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Cook County Recorder 27.50

COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
BRIDGEVIEW OFFICE



Property of Cook County Clerk's Office

440

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CHICAGO TITLE INSURANCE COMPANY

505 E. NORTH AVE., CAROL STREAM, IL 60188

DECEASED JOINT TENANCY AFFIDAVIT

H22008088

STATE OF ILLINOIS }
COUNTY OF DUPAGE } ss.

Order No.: 1400-TEST0000-HE

KRISTIE A SANDERS

being duly sworn states that SHE resides at 2100 LINCOLN PARK WEST #6, in the City of CHICAGO ILLINOIS

That SHE was acquainted with JAMES J ADAMS deceased who, at the time of death, was one of the owners of the land in COOK County, Illinois, described as:

SEE ATTACHED LEGAL DESCRIPTION

That the deceased died FEBRUARY 21, 1994, as evidenced by a certified copy of death certificate of the deceased attached hereto.

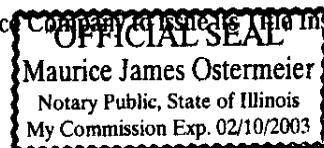
That the deceased died:

- Leaving no Last Will & Testament.
Leaving a Last Will & Testament a copy of which is attached hereto.
Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of ...

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 the purpose of inducing Chicago Title Insurance Company to issue the Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said



this 28 day of FEBRUARY, A.D. 2002

Maurice Ostermeier
Notary Public

(Affiant's Signature)

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DECEASED NAME: **James Adams** LAST FIRST MIDDLE
 DATE OF BIRTH (Month, Day, Year): **December 14, 1917** AGE - Last Birthday: **76** UNDER 1 YEAR: **Mo. Days Hours Mins.** UNDER 1 DAY: **Mo. Days Hours Mins.** SEX: **M** STATE FILE NUMBER: **February 21, 1994**
 COUNTY OF DEATH: **Hartford** TOWN OF DEATH: **New Britain** RACE - White, Black, American Indian, Other (Specify): **White** OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, Other): **No**
 CITY & STATE OF BIRTH (Country if not U.S.): **New York, N.Y.** CITIZEN OF: **U.S.** PLACE OF DEATH (Hospital, Outpatient, Home, Other): **New Britain General Hospital** OTHER: Nursing Home Residence
 SOCIAL SECURITY NUMBER: **15 091-07-9033** USUAL OCCUPATION (Give kind of work done during most working Mo.): **Executive Officer** MARRIED: NEVER MARRIED: DIVORCED: LEGALLY SEPARATED: WIDOWED: LAST SPOUSE (If wid. give maiden name): **Virginia Arute**
 RESIDENCE STATE: **Connecticut** COUNTY: **Hartford** TOWN: **New Britain** KIND OF BUSINESS OR INDUSTRY: **Arute Bros.**
 WAS DECEASED A VETERAN IF YES GIVE WAR: YES NO **W.W.II** BRANCH OF SERVICE: **Air Force** EDUCATION (Specify highest grade completed): **College** NUMBER AND STREET: **125 Kenwood Drive**
 FATHER - NAME: **James Adams** MOTHER: **Catherine Lenahan**
 INFORMANT - NAME: **Virginia Adams** MAILING ADDRESS: **125 Kenwood Dr. New Britain, CT.** RELATIONSHIP TO DECEASED: **wife**
 PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))
 IMMEDIATE CAUSE: **ACUTE MYOCARDIAL INFARCTION** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: **1 HOUR**
 (a) DUE TO: **IS A CONSEQUENCE OF:** **HYPERTENSION**
 (b) DUE TO, OR AS A CONSEQUENCE OF: **4 YEARS**
 (c) DUE TO, OR AS A CONSEQUENCE OF:
 PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE: **CARDIAC DYSRHYTHMIA 15 YEARS**
 NURSE PRONOUNCING: **Joseph Scholand** SIGNATURE: **Joseph Scholand** AUTOPSY: YES NO IF YES, Were findings considered in determining cause of death?
 CERTIFICATION - PHYSICIAN: **Joseph Scholand** DATE AND TIME PRONOUNCED: **February 21, 1994 3:45 AM**
 I abandoned the deceased from: **12 9 86** AND LAST SAW HIM/HER ALIVE ON: **02 21 94**
 WAS CASE REFERRED TO MEDICAL EXAMINER: YES NO SURGERY RELEVANT TO CONDITION REPORTED IN THIS DEATH CERTIFICATE: **NONE** THE DECEDENT WAS PRONOUNCED DEAD: **Month 2 Day 21 Year 94 Time 3:45 AM**
 CERTIFIER - NAME (Type or Print): **JOSEPH SCHOLAND** SIGNATURE: **Joseph Scholand** DEGREE OR TITLE: **MD**
 MAILING - CERTIFIER: **300 KENSINGTON AVE. NEW BRITAIN, CT 06051** DATE SIGNED (Month Day Year): **2 23 94**
 BURIAL, CREMATION, REMOVAL (Specify): **Burial** CEMETERY OR CREMATORY - NAME: **St. Mary Cemetery** LOCATION CITY OR TOWN: **New Britain CT.**
 DATE (MONTH, DAY, YEAR): **February 23, 1994** FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): **Farrell Funeral Home 110 Franklin Square New Britain, CT. 06051**
 FUNERAL DIRECTOR OR EMBALMER - SIGNATURE: **William F. Farrell, Jr.** NAME OF EMBALMER IF BODY WAS EMBALMED: **William F. Farrell, Jr.** LICENSE NUMBER: **2137**
 THIS CERTIFICATE RECEIVED FOR RECORD ON: **February 23, 1994** BY: **Lucille Capra, Asst Registrar**

