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07/17/01 33 001 Page 1 of 3
2001-08-15 13:32:29
Cook County Recorder 47.50



CHICAGO TITLE INSURANCE COMPANY



DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

}
} ss.

Order No.:

BARBARA A KELLY

being duly sworn states that SHE resides at 1808 D WILDBERRY DR, GLENVIEW, IL 60025
in the City of GLENVIEW

That SHE was acquainted with DANIEL G KELLY deceased who, at the time of death,
was one of the owners of the land in COOK County, Illinois, described as:

SEE ATTACHED

That the deceased died MAY 11, 2001, 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 \$ 500,000 dollars.

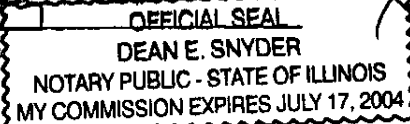
Affiant makes this affidavit for the purpose of inducing Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

BARBARA A KELLY

this 7th day of AUGUST, A.D. 2001

Dean E. Snyder
Notary Public



Barbara A. Kelly
(Affiant's Signature)

RIDER - LEGAL DESCRIPTION

Land referred to in this commitment is described as all that certain property situated in the County of COOK and state of IL and being described in a deed dated Jun-28-1985, and recorded Jul-17-1985, among the land records of the County and state set forth above, and referenced as follows: Document Number 85106007.

Unit no. 10-D as delineated on the survey of the following described parcel of real estate that part block 2 in Valley-Lo unit 5, being a subdivision in section 23, township 42 north, range 17 east of the Third Principal meridian, described as follows: beginning on the north line of said block 2 at a point which is 590.57 feet east from the north west corner of said block 2 and running thence south along a line perpendicular to said north line of block 2 a distance of 45 feet to the northerly line of Wildberry Drive; thence eastwardly along the northerly line of said Wildberry, a distance of 19.58 feet to a deflection point in that north line of Wildberry Drive which is 140.67 feet south from the north line of said block 2; thence east along said north line of Wildberry Drive a distance of 180.32 feet to an intersection with a line which is perpendicular to the north line of said block 2, and which intersects the north line of said block 2 at a point which intersects the north line of block 2 at a point which is 789.54 feet east from the north west corner of said block 2; thence north along said last described perpendicular line, a distance of 140.67 feet to said north line of block 2, and thence west along said north line of block 2 a distance of 199.17 feet to the point of beginning. Tax ID# 04-23-302-024-1004

Property of Cook County Clerk's Office

CD10753056

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named as Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE MAY 14 2001 SIGNED Lowell Huebelsberry
 AT SKOKIE, Illinois OFFICIAL TITLE DIRECTOR OF HEALTH

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
 STATE FILE NUMBER

DECEASED'S BIRTH NO. 1636
 REGISTRATION DISTRICT NO. 19216
 REGISTERED NUMBER 19216

DECEASED-NAME Daniel FIRST G. MIDDLE Kelly LAST Male SEX 2 DATE OF DEATH (MONTH, DAY, YEAR) May 11, 2001

COUNTY OF DEATH Cook AGE-LAST BIRTHDAY (MOS, DAYS) 72 UNDER 1 DAY (HOURS, MIN) 5d DATE OF BIRTH (MONTH, DAY, YEAR) June 7, 1928
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Skokie HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Rush North Shors IF HOSP. OR INST. INDICATE D.O.A. OPERM, RM, INPATIENT (SPECIFY) Imp.

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Yonkers, NY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married NAME OF SURVIVAL, IF SPOUSE (MAIDEN NAME, IF WIFE) Barbara Pripps WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. No
 SOCIAL SECURITY NUMBER 10. 128-18-0964 USUAL OCCUPATION 11a. Broker KIND OF BUSINESS OR INDUSTRY 11b. Commodities Company EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. College (1-4 or 5+)
 RESIDENCE (STREET AND NUMBER) 13a. 1808 D Wildberry CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Glenview INSIDE CITY (YES/NO) 13c. Yes COUNTY 4. Cook

STATE IL ZIP CODE 60025 RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. No
 FATHER-NAME FIRST Paul MIDDLE Kelly LAST Kelly MOTHER-NAME FIRST Teresa MIDDLE Grady LAST Grady

INFORMANT'S NAME (TYPE OR PRINT) 15. Barbara Kelly RELATIONSHIP 17b. Wife MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 1808 D Wildberry Glenview, IL 60025

18. PART I. Enter the disease(s), 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.
Cardio-pulmonary arrest
Coronary Artery Disease

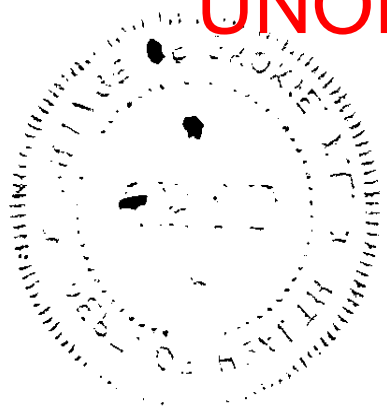
18. PART II. Other specific conditions contributing to death but not resulting in the underlying cause given in PART I.
 IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) TUE O. OR AS A CONSEQUENCE OF
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF
 CAUSE (c)

20a. DATE OF OPERATION, IF ANY 20b. MAJOR FINDINGS OF OPERATION
 (MONTH, DAY, YEAR) May 10, 2001
 WHO FIRST ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON May 10, 2001
 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE [Signature] (TYPE OR PRINT) Roberta Reid (TYPE OR PRINT) Suite 2110
 NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Roberta Reid (TYPE OR PRINT) Michigan
 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Chicago, IL

23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24b. Cremation CEMETERY OR CREMATORY-NAME Rosemont, IL LOCATION 24c. Rosemont, IL CITY OR TOWN 24d. 5/21/01 DATE (MONTH, DAY, YEAR)
 FUNERAL HOME Alternative Services STREET AND NUMBER OR R.F.D. 205 S. River Road Des Plaines, IL 60016 CITY OR TOWN STATE
 FUNERAL DIRECTOR'S SIGNATURE William Johnson FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-011286
 LOCAL REGISTRAR'S SIGNATURE Lowell Huebelsberry DATE FILED BY LOCAL REGISTRAR MAY 14 2001 YEAR

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