



Chicago Title Insurance



0010939917

ly

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

} ss.

Order No. _____

ANTHONY M. STRADA

being duly sworn

states that _____ resides at 18 KING ARTHUR CT in the City of NORTLAKE

That _____ was acquainted with ANN R. BRIGHT

deceased who, at the time of HER death, was one of the owners of the land in COOK County, Illinois, described as:

AS PER ATTACHED

3-j

17433D

That the deceased died 3/5/94, 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 _____ 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

this 25 day of October, A.D. 2001

[Signature]
Notary Public

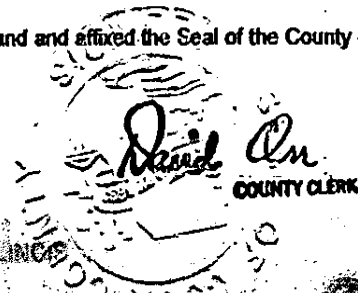
OFFICIAL SEAL
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION EXPIRES 12/29/2001

[Signature]
(affiant's signature)

UNOFFICIAL COPY

I, DAVID ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.



DD10939917 Page 2 of 3

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH 77-020415

REGISTRATION DISTRICT NO. 16.21		STATE FILE NUMBER	
REGISTERED NUMBER 245		77-020415	
DECEASED NAME: FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
A.R. Bright		Female	March 5, 1994
COUNTY OF DEATH	AGE - LAST BIRTHDAY (YRS)	UNDER 1 YEAR	DATE OF BIRTH (MONTH, DAY, YEAR)
Cook	5a. 78	5b. 5c.	5d. February 27, 1916
CITY, TOWN, TWP. OR ROAD DISTRICT (NUMBER)		HOSPITAL OR OTHER INSTITUTION (NAME IF NOT WHETHER ONE'S STREET AND NUMBER)	
6a. Berwyn		6c. MacNeal Hospital	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) (HERE - HALT)		NAME OF SURVIVING SPOUSE (MARRIED NAME IF WIFE)	
7. Indiana		8a. Widowed	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION TYPE SETTER	KIND OF BUSINESS OR INDUSTRY
10. 342 18 3040		11a. SWITCH BOARD	11b. PRINTING
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10a. 7855 43rd Street		10b. Lyons	12. 10
STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, ASIAN, HISPANIC)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)
13a. Illinois	13b. 60534	14a. White	14b. NO 14c. YES SPECIFY:
FATHER'S NAME (FIRST MIDDLE LAST)		MOTHER'S NAME (FIRST MIDDLE LAST)	
15. Joseph Caroselli		15. Mary Ripaldi	
INFORMANT'S NAME (TYPE OR PRINT)		MAILING ADDRESS (STREET AND NO. OF P.O., CITY OR TOWN, STATE, ZIP)	
17a. Demetra Kleros		17b. Hospital Records 17c. 3249 S Oak Park, Berwyn, IL 60402	
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the listed conditions, such as cardiac or respiratory arrest, stroke, or heart failure. List only one cause on each line.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death) (a) Aspiration Pneumonia			10 Days
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) Cerebral Vascular Accident			10 Days
CAUSE LAST (b) Hypertension			
PART II. Enter the conditions upon which you are basing your diagnosis, such as those resulting from a procedure (as given in PART I)			
Hypothermia, Hypotension, Emphysema, Lung mass			
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	IF TISSUE (S) TAKEN	WAS AUTOPSY PHYSICIAN AVAILABLE AT TIME OF DEATH?
20a. none	20b.	20c. YES NO	20d. YES NO
21a. (MOTHER, FATHER, SIBLING, NEAREST RELATIVE, OR OTHER PERSON) THE DECEASED AND LAST SAID NUMBER ALIVE ON		21b. (MOTHER, FATHER, SIBLING, NEAREST RELATIVE, OR OTHER PERSON) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	21c. (MOTHER, FATHER, SIBLING, NEAREST RELATIVE, OR OTHER PERSON) HOUR OF DEATH
21a. March 5, 1994		21b. NO	21c. 9:55p. M
22a. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)			22b. DATE SIGNED (MONTH, DAY, YEAR)
22a. CHARLES BAREIS MD 3722 S. Harlem Ave, Riverside, IL 60546			22b. 3/7/94
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)			22d. ILLINOIS LICENSE NUMBER
22c. none			22d. 036-070238
23a. FUNERAL HOME		23b. DATE (MONTH, DAY, YEAR)	
23a. TOWER HOME FOR FUNERALS 4007 S. JOLIET AVE. LYONS, ILLINOIS 60534		23b. MARCH 10, 1994	
24a. FUNERAL HOME		24b. FUNERAL DIRECTOR'S SIGNATURE	
24a. TOWER HOME FOR FUNERALS 4007 S. JOLIET AVE. LYONS, ILLINOIS 60534		24b. [Signature]	
25a. FUNERAL DIRECTOR'S SIGNATURE		25b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
25a. [Signature]		25b. 011810	
26. DATE FILED BY LESSOR (MONTH, DAY, YEAR)			
MAR 9 1994			

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Property of Cook County Clerk's Office

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COMMITMENT - LEGAL DESCRIPTION

Parcel 1: Unit 18-4 together with its undivided percentage interest in the common elements in King Arthur Condominium, as delineated and defined in the Declaration recorded as document number 22075578, in the Southwest 1/4 of the Southwest 1/4 of the Southeast 1/4 of Section 30, Township 40 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Parcel 2: Easements appurtenant to and for the benefit of Parcel 1 as set forth in Declaration of Easements and Exhibit "1" attached thereto as document number 18653754, for ingress and egress, in Cook County, Illinois.

12-30-402-050-1080

18 KING ARTHUR CT # 4

NORTH LAKE, ILL.



60164
Cook County Clerk's Office

STEWART TITLE GUARANTY
COMPANY

0010939917