



0322047049

Eugene "Gene" Moore Fee: \$28.00  
Cook County Recorder of Deeds  
Date: 08/08/2003 09:16 AM Pg: 1 of 3

**DECEASED JOINT TENANCY AFFIDAVIT**

STATE OF ILLINOIS

COUNTY OF COOK

GLORIA HOWE

BEING DULY SWORN STATES THAT CATHERINE RUF

RESIDES AT 18323 PINE LAKE CT. IN THE CITY OF TINLEY PARK

THAT SHE WAS ACQUAINTED WITH MARGARET GREER THE DECEASED, WHO AT THE TIME OF MARGARET'S DEATH, WAS ONE OF THE OWNERS OF THE LAND IN COOK COUNTY, ILLINOIS, DESCRIBED AS FOLLOWS: THE PINES OF TINLEY PARK - UNIT 2

EXHIBIT A - ATTACHED

THAT THE DECEASED DIED JUNE 24, 2003, AS EVIDENCED BY A ORIGINAL CERTIFIED COPY OF THE 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 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 \_\_\_\_\_

AT 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 DECEASED, DOES NOT EXCEED THE SUM OF \_\_\_\_\_ DOLLARS.

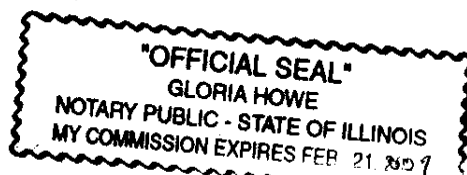
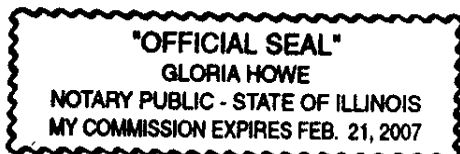
DESCRIBED AND SWORN TO BEFORE ME BY SAID

THIS WAS PREPARED BY

THIS 7 DAY OF AUG A.D. 2003

NOTARY PUBLIC

Catherine Ruf  
AFFIANT'S SIGNATURE



# UNOFFICIAL COPY

Exhibit "A"

## LEGAL DESCRIPTION 18323 PINE LAKE UNIT 2 - LOT 58

### THE PINES DEVELOPMENT GROUP, LTD.

Unit #18323-2 and Garage Unit #1 in Lot 58 together with its undivided percentage interest in the common elements in The Pines of Tinley Park Unit 2D, a planned development, being a subdivision of the East 1/2 of the Northeast 1/4 of Section 6, Township 35 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois together with its undivided percentage interest in the common elements as defined in the declaration of The Pines Condominium Association of Tinley Park, delineated and defined in the Declaration recorded as Document #92648506 and as amended from time to time.

Grantor also hereby grants to the Grantee, its successors and assigns, as rights and easements appurtenant to the subject unit described herein, the rights and easements for the benefit of said unit set forth in the Declaration and Grantor reserves to itself, its successors and assigns, the rights and easements set forth in said Declaration for the benefit of the remaining land described therein.

This Deed is subject to all rights, easements, covenants, restrictions and reservations contained in said declaration the same as though the provisions of said declaration were recited and stipulated at length herein.

Grantor also hereby grants and assigns to the grantees, their successors and assigns, garage space No. 1 as a limited common element as set forth and provided in the aforementioned declaration of condominium.

STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

JUN 26 2003

**UNOFFICIAL COPY**

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

*David Orr*  
COUNTY CLERK

REGISTRATION DISTRICT NO. **10.U**  
REGISTERED NUMBER  
STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**  
STATE FILE NUMBER

Type or Print in PERMANENT INK See Funeral Directors, Hospital or Physicians Handbook for INSTRUCTIONS

**DECEASED**

**PARENTS**

**CAUSE**

**CERTIFIER**

**DISPOSITION**

1. COUNTY OF DEATH <b>Cook</b>	FIRST <b>Margaret</b>	MIDDLE <b>Greer</b>	LAST <b>Greer</b>	SEX <b>Female</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>June 24, 2003</b>
4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>Oak Lawn</b>	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>Advocate Christ Medical Center</b>	AGE-LAST BIRTHDAY (YRS) <b>84</b>	UNDER 1 DAY HOURS MIN. <b>5d July 18, 1918</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>June 24, 2003</b>	IF HOSP. OR INST. INPATIENT (SPECIFY) <b>Emer, Kim.</b>
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Chicago, IL</b>	8a. NEVER MARRIED 8b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Never married</b>	8a. NEVER MARRIED 8b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Never married</b>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>Martha Wilson</b>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) <b>High School</b>	9. NO
10. SOCIAL SECURITY NUMBER <b>339-01-2825</b>	11. Lab Technicians <b>Chemical</b>	12. INSIDE CITY (YES/NO) <b>Yes</b>	13c. YES (YES/NO) <b>Yes</b>	13d. COUNTY <b>Cook</b>	13e. YES (YES/NO) <b>Yes</b>
13a. STATE <b>IL</b>	13b. PINLEY PARK <b>Tinley Park</b>	14b. X NO (YES/NO) <b>No</b>	14c. YES (YES/NO) <b>No</b>	14d. MOTHER-NAME FIRST MIDDLE LAST <b>Martha Wilson</b>	14e. YES (YES/NO) <b>No</b>
13e. FATHER-NAME FIRST MIDDLE LAST <b>John R. Greer</b>	13f. ZIP CODE <b>60477</b>	14a. WHITE (BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>White</b>	14b. X NO (YES/NO) <b>No</b>	14c. YES (YES/NO) <b>No</b>	14d. MOTHER-NAME FIRST MIDDLE LAST <b>Martha Wilson</b>
15. FATHER-NAME FIRST MIDDLE LAST <b>John R. Greer</b>	15. FATHER-NAME FIRST MIDDLE LAST <b>John R. Greer</b>	16. MOTHER-NAME FIRST MIDDLE LAST <b>Martha Wilson</b>	16. MOTHER-NAME FIRST MIDDLE LAST <b>Martha Wilson</b>	16. MOTHER-NAME FIRST MIDDLE LAST <b>Martha Wilson</b>	16. MOTHER-NAME FIRST MIDDLE LAST <b>Martha Wilson</b>
17a. Catherine Ruf	17b. Friend	17c. 18323 Pine Lake Ct	17d. 18323 Pine Lake Ct	17e. 18323 Pine Lake Ct	17f. 18323 Pine Lake Ct
18. PART I. Immediate Cause (Final disease or condition resulting in death) <b>Myocardial infarction</b>	18. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. <b>Coronary artery disease, end stage, hyper-tensiv</b>	19a. AUTOPSY (YES/NO) <b>No</b>	19b. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>No</b>	19c. YