

UNOFFICIAL COPY



CHICAGO TITLE INSURANCE COMPANY

505 E. NORTH AVE., CAROL STREAM, IL 60188

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }
COUNTY OF COOK } ss.

Order No.: 1408 TEST0000 HE

① *Handwritten initials*
H21002239
TEST0000 HE

Peggy J. Fredendall
being duly sworn states that she resides at 805 Mulligan Ct.
in the City of Palatine, IL 60067.

That she was acquainted with Ernest Fredendall deceased who, at the time of death,
was one of the owners of the land in COOK County, Illinois, described as:

SEE ATTACHED LEGAL DESCRIPTION

*mailed/pup by Harris Banks
150 W. Wilson St.
Palatine, IL 60067*

That the deceased died 1/11/97 as evidenced by a certified copy of death
certificate of the deceased attached hereto. **0010235892**

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 _____.

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2001-03-26 10:49:20
Cook County Recorder 47.00

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 (\$200K) dollars.

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

Subscribed and sworn to before me by the said

Peggy J. Fredendall
this 9 day of March, A.D. 2001

Judith Marie Argyrakis
Notary Public

Peggy J. Fredendall
(Affiant's Signature)



BOX 333-CTI

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0010235892

DATE FILED
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Certificate No. 158-97-002372

JAN 15 2 25 PM '97

1. NAME OF DECEASED ERNEST FREDENDALL
(Type or Print) (First Name) (Middle Name) (Last Name)

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)

2. PLACE OF DEATH 2a. NEW YORK CITY 2b. BOROUGH <u>BROOK</u>	2c. Name of hospital or other facility (if not facility, street address) <u>CALVARY HOSPITAL</u>	2d. If in hospital or other facility 1 <input type="checkbox"/> DOA 3 <input type="checkbox"/> Outpatient 2 <input type="checkbox"/> Emergency 4 <input type="checkbox"/> Inpatient	2e. If inpatient, date of current admission Month Day Year <u>JAN 13 1997</u>
3a. Date and Hour of Death (Month) (Day) (Year) <u>JANUARY 11 1997</u>	3b. HOUR <u>1:50</u>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	4. SEX <u>MALE</u>
5. I HEREBY CERTIFY THAT: (Check One)			5. APPROXIMATE AGE <u>48 YEARS</u>

I attended the deceased
 A staff physician of this institution attended the deceased
 Dr. _____ attended the deceased
 from JANUARY 3 1997 to JANUARY 11 1997 and last saw him alive at 10 A M
 on JANUARY 11 1997
 I further certify that traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See first instruction on reverse of certificate.

Witness my hand this 11th day of JANUARY 19 97
 Name of Physician SANJEEV GUPTA Address 1740 EASTCHESTER RD, BROOK, NY 10461
 Signature _____
 License No. 174208

PERSONAL PARTICULARS (To be filled in by Funeral Director or, in case of City Burial, by Physician)

7. Usual Residence a. State <u>NEW YORK</u>	7b. County <u>SUFFOLK</u>	7c. City, Town or Locality <u>SOUTHAMPTON</u>	7d. Street & House No. <u>17 TROUT LANE</u>	Zip <u>11968</u>	Apt. No.	7e. Inside City Limits of 7c <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Served in U.S. Armed Forces No Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify years From To	9. Marital Status (Check One) 1 <input type="checkbox"/> Never Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Married or remarried 4 <input type="checkbox"/> Divorced	10. Name of Surviving Spouse (If wife, give maiden name) <u>MARGARET J. MURADIAN</u>		13. Social Security No. <u>332-40-3733</u>		
11. Date of birth (Month) (Day) (Year) <u>MAY 4TH 1948</u>	12. Age at last birthday <u>48</u>	14a. Usual Occupation (Kind of work done during most of working lifetime. Do not enter retired) <u>JEWELER</u>	14b. Kind of business or industry <u>JEWELRY</u>			
15. Birthplace (City & State or Foreign Country) <u>CHICAGO, ILLINOIS</u>	16. Education (Specify only highest grade completed) Elementary/Secondary (3-12) College (1-4 or 5-)	17. Other name(s) by which decedent was known <u>ERNEST R. FREDENDALL</u>				
18. NAME OF FATHER OF DECEDENT <u>LLOYD FREDENDALL</u>		19. MACEIN NAME OF FATHER OF DECEDENT <u>RUTH . MENSCHING</u>				
20a. NAME OF INFORMANT <u>MRS. MARGARET J. FREDENDALL</u>	20b. RELATIONSHIP TO DECEASED <u>WIFE</u>	20c. ADDRESS (CITY) (STATE) (ZIP) <u>805 NORTH MULLIGAN COURT PALATINE, ILLINOIS 60067</u>				
21a. NAME OF CEMETERY OR CREMATORY <u>FRESH POND CREMATORY</u>		21b. LOCATION (City, Town, State and Country) <u>MIDDLE VILLAGE, NEW YORK</u>	21c. DATE OF BURIAL OR CREMATION <u>15 JANUARY 1997</u>			
22a. FUNERAL ESTABLISHMENT <u>I E O F. KEARNS, Inc.</u>		22b. ADDRESS <u>61-40 WOODHAVEN BOULEVARD REGO PARK, NEW YORK 11374</u>				

VITAL RECORDS DEPARTMENT OF HEALTH THE CITY OF NEW YORK

This is to certify that the foregoing is a true copy of a record on file in the Department of Health. The Department of Health does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

DEATH TRANSCRIPT

STEVEN P. SCHWARTZ
STEVEN P. SCHWARTZ
CITY REGISTRAR



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VITAL RECORDS

DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

DATE ISSUED

JAN 15 1997

DOCUMENT NO. D225507

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THE SOUTH 28.0 FEET OF THE NORTH 298.33 FEET OF THE SOUTH 436 FEET OF THE EAST 100 FEET OF THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 10, TOWNSHIP 42 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

The Real Property or its address is commonly known as 805 MULLIGAN CT., PALATINE, IL 60067. The Real Property tax identification number is 02-10-300-020.

Property of Cook County Clerk's Office