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DECEASED JOINT TENANCY AFFIDAVIT

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5192/0076 44 001 Page 1 of 2
2003-02-13 11:00:18
Cook County Recorder 26.50

PREPARED BY AND MAIL TO:

Gregory A. MacDonald
Robinson, Pluymert, Piercey,
MacDonald & Amato, Ltd.
2300 Barrington Road, Suite 220
Hoffman Estates, IL 60195



STATE OF ILLINOIS
COUNTY OF COOK

BERTHA JOHNSON, being duly sworn states that she resides at 1031 East Grant Drive, Des Plaines, IL 60016.

That she was acquainted with **LAWRENCE M. JOHNSON**, deceased, who at the time of his death was one of the owners of the lands in Cook County, Illinois described as:

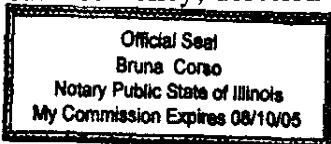
LOT FORTY (40) (EXCEPT THE SOUTH 8 FEET THEREOF) AND THE SOUTH TWENTY (20) FEET OF LOT FORTY ONE (41) IN BLOCK THIRTEEN (13) IN DES PLAINES VILLAS, A RESUBDIVISION OF CERTAIN LOTS AND BLOCKS IN HOMERICAN VILLAS, SAID HOMERICAN VILLAS, BEING A SUBDIVISION OF THE WEST HALF (1/2) OF THE NORTHWEST QUARTER (1/4) OF SECTION 20, (EXCEPT THE EASTERLY 503.0 FEET MEASURED AT RIGHT ANGLES TO THE EAST LINE THEREOF) ALSO THE EAST HALF (1/2) OF THE NORTHEAST QUARTER (1/4) OF SECTION 19 (EXCEPT THE WEST 173.0 FEET THEREOF) ALL IN TOWN 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly known as: 1031 East Grant Drive, Des Plaines, IL 60016

PIN: 09-20-114-046-0000

That the deceased died November 12, 2002, as evidenced by a certified copy of death certificate of the deceased attached hereto.

Affiant makes this affidavit for that purpose of inducing Attorneys' Title Guaranty Fund, Inc. to issue its Title Insurance Policy, describing the above mentioned property.



Bertha Johnson
NAME: Bertha Johnson

Subscribed and sworn to before me by the said
Bertha Johnson this 16th day of December, 2002.

Brna Corso

Notary Public

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

DATE: NOVEMBER 15, 2000

SIGNED: Margrit Valdes

at Cook County Department of Public Health Official Title, Chief Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS STATE FILE NUMBER

DISTRICT NO. 16-0

REGISTERED NUMBER

DECEASED-NAME

FIRST MIDDLE LAST

Lawrence Johnson

SEX

Male

DATE OF DEATH (MONTH, DAY, YEAR) November 12, 2000

COUNTY OF DEATH

Cook

AGE-LAST BIRTHDAY (YRS) 5a. 5b. 5c. 5d. 5e.

UNDER 1 YEAR UNDER 1 DAY

DATE OF BIRTH (MONTH, DAY, YEAR) August 7, 1914

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6c. D.O.A.

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

Des Plaines

NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 6b. Bertha Lobb

EDUCATION (SP. CREDIT ONLY HIGHEST GRADE COMPLETED) 12

12

13c. YES

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)

Saskatchewan, Canada

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married

KIND OF BUSINESS OR INDUSTRY 8b. Building

12

13d. Cook

SOCIAL SECURITY NUMBER

353-07-9844

USUAL OCCUPATION 11a. Carpenter

CITY, TOWN, TWP. OR ROAD DISTRICT NO. 11b. Building

12

13c. YES

RESIDENCE (STREET AND NUMBER)

1031 E. Grant Drive

CITY, TOWN, TWP. OR ROAD DISTRICT NO. 11b. Des Plaines

13b. Des Plaines

13c. YES

13d. Cook

STATE

Illinois

ZIP CODE 13f. 60016

RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White

14b. NO

14c. YES

FATHER-NAME

Nels

LAST

MOTHER-NAME 16. Anna

FIRST MIDDLE

16. Anna

INFORMANTS NAME (TYPE OR PRINT)

Bertha Johnson

RELATIONSHIP 17b. wife

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

17a. 1031 E. Grant Dr., Des Plaines, Illinois 60016

17c. King

18. PART I

Immediate Cause (final disease or condition resulting in death)

CARDIAC ARREST

19a. NO

19b. YES

19c. YES

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

(b) DUE TO, OR AS A CONSEQUENCE OF

(c) PART II. Other significant conditions contributing to death but not resulting in the "final" cause given in PART I.

CHRONIC PROSTATE HYPERPLASIA, HYPERTENSION, HYPERLIPIDEMIA

DATE OF OPERATION, IF ANY

20a. MAJOR FINDINGS OF OPERATION

20b. YES NO

(1) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON

10/27/2000

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

21b. YES

21c. 2:31 P.M.

21d. 11/13/00

22a. SIGNATURE

(TYPE OR PRINT)

22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)

22c. Dr. Cabin, M.D., 1400 Golf Road, Suite 113, Des Plaines, Illinois, 60016

22d. ILLINOIS LICENSE NUMBER 36-11235

23. BURIAL, CREMATION, REMOVAL (SPECIFY)

24a. Entombment

CEMETERY OR CREMATORY-NAME 24b. Memory Gardens

LOCATION 24c. Arlington Heights Illinois

CITY OR TOWN 24d. November 17, 2000

STATE DATE (MONTH, DAY, YEAR)

FUNERAL HOME

NAME 24e. Oehler Funeral Home

STREET AND NUMBER OR R.F.D. 555 Lee Street

CITY OR TOWN 24f. Des Plaines

STATE 24g. Illinois

ZIP 60016

FUNERAL DIRECTOR'S SIGNATURE

John A. Heinz Jr.

25a. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-010505

25b. LOCAL REGISTRAR'S SIGNATURE

25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) Nov. 15, 2000

25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)