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

INSTRUCTIONS REFULLY COMPLETE with a Perforated Ink.

NOTED, this form to be returned to the registrar of the town where

EA: to be completed by Registrar.

LEGAL FEE: \$15.00 BIRTH CERTIFICATES \$5.00 DEATH & MARRIAGE CERTIFICATES

I CERTIFY THAT THIS IS A TRUE TRANSCRIPT OF THE INFORMATION ON THE DEATH RECORD AS RECORDED IN THIS OFFICE.

ATTEST: Lucille Capra, Asst DATE: February 23, 1994

REGISTRAR OF VITAL STATISTICS OF NEW BRITAIN, CONNECTICUT

NOT VALID WITHOUT SEAL IMPRINT AND ORIGINAL SIGNATURE OF CERTIFYING OFFICIAL.

UNIT NUMBER 6-W NORTH IN PIERRE CONDOMINIUM AS DELINEATED ON SURVEY OF THE FOLLOWING PARCEL OF REAL ESTATE: LOTS 6, 7, 8 AND 18, IN MCNALLY'S SUBDIVISION OF PART OF LOT "A" OF BLOCK 19, SAID LOT "A" BEING THAT PART OF LOT 29, SOUTH OF NEW ALLEY AND ALL OF LOTS 30 TO 44, INCLUSIVE, TOGETHER WITH FORMER VACATED 18 FOOT ALLEY, EAST OF AND ADJOINING SAID LOTS 29 TO 35, INCLUSIVE, IN ROBINSON'S SUBDIVISION OF SAID BLOCK 19, IN CANAL TRUSTEES' SUBDIVISION OF SECTION 33, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS (HEREIN AFTER REFERRED TO PARCEL) WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO DECLARATION OF CONDOMINIUM MADE BY AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO, A NATIONAL BANKING ASSOCIATION, AS TRUSTEE UNDER TRUST AGREEMENT DATED JULY 17, 1972 AND KNOWN AS TRUST NUMBER 76979 AND RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS, TOGETHER AN UNDIVIDED PERCENTAGE INTEREST IN SAID PARCEL (EXCEPTING FROM SAID PARCEL ALL THE PROPERTY AND SPACE COMPRISING ALL OF THE UNITS THEREOF AS DEFINED AND SET FORTH IN SAID DECLARATION AND SURVEY.)

The Real Property or its address is commonly known as 2100 Lincoln Park West #6, Chicago, IL 60614.
The Real Property tax identification number is 14-33-206-047-1087.

Office of Cook County Clerk's Office