



DECEASED JOINT TENANCY
AFFIDAVIT

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
ROLLING MEADOWS

RITA A. UNGER, being duly sworn states that she resides at 9471 Bay Colony Drive, #1E, Des Plaines, Illinois 60018.

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

SEE ATTACHED EXHIBIT A

Common Address: 9471 Bay Colony Drive, Unit 1E, Des Plaines, Illinois 60018
P.I.N.: 09-16-201-033-1290

That the deceased died June 7, 1995, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died leaving no Will.

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 FIFTY THOUSAND (\$50,000.00) DOLLARS.

Rita A. Unger
RITA A. UNGER

Subscribed and sworn to before
me by the said, RITA A. UNGER
this 22nd day of FEBRUARY, 2000



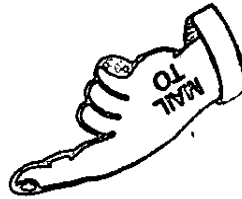
[Signature]
Notary Public

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EXHIBIT A

UNIT NO. 230 IN BAY COLONY CONDOMINIUM AS DELINEATED ON SURVEY OF PARTS OF THE SOUTH ½ OF THE NORTH EAST ¼ OF THE NORTH EAST ¼ OF SECTION 16, TOWNSHIP 41 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, AND PART OF THE SOUTH WEST ¼ OF THE NORTH WEST ¼ OF THE NORTH WEST ¼ OF SECTION 15, TOWNSHIP 41 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, (HEREINAFTER REFERRED TO AS "PARCEL"), WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO DECLARATION OF CONDOMINIUM MADE BY CHICAGO TITLE AND TRUST COMPANY, AS TRUSTEE UNDER TRUST NO. 61500 RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS AS DOCUMENT NO. 22400645 AS AMENDED FROM TIME TO TIME; TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN SAID PARCEL (EXCEPTING FROM SAID PARCEL ALL THE PROPERTY AND SPACE COMPRISING ALL THE UNITS THEREOF AS DEFINED AND SET FORTH IN SAID DECLARATION AND SURVEY) ALL IN COOK COUNTY, ILLINOIS.

Prepared By and MAIL TO:
GRECO & TARALLO
200 W. HIGGINS, SUITE 300
SCHAUMBURG, IL. 60195



Cook County Clerk's Office

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.

UNOFFICIAL COPY

Date JUN 08 1995 Signed Madeline 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 **00193311**
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REGISTRATION DISTRICT NO. REGISTERED NUMBER		16.0	
DECEASED-NAME		JOSEPH M. UNGER	
COUNTY OF DEATH	FIRST MIDDLE LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
COOK	JOSEPH M. UNGER	MALE	3 JUNE 7, 1995
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	AGE-LAST BIRTHDAY (YRS) 5A. 86 5B. 86	DATE OF BIRTH (MONTH, DAY, YEAR)	3 FEBRUARY 6, 1909
6A. PARK RIDGE	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	6B. LUTHERAN GENERAL HOSPITAL	IF AGE OR FIRST INDICATE D.O.A. OR PLACE OF DEATH (SPECIFY)
7 CHICAGO ILLINOIS	8A. MARRIED	8B. RITA BICKEL	9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
SOCIAL SECURITY NUMBER	8C. MARRIED	8D. KIND OF BUSINESS OR INDUSTRY	10. EDUCATION (SP. CERT. BY HIGHEST GRADE COMPLETED)
10. 355-03-6429	USUAL OCCUPATION	11B. BAKING	12. UNKOWN
RESIDENCE (STREET AND NUMBER)	11A. BAKER	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	13C. INSIDE CITY YES
13A. 9471 BAY COLONY DR.	DES PLAINES	13B. DES PLAINES	COUNTRY
STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, WHITE)	14B. X NO YES
ILLINOIS	60016	14A. WHITE	SPECIFY: " "
FATHER-NAME	FIRST MIDDLE LAST	15. FRANK UNGER	16. JOSEPHINE GALOWITZCH
17A. M.D. BERLINQUETTE, REGISTRAR	RELATIONSHIP	17. HOSP. REC. NO. 775	18. CITY OR TOWN, STATE, ZIP
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. Shock, or heart failure. List only one cause on each line.	19. 775 DEMPSTER SQ., PARK RIDGE, IL.	19A. YES NO	19B. YES NO
Immediate Cause (Final disease or condition resulting in death)	(a) DIE TO, OR AS A CONSEQUENCE OF	(b) DIE TO, OR AS A CONSEQUENCE OF	(c) DIE TO, OR AS A CONSEQUENCE OF
Aspiration Pneumonia	Aspiration Pneumonia		7 DAYS
PART II. Other significant conditions contributing to death but not resulting in it. (Underline conditions given in PART I.)			
<u>CONGESTIVE CARDIOMYOPATHY</u>			
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION	
20A. DATE OF OPERATION, IF ANY		20B. MAJOR FINDINGS OF OPERATION	
21A. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		21C. HOUR OF DEATH	
21A. SIGNATURE		21C. 12:00 P. M.	
22A. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		21D. DATE SIGNED (MONTH, DAY, YEAR)	
22A. LAWRENCE W. LAWRENCE MD		21D. JUNE 5, 1995	
22B. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)		22E. ILLINOIS LICENSE NUMBER	
22B. 132 S. PULASKI		22E. 36-57785	
23. NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED			
24A. FUNERAL HOME		24B. LOCATION	
24A. ALL SAINTS		24B. DES PLAINES ILLINOIS	
25A. FUNERAL DIRECTOR'S SIGNATURE		25C. STATE	
25A. KAREN L. SCOTT, MD		25C. ILLINOIS	
25B. LOCAL REGISTRAR'S SIGNATURE		25D. DATE (MONTH, DAY, YEAR)	
25B. KAREN L. SCOTT, MD		25D. JUNE 10, 1995	
26A. REGISTRAR		26B. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
26A. REGISTRAR		26B. JUNE 8, 1995	

25a. CUMBERLAND CHAPELS 8300 W. LAWRENCE AVE NORRIDGE ILLINOIS 60656
 FUNERAL DIRECTOR'S SIGNATURE
 25b. LOCAL REGISTRAR'S SIGNATURE
 KAREN L. SCOTT, MD
 REGISTRAR
 Illinois Department of Public Health - Division of Vital Records
 (Rev. 5/89)