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2002-08-30 11:18:26

Cook County Recorder 25.50



0020961617

**DECEASED
JOINT TENANCY
AFFIDAVIT**

MAIL TO:

**JOHN C. HAAS
115 S. EMERSON ST.
MT. PROSPECT, IL 60056**

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK

EDWARD C. GIBIS, being duly sworn states that he resides at 1413 Sauk Lane, Mount Prospect, Illinois 60056.

That he was acquainted with **VICKI L. GIBIS**, deceased, who at the time of her death, was one of the owners of the land in Cook County, Illinois, legally described as:

SEE LEGAL DESCRIPTION ON REVERSE SIDE HEREOF

Property Address: 1413 Sauk Lane, Mount Prospect, Illinois 60056

Permanent Index Number: 03-25-210-021

That the deceased died May 16, 1995, as evidenced by a copy of death certificate of the deceased attached hereto.

That the deceased died leaving a Last Will and Testament. The Will was filed in the Unproven Will Box of the Probate Division of the Clerk of Circuit Court of Cook County, Illinois.

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 \$250,000.00 Dollars.

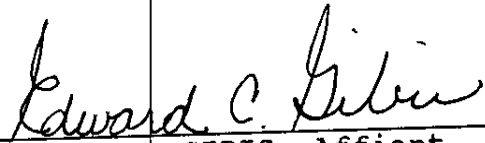
That all debts of the deceased are paid in full and there is no Federal or Illinois Estate Tax due, or they have been paid in full.

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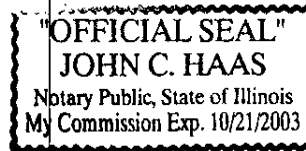
Affiant makes this affidavit for the purpose of inducing any title insurance company to issue its title insurance policy, describing the above-mentioned property.

IN WITNESS WHEREOF, the Affiant has affixed his signature hereto this 17th day of April, 2002.


EDWARD C. GIBIS, Affiant

Subscribed and sworn to before me this 17th day of April, 2002.


Notary Public



LEGAL DESCRIPTION

Lot 93 in Woodview Manor Unit Number 1, being a Subdivision in the North 1/2 of the North East 1/4 of Section 25, Township 42 North, Range 11 East of the Third Principal Meridian, according to the plat thereof recorded June 16, 1960 as Document Number 17 883 769 in Cook County, Illinois.

Property Address: 1413 Sauk Lane, Mount Prospect, Illinois 60056

Permanent Index Number: 03-25-210-021

This instrument prepared by: John C. Haas, Attorney at Law, 115 S. Emerson St., Mt. Prospect, IL 60056
(847) 255-5400

0020961617

H. NO.
REGISTRATION DISTRICT NO. **15.10**
REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
609366

DECEASED-NAME: **Vacki Lynn Gibis**
FIRST: **Vacki** MIDDLE: **LYNN** LAST: **Gibis**
SEX: **Female**
DATE OF BIRTH: **3 OCTOBER 01, 1952**
DATE OF DEATH: **May 16, 1995**

COUNTY OF DEATH: **COOK**
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **CHICAGO**
AGE-LAST BIRTHDAY (YRS): **42**
HOSPITAL OR OTHER INSTITUTION: **Northwestern Memorial Hospital**
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **8a. MARRIED**
NAME OF SURVIVING SPOUSE: **8b. EDWARD C. GIBIS**
IF HOSP. OR INST. INDICATE F.O.A. (PATIENT IS F.O.A. INPATIENT): **6c. Inpatient**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **7. KINGSFORD, TENN.**
SOCIAL SECURITY NUMBER: **10. 335-48-3974**
RESIDENCE (STREET AND NUMBER): **13. 1413 SAUK LANE**
CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **11b. ED MURPHY BUICK**
EDUCATION (SPECIFY ON HIGHEST GRADE COMPLETED): **12. 12**
INSIDE CITY (YES/NO): **13c. YES**
COUNTY: **13. COOK**

DECEASED-NAME: **JAMES JACKIE SMITH**
FIRST: **JAMES** MIDDLE: **MOULTON** LAST: **SMITH**
STATE: **ILLINOIS** ZIP CODE: **60056**
RACE (WHITE, BLACK, AMERICAN INDIAN, SPECIFY): **14a. WHITE**
MOTHER-NAME: **14b. KYMO**
MOTHER-NAME FIRST: **ANNIE** MIDDLE: **MARIE** LAST: **GENT**
RELATIONSHIP: **17b. Medical Records**
MAILING ADDRESS (STREET AND NO., APT. NO., CITY OR TOWN, STATE, ZIP): **303 E. Superior Chicago, IL 60611**

IMMEDIATE CAUSE (Final disease or condition underlying in death): **Adult Respiratory Distress Syndrome**
CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(a) Adult Respiratory Distress Syndrome**
(b) Vancomycin Resistant Enterococcus Sepsis
(c) Allogeneic Bone Marrow Transplant
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

DATE OF OPERATION, IF ANY: **Acute Leukemia**
MAJOR FINDINGS OF OPERATION: **Acute Leukemia**

20b. DID NOT ATTEND THE DECEASED AND STAY WITH HIM/HER LAST ON: **attend/May 16, 1995**
20c. WAS CORONER OR MEDICAL EXAMINER? **NO**
20d. IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

22a. SIGNATURE: **Steven Newman, M.D.**
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **22b. Steven Newman, M.D. 676 N. St. Clair Chicago, IL 60611**
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): **MD**

23. BURIAL, CREMATION, REMOVAL (SPECIFY): **CEMETERY OR CREMATORY-NAME: ALL SAINTS CEMETERY**
24a. FUNERAL HOME: **NAME: 3440 N. CENTRAL AVE. CHICAGO, ILLINOIS**
24b. FUNERAL HOME: **NAME: 410 E. RAND ROAD CHICAGO, ILLINOIS**
24c. LOCAL REGISTRAR'S SIGNATURE: **ALAN G. ZAGORSKI**
24d. DATE: **MAY 19, 1995**
25. LOCAL REGISTRAR'S SIGNATURE: **034-011366**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
MAY 19 1995

1. SHEILA LYNE RSW, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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DEPARTMENT OF HEALTH - CITY OF CHICAGO

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