

DECEASED JOINT TENANCY AFFIDAVIT



0011243620

STATE OF ILLINOIS  
COUNTY OF

58.

Order No.

Basem Zagar being duly sworn  
states that he resides at 10512 Rachel Lane, orland park IL in the City of  
Orland Park IL.

That he was acquainted with Samira Zagar  
deceased who, at the time of her death, was one of the owners of the land in \_\_\_\_\_  
County, Illinois, described as:

COOK COUNTY  
RECORDER  
EUGENE "GENE" MOORE  
BRIDGEVIEW OFFICE



Law Office of Sam Zagar  
6000 W. 79th St.  
Burbank IL 60459

That the deceased died on may 9, 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 \_\_\_\_\_ 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

affiant

this 12th day of December, A.D. 192001

Alia M. Zagar  
Notary Public

OFFICIAL SEAL  
ALIA M ZEGAR  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 03/31/02

Basem Zagar  
(Affiant's Signature)

OFFICIAL SEAL  
ALIA M ZEGAR  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 03/31/02

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statutes relating to the registrar of birth, stillbirth and death.

Date: MAY 15 2001

Signed

Nadine Mc Curry

At Cook County Department of Public Health Official Title Deputy Registrar 1010 Lake Street Suite 300 Oak Park, Illinois 60301

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO 16.0 REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST

Samina B. Zegar

SEX DATE OF DEATH (MONTH, DAY, YEAR)

Female 13 May 14, 2001

COUNTY OF DEATH

Cook

AGE- LAST BIRTHDAY (YRS)

62

DATE OF BIRTH (MONTH, DAY, YEAR)

December 18, 1938

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

Palos Heights

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

Palos Community Hospital

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)

Palestine

NAME OF SURVIVING SPOUSE (IF WIFE) OR (IF HUSBAND, INDICATE D.O.A. OR PATIENT) (SPECIFY)

Basem R. Zegar

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

Married

EDUCATION (SPECIFY GRADE COMPLETED)

Elementary/Secondary (0-12) College (13-16) 5

SOCIAL SECURITY NUMBER

351-46-2667

KIND OF BUSINESS OR INDUSTRY

Food Supervisor

RESIDENCE (STREET AND NUMBER)

10512 Rachel Lane

CITY, TOWN, TWP. OR ROAD DISTRICT NO.

Orland Park

STATE

Illinois

RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)

White

FATHER-NAME FIRST MIDDLE LAST

Abdallah Abusaleh

MOTHER-NAME FIRST MIDDLE LAST

Latifa Abusaleh

INFORMANT'S NAME (TYPE OR PRINT)

Basem Zegar

RELATIONSHIP

Husband

17a. Husband

17c. 10512 Rachel Lane, Orland Park

MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP CODE)

17b. Husband

18 PART I. Immediate Cause (Final disease or condition resulting in death)

Abusaleh

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

Abusaleh

PART II. Other significant conditions contributing to death or resulting in the underlying cause given in PART I.

Abusaleh

DATE OF OPERATION, IF ANY

11/4

20a. MAJOR FINDINGS OF OPERATION

11/4

20b. DATE OF OPERATION, IF ANY

5/12/01

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

11/4

21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)

NO

21c. HOUR OF DEATH

4:15 a.m.

21d. DATE SIGNED (MONTH, DAY, YEAR)

5/14/01

22a. SIGNATURE

11747 South West Hwy.

22b. ILLINOIS LICENSE NUMBER

036-069175

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

11747 South West Hwy.

22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

Palos Heights, IL 60463

23. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)

Palos Heights, IL 60463

24a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)

Palos Heights, IL 60463

24b. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)

Palos Heights, IL 60463

25a. FUNERAL HOME

Blake-Lamb Funeral Home 4727 W. 103rd St. Oak Lawn Illinois 60453

25b. FUNERAL DIRECTOR'S SIGNATURE

034-011832

25c. LOCAL REGISTRAR

MAY 15 2001

26a. LOCAL REGISTRAR

034-011832

26b. LOCAL REGISTRAR

MAY 15 2001

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