



CHICAGO TITLE INSURANCE COMPANY

177 N. CLARK STREET, CHICAGO, IL 60601

Return To
Executive Land Title, Inc.
7788 N. Milwaukee Ave.
Niles, IL 60714

DECEASED JOINT TENANCY AFFIDAVIT



00303667

STATE OF ILLINOIS
COUNTY OF Cook

}
} ss.

Order No.:

Sharon Martin

being duly sworn states that she resides at 8803 Moody Avenue
in the City of Morton Grove, Illinois

That she was acquainted with William Kuester deceased who, at the time of death,
was one of the owners of the land in Cook County, Illinois, described as:

Lots 231, 232 and part of Lot 233 (except the North 20 feet) in Oliver Salinger
and Company's Second Dempster Street Subdivision in the East half of the Southwest
quarter of Section 17 Township 41 North, Range 13, East of the Third Principal
Meridian, in Cook County Illinois

00303667

3010/0154 03 001 Page 1 of 2
2000-05-01 11:24:50
Cook County Recorder 43.50

That the deceased died 1-11-99, 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. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____.

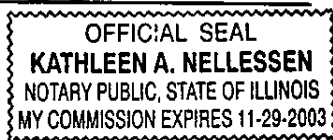
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of one hundred fifty thousand dollars.

Affiant makes this affidavit for the purpose of inducing Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

SHARON MARTIN
this 12TH day of April, A.D. 192000

Kathleen A. Nellesen
Notary Public



Sharon Martin
(Affiant's Signature)

REGISTRATION DISTRICT NO. 16.025
REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

Print in Permanent Ink
Funeral Directors,
Hospital, or Physicians
Handbook for
INSTRUCTIONS

DECEASED

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)
7. Mchenry, IL

PARENTS

CAUSE

CERTIFIER

DISPOSITION

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. WILLIAM P. KUESTER 2. male 3. January 11, 1999

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
4. Cook 5a. 82 5b. 5c. 5d. March 29, 1916

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. OPENER, P.M. INPATIENT (SPECIFY)
6a. Morton Grove 6b. 8601 Callie Avenue 6c. home

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
8a. married 8b. Dorothy Gerber 9. yes

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. 345 03 7829 11a. Fire Marshall 11b. Manufacturing 12. 8

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP, OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
13a. 8601 Callie Avenue 13b. Morton Grove 13c. yes 13d. Cook

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
13e. Illinois 13f. 60053 14a. White 14b. NO YES SPECIFY:

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST
15. Paul Robert Kuester 16. Margaret Graber

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. Sharon Martin 17b. daughter 17c. 8541 Callie Morton Grove, IL 60053

18. PART I. Enter the disease, 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. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death) (a) Sudden Cardiac death 6-7 hrs
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) (b) (c)
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a. No 20b. 20c. YES NO

WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH
21b. NO 21c. 9:55 A.M.

(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
21a. 1/11/99 22a. SIGNATURE 22b. 1/11/99

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
22c. JACK MORGAN M.D. 666 S. KENYON, SKOKIE 22d. 3648974

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
23.

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. Burial 24b. St. Paul Lutheran 24c. Skokie, Illinois 24d. Jan. 14, 1999

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25a. Simkins Funeral Home 6251 Dempster St. Morton Grove, IL 60053

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. William Simkins Jr. 25c. 11557

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. REGISTRAR KAREN L. WOTT, M.D. C. Laurie Brown 26b. Jan. 12, 1999

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.
DATE JAN 12 1999 SIGNED C. Laurie Brown
AT EVANSTON, Illinois OFFICIAL TITLE LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.