARDIOMYOPATHY**

19. AUTOPSY (YES/NO) 19a. NO **IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?** 20c. YES  NO  **HOUR OF DEATH** 21c. 9:49 P. M. **DATE SIGNED** (MONTH, DAY, YEAR) 22b. 2-18-97 **ILLINOIS LICENSE NUMBER** 22d. 036-064520

20. SIGNATURE OF CERTIFIER **THOMAS J. QUINN, M.D.** **NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)** **THOMAS J. QUINN, M.D.** **22c. 2850 W. 95 ST. EVERGREEN PARK, IL** **NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER (TYPE OR PRINT))** **DR. RONALD STAINBA**

21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED. **2-17-97** **21a.**

22. SIGNATURE OF ENTIFER **THOMAS J. QUINN, M.D.** **NAME AND ADDRESS OF ENTIFER (TYPE OR PRINT)** **THOMAS J. QUINN, M.D.** **22c. 2850 W. 95 ST. EVERGREEN PARK, IL** **NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER (TYPE OR PRINT))** **DR. RONALD STAINBA**

23. BURIAL, CREMATION, REMOVAL (SPECIFY) **24b. Evergreen Cemetery** **CEMETERY OR CREMATORY-NAME** **24c. Evergreen Park, Illinois** **LOCATION** **24d. Feb. 20, 1997** **DATE** **24e. #008655** **FUNERAL HOME** **24f. 4901 S. Archer Ave., Chicago, Illinois 60632** **FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER**

25. LOCAL REGISTRAR'S SIGNATURE **KAREN L. SCOTT, M.D.** **DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)** **Feb. 20, 1997** **25b. REGISTRAR** **25c. Stanley J. Ozlanski** **25d. Nichi. Cannastello**

26. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS (BASED ON 1985 U.S. STANDARD CERTIFICATE)

RAISED SEAL

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

Signed *Nichi. Cannastello* February 20, 1997

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