

UNOFFICIAL COPY

DECEASED JOINT TENANCY
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6895/0053 43 005 Page 1 of 3
2001-11-08 11:32:30
Cook County Recorder 75.00

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
ROLLING MEADOWS



Order No. _____

DOROTHY H. COLLINS, being duly sworn, states that she resides at 1255 Prospect Avenue, Unit #305, Mount Prospect, IL 60056.

That she was acquainted with FERRIS L. COLLINS, deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

SEE LEGAL DESCRIPTION ATTACHED . . .

That the deceased died March 30, 1995 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 proven 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 Cook County, Illinois about November 8, 2001

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 (\$90,000⁰⁰) Dollars.

Subscribed and sworn to before me by the said DOROTHY H. COLLINS, this 6 of Nov., 2001.

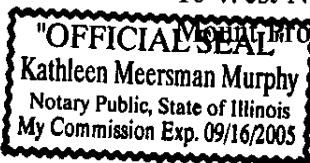
Kathleen Meersman Murphy

Notary Public

Dorothy H. Collins

Affiant's Signature

PREPARED BY: KATHLEEN MEERSMAN MURPHY
16 West Northwest Highway



Box 19



3/11/01

LEGAL DESCRIPTION

ITEM 1

UNIT 305 AS DESCRIBED IN SURVEY DELINEATED ON AND ATTACHED TO AND A PART OF A DECLARATION OF CONDOMINIUM OWNERSHIP REGISTERED ON THE 26TH DAY OF APRIL, 1974 AS DOCUMENT NUMBER 2749656.

ITEM 2

AN UNDIVIDED 3.7631% INTEREST (EXCEPT THE UNITS DELINEATED AND DESCRIBED IN SAID SURVEY) IN AND TO THE FOLLOWING DESCRIBED PREMISES:

LOT ONE (1) IN NORMAN TRIEGER'S RESUBDIVISION OF LOTS 1 THROUGH 16, INCLUSIVE, AND ALL THE VACATED ALLEY IN BLOCK 1, VACATED THAYER AVENUE AND LOTS 1 AND 22 IN BLOCK 2, ALL IN CENTRALWOOD, BEING A SUBDIVISION OF PART OF THE WEST HALF (1/2) OF THE SOUTHEAST QUARTER (1/4) OF SECTION 33, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT OF SAID NORMAN TRIEGER'S RESUBDIVISION REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS, ON FEBRUARY 5, 1973, AS DOCUMENT NO: 2673780.

*P.I.N. 03-33-412-037-1023
1255 W. Prospect Ave, MtProspect IL 60056
Unit 305*

Property of Cook County Clerk's Office

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16.0	DECEASED-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
REGISTERED NUMBER	FERRIS		L.	COLLINS	Male	3.	March 30, 1995
COUNTY OF DEATH	AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	MIN	DATE OF BIRTH (MONTH, DAY, YEAR)		
Cook	78	5d.	5c.		February 4, 1917		
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		IF HOSP OR INST, INDICATE D.O.A. OPENER, RM, INPATIENT (SPECIFY)		
Arlington Heights	6b. Northwest Community Hospital		8b. Dorothy H. Ryba		6c. Emergency Room		
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY, HIGHEST GRADE COMPLETED)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)		
8a. Married	A & P Foods		12. Elementary/Secondary		9. Yes		
SOCIAL SECURITY NUMBER	USUAL OCCUPATION		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY COUNTY		
11a. 324-03-1129	Personnel Manager		13b. Mt. Prospect		13c. Yes Cook		
RESIDENCE (STREET AND NUMBER)	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY)		IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		
1255 W. Prospect Ave.	13f. 60056	14a. White	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		SPECIFY:		
STATE	FATHER-NAME	FIRST	MIDDLE	LAST	(MAIDEN) LAST		
Illinois	Alfred	Collins			Bennet		
INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
Dorothy H. Collins	17b. Wife		17c. 1255 W. Prospect Ave., Mt. Prospect, Ill. 60056				
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.							
Immediate Cause (Final disease or condition resulting in death)							
(a) <i>Western heart failure</i>							
DUE TO, OR AS A CONSEQUENCE OF							
(b) <i>Diabetes mellitus</i>							
DUE TO, OR AS A CONSEQUENCE OF							
(c) <i>years</i>							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		ALTOUSY (YES/NO)		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	
20a. <i>NO</i>		20b. <i>None</i>		19a. No		19b. No	
IF (B) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH		DATE SIGNED (MONTH, DAY, YEAR)	
21a. <i>NO</i>		21b. Yes		21c. 3:30 P.M.		M	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.							
22a. SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER		DATE SIGNED (MONTH, DAY, YEAR)	
<i>[Signature]</i>		Elizabeth Kuchajla, M.D., 7447 W. Talcott Rd., Chicago, Ill.		22d. 036 066418		22b. March 31, 1995	
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)							
23. <i>[Signature]</i>							
BURIAL, CREMATION, REMOVAL (SPECIFY)		CITY OR TOWN		STATE		DATE (MONTH, DAY, YEAR)	
24a. Burial		Maryhill		Illinois		24d. April 3, 1995	
FUNERAL HOME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN		ZIP	
24b. Matz Funeral Home		410 E. Rand Rd., Mt. Prospect, Illinois		60056			
25. FUNERAL DIRECTOR'S SIGNATURE							
<i>[Signature]</i>							
LOCAL REGISTRAR		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		26b. March 31, 1995	
25b. Registrar		Victor S. Grenda		25c. 034-008687			
26a. Registrar							
<i>[Signature]</i>							
26b. Registrar							
<i>[Signature]</i>							

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 my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

SIGNED: *Margaret Valakis* at Cook County Department of Public Health

DATE: MARCH 31, 1995

Official Title, Chief Deputy Registrar

Illinois Department of Public Health—Division of Vital Records
VR2000 (Rev. 5 89)