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STATE OF ILLINOIS

COUNTY OF COOK

1051/0087 44 001 Page 1 of 2 2002-01-07 11:31:20

Cont County Recorder

43.50

DECEASED JOINT TENANCY AFFIDAVIT

) SS.

ROBERT G. STEELE, hereinafter referred to as the Affiant, states under oath that the Affiant resides at 15 North Knight, in the City of Park Ridge, Illinois, that the Affiant was acquainted with MARY JO H. STEELE, the Decedent; that at the time of death, the Decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property, located at 2724 North Magnolia in Chicago, Cook County, Illinois 60614, and legally described as follows:

0020021554

LOT 8 IN THE SUBDIVISION OF THE SOUTHEAST 1/4 AND THE SOUTH 1/2 OF THE NORTHEAST 1/4 OF SUB BLOCK 7 IN BLOCK 44 IN SHEFFIELD 3 ADDITION TO CHICAGO IN THE SOUTHWEST 1/4 OF SECTION 29, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE/THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. 14-29-305-025

That the Decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death.

That the Decedent died on December 2, 2000, as videnced by the attached death certificate, leaving no/a last will and testament.

That the total value of decedent's estate, including the taxac'e interest in the above property was $\frac{10.000}{1000}$ and that the value of the above property individually was $\frac{10.000}{1000}$.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any vas due from the Decedent's estate has been paid in full.

That the Affiant makes this Affidavit to induce the title company to issue its relicy of title insurance on the above described property.

The Affiant hereby covenants and agrees, for himself/herself, heirs, personal representative or assignees, to forever fully indemnify, protect, defend and hold the title company harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which the title company may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

- 1. Claims against the estate of MARY JO H. STEELE, the Decedent.
- 2. Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said Decedent.

3. Legacies, if any, created by the Will of said Decedent.

4. Rights to contribution.

Subscribed and sworn to before me this 13 day of December, 2001.

Notary Public

BEVERLY WEISS

NOTARY PUBLIC, STATE OF ILLINOIS & MY COMMISSION EXPIRES:02/21/04

(SEAL)

NAIL

This Instrument was prepared by and please mail to: ROBERT G. STEELE, 3413 N. LINCOLN, CHICAGO, IL 60657

THIS IS TO CERTIFY OF THE RECORD FILED IN THE VITAL STATISTICS DIVISION WAUKESHA COUNTY REGISTER OF DEEDS OFFICE.

MICHAEL J. HASSLINGER

UNLESS SPECIFICALLY AUTHORIZED BY LAW.

Never Married Widowed

5. BODY FOUND 24+ hours after deep

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CERTIFIED NO. ISSUED ON:

VS-254799 DEC - 6 2000

REGISTER OF DEEDS, WAUKESHA COUNTY 0020021554 Black Ink No Whiteout or Erasures Permanent Type or Print Reserved for Çşe 46. PART L. Enter the rise see, injuries or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory 37. CERTIFIER'S MAILING ADDRITES (2"4" t, & Number, City, State, ZIP) That rises to or condition *MEDIATE OF S (Check One) CERTIFIER Robert G. Steele 18. RACE (e.g. White, Black, Am. Indian, etc.) arrest, shock or near mature. List only one cause of death on each line. Do not list old age or sentitly as sole cause 4a. INFORMANT'S NAME Wisconsin 15 STATE OF BIRTH (Country If not in U.S.) | 16. FATHER'S NAME: B. DEATH AT HOSPITAL 3a. RESIDENCE - STATE I. DECEDENT'S NAME Chap. 69, Wis. State. DOH 5040 (Rev 8/98 MEDICAL CERTIFIER'S NAME g n de, 41.) by list conditions i OCAL FILE NUMBER Inpat. 3. DOA-From Nur. Hm. 5. DOA-From Other NOSE SI SERLUTIER SIGNATURE & TITLE (Black 'nk) E. MORELAND CORONERM.E. - On the basis of exa nine. In and/or investigation, in my opinion, death was pronounced, Individual at the time(s) and CERTIFYING PHYSICIAN · To the best of my tong tempe death was pronounced and occurred at the time(s) and due the causes stated ATE 135, RESIDENCE - COUNTY b. Under Mary Jo (DUE TO OH AS A CONSEQUENCE OF): First 1001 Right (DUE TO OR AS A CONSEQUENCE OF) (DUE TO OH AS A CONSEQUENCE OF): 25, PLACE OF DISPOSITION (Name of cenetrary, crematory, < o. < ptace) ARTERIO-VENOUS MTRACEREBRAL DNTINE ARMED FORCES? 19, HISPANIC ORIGIN? Specify Cuban, Mexican, etc. c. Under 1 day <u>₹</u> BUD, n Memorial Part. William 70, ins 8 13c. RESIDENCE - INSIDE CITY, VILLAGE, TOWNSHIP 3956 WAUKESHA 10. OTHER PLACE Park Ridge HEMORRHAGE N.H. October 14, 7. DATE OF BIRTH Mo. Day Yr. 23. SURVIVING SPOUSE (If w. , give t th sumeme, not martied sumeme) (First, Middle, Last) Robert G. Steele STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND FAMILY SERVICES BLECOME, RECURRENT 31. NAME AND MAILING ADDRESS OF FACILITY (Street and number, City, State, Zip) ORIGINAL CERTIFICATE OF DEATH Becker Ritter Funeral Home 36b. WI. PHYSICIAN LICENSE NO. CAME Code /8705 Other 14075 West North Avenue, Brookfield WI 25h DATE December 2, 2000 34. AUTOPSY PERFORMED? 2 th MANUAL NG ADDRESS MALFORMATION 1959 Worth Knight N/53/82 27. LOCATION City/Village/Township State Brookfield, Wisconsin Kolkoskí 20a, USU/ LC _CU-ATION (Do not enter "Retired") 11a. HOSPITAL (AND CAMPUS) OR NURTH HO. TE Woodland Heal (If not in Hospital or Nursing Home giv., stre., eddress.) 2000 Waukesha Actorney S 3. SOC. SEC. NUMBER OF DECEDENT 396-78-7353 45. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 44. REGISTRAR SIGNATURE 43a. LOCATION Street or RFD, City or Vill, and 1. Natural 2. Accident Care Center 15 North Knight STATE FILING DATE Homicide December 4, 28. DATE SIGNED BY FUNERAL SERVICE LICENSEE (Mo. Day, Y.) TC VNSt IP 14a NUMBER, STREET Undet. 4a. PRONOUNCED DEAD DATE December 2. onset and death Armenta NEEKS 41. PLACE OF INJURY (Home, Street, Farm, etc.) Park Ridge Yours MONTES 39. DATE OF INJURY (No., Day, Yr.) 53005 STATE City/Viltage 206. KIND OF BUSINESS / INDUSTRY LICENSE NO Private Law TYPE I DIAGETES STROKE RESIDUALS PART II Other significant conditions contributing to death but not resulting in underlying Cause given in Part. 29. DATE RECEIVED FROM MED. CERT December 5, 2000 Η State X Married 40. HOUR OF JUJURY Koveleski 42. INJURY AT WORK 43b. COUNTY 60068 Birth Sumame 14b. ZIP CODE 垶 ž 60068

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THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER
THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

. IF INJURY, DESCRIBE HOW INJURY OCCURRED

MECLITUS