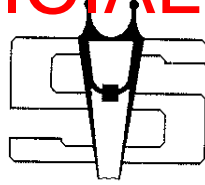


# UNOFFICIAL COPY



Sanctity of Contract

Stewart Title Company of Illinois



0314833027

Eugene "Gene" Moore Fee: \$50.00  
Cook County Recorder of Deeds  
Date: 05/28/2003 07:15 AM Pg: 1 of 3

STEWART TITLE OF ILLINOIS  
2 NORTH LASALLE STREET SUITE 1820  
CHICAGO, IL 60602

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF DuPage SS.

STCI File Number: 290474



being duly sworn states that Rudith A. Scrima resides at 152 Lasalle Rd in the City of Streamwood, IL 60170

That she was acquainted with Leonard J. Scrima deceased who, at the time of death, was one of the sworn of the land in DuPage County, Illinois, describes as:

That the deceased died 4.25.01, 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 \$240,000 dollars.

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

Subscribed and sworn to before me by the said

this 13 day of May, A.D. 2003

[Signature]  
Notary Public

[Signature]  
(Affiant's Signature)

3



# UNOFFICIAL COPY

STATE FILE NUMBER

## MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. <u>16-0</u>	STATE OF ILLINOIS
REGISTERED NUMBER	
DECEASED-NAME FIRST MIDDLE LAST <b>LEONARD J. SCRIMA</b>	SEX <b>MALE</b>
DATE OF DEATH (MONTH, DAY, YEAR) <b>APRIL 25, 2001</b>	
COUNTY OF DEATH <b>COOK</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>AUGUST 4, 1934</b>
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>STREAMWOOD</b>	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>152 LA SALLE RD.</b>
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Bronxville, NY</b>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>JUDITH PIECEWICZ</b>
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>MARRIED</b>	EDUCATION (SPECIFY ONLY) Elementary/Secondary (1-12) <b>2</b> College (1-4 or 5)
SOCIAL SECURITY NUMBER <b>321 28 2601</b>	KIND OF BUSINESS OR INDUSTRY <b>MANUFACTURING</b>
RESIDENCE (STREET AND NUMBER) <b>152 LA SALLE RD.</b>	CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>STREAMWOOD</b>
ZIP CODE <b>60107</b>	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>WHITE</b>
FATHER-NAME FIRST MIDDLE LAST <b>LEONARD JOSEPH SCRIMA</b>	MOTHER-NAME FIRST MIDDLE LAST <b>LORETTA GRASSO</b>
INFORMANT'S NAME (TYPE OR PRINT) <b>JUDITH SCRIMA</b>	RELATIONSHIP <b>WIFE</b>
17a. <b>JUDITH SCRIMA</b>	MAILING ADDRESS (STREET AND NO., CITY OR TOWN, STATE, ZIP) <b>152 LA SALLE RD. STREAMWOOD, IL 60107</b>
18. PART I. Immediate Cause (Final disease or condition resulting in death) <b>(a) Common bile duct carcinoma</b>	19. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <b>(b) DUE TO, OR AS A CONSEQUENCE OF</b> <b>(c) DUE TO, OR AS A CONSEQUENCE OF</b>	
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
20b. <b>2001-03-01</b>	
20. DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON	20c. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) <b>19a. YES</b> <b>19b. NO</b>
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	21. HOUR OF DEATH <b>1030 P. M.</b>
22a. SIGNATURE <b>Stephen Behrke</b>	DATE SIGNED (MONTH, DAY, YEAR) <b>4-26-01</b>
22c. NAME AND ADDRESS OF CERTIFIER <b>Stephen Behrke 25 E Schenck Rd Schenck, IL 60190</b>	ILLINOIS LICENSE NUMBER <b>036-001910</b>
23. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
BURIAL, CREMATION, REMOVAL (SPECIFY) <b>BURIAL</b>	24. CEMETERY OR CREMATORY-NAME <b>ABRAHAM LINCOLN</b>
24a. <b>ABRAHAM LINCOLN</b>	24c. LOCATION <b>ELWOOD, ILLINOIS</b>
FUNERAL HOME <b>COUNTRYSIDE FUNERAL HOME</b>	24d. DATE (MONTH, DAY, YEAR) <b>APRIL 30, 2001</b>
25a. <b>COUNTRYSIDE FUNERAL HOME</b>	25b. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>
25b. <b>[Signature]</b>	25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>11322</b>
26a. LOCAL REGISTRAR'S SIGNATURE <b>KAREN L. SCOTT</b>	26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>April 26, 2001</b>
26b. <b>[Signature]</b>	26c. REGISTRAR

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

SIGNED: *Margaret Valente*

DATE: APRIL 26, 2001

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.

# UNOFFICIAL COPY

Property of Cook County Clerk's Office

LOT 9 IN BRISTOL HILL UNIT NUMBER 2, BEING A SUBDIVISION IN THE  
NORTHEAST 1/4 OF SECTION 27, TOWNSHIP 41 NORTH, RANGE 9, EAST OF THE  
THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.  
AP #: 06-27-207-039

which currently has the address of 152 LASALLE ROAD, STREAMWOOD,

[Street] [City]

Illinois 601 ~~807~~ <sup>807-9457</sup> ("Property Address"):

[Zip Code]