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CHICAGO TITLE INSURANCE COMPANY

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

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }
COUNTY OF } ss.

Order No.: 1408 TEST0000 HE

John Lynch
being duly sworn states that He resides at 10 S. Willie St.
in the City of Mount Prospect.

That He was acquainted with Jeanne Lynch deceased who, at the time of death,
was one of the owners of the land in Cook County, Illinois, described as:



0316005210
Eugene "Gene" Moore Fee: \$50.00
Cook County Recorder of Deeds
Date: 06/09/2003 11:12 AM Pg: 1 of 3

That the deceased died 8/22/02, 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 _____ 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

affiant
this 8 day of May A.D. 2003

Gloria Amling
Notary Public

John Lynch
(Affiant's Signature)

DJTAF



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STATE FILE NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0

at Cook County Department of Public Health

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.

SIGNED: Margaret Valokin

DATE: SEPTEMBER 24, 2002

1. DECEASED-NAME: JEANNE M. LYNCH
 2. SEX: Female
 3. DATE OF DEATH: September 22, 2002

4. COUNTY OF DEATH: Cook
 5. DATE OF BIRTH: December 24, 1925
 6. INPATIENT

7. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Arlington Heights
 8. NAME OF SURVIVING SPOUSE: John M. Lynch
 9. No

10. SOCIAL SECURITY NUMBER: 357-16-6472
 11. HOME
 12. COUNTY: Cook

13. 10 S. Wille
 14. White
 15. Joseph LaPorte
 16. Anna Dillon

17. John M. Lynch
 18. Husband
 19. 10 S. Wille Mt. Prospect, Illinois
 20. 60056

18. PART I: Enter the disease or complication that caused the death. Do not enter the time of dying, such as cardiac or respiratory arrest, check, or heart failure. List only one cause on each line.
 (a) Chronic obstructive pulmonary disease
 10 years

18. PART II: Other significant conditions contributing to death but not reported in item 18. (a) through (c)
 (a) CHRONIC OBSTRUCTIVE PULMONARY DISEASE
 (b) DUE TO, OR AS A CONSEQUENCE OF
 (c) DUE TO, OR AS A CONSEQUENCE OF

19. DATE OF OPERATION, IF ANY: 8/20/02
 20. MAJOR FINDINGS AT AUTOPSY: None

21. (a) UNDERATTEND THE DECEASED AND/OR JUST SAW HIM/HER ALIVE: No
 (b) WAS CORONER OR MEDICAL EXAMINER (NOTIFY BY ITEM 21b): NO
 (c) HOUR OF DEATH: 3:05P M.
 (d) DATE SIGNED: 9/24/02
 (e) ILLINOIS LICENSE NUMBER: 036-072508

22. SIGNATURE: Margaret Valokin
 23. NAME AND ADDRESS OF CERTIFIER: Margaret Valokin, 1700 W. Central, Arlington Hts., IL 60005
 24. NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER): James R. Murray Jr., 2000 E. Northwest Hwy, Arlington Hts., IL 60004

25. BIRTH PLACE (CITY AND STATE OR FOREIGN): Chicago, Illinois
 26. LOCAL REGISTRAR'S SIGNATURE: Karen L. Scott, M.D.
 27. LOCAL REGISTRAR'S SIGNATURE: Margaret Valokin
 28. FURNERAL HOME: James R. Murray
 29. FURNERAL HOME: James R. Murray Jr., 2000 E. Northwest Hwy, Arlington Hts., IL 60004
 30. FURNERAL DIRECTOR'S SIGNATURE: James R. Murray Jr.
 31. FURNERAL DIRECTOR'S SIGNATURE: Margaret Valokin
 32. LOCAL REGISTRAR'S SIGNATURE: Karen L. Scott, M.D.
 33. LOCAL REGISTRAR'S SIGNATURE: Margaret Valokin

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CHICAGO TITLE INSURANCE COMPANY

ORDER NUMBER: 1408 H23022875 HE
STREET ADDRESS: 10 S WILLE ST
CITY: MT PROSPECT COUNTY: COOK
TAX NUMBER: 08-12-101-025-1006

LEGAL DESCRIPTION:

UNIT 206 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN CLOCKTOWER CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION OF CONDOMINIUM OWNERSHIP RECORDED AS DOCUMENT 09157186 AS AMENDED FROM TIME TO TIME IN THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 12, TOWNSHIP 31 NORTH RANGE 11 <ETP IN COOK COUNTY, ILLINOIS

THE EXCLUSIVE RIGHT TO USE OF PARKING SPACE NUMBER P-14 AND P-15 AND STORAGE SPACE S-14 AND S-15, AS LIMITED COMMON ELEMENTS AS DELINEATED ON A SURVEY ATTACHED TO THE DECLARATION OF CONDOMINIUM OWNERSHIP RECORDED AS DOCUMENT 09157186 AS AMENDED FROM TIME TO TIME

mail to / prep by
Harris Bank
3800 Golf Rd. Ste 300
Rolling Meadows, IL 60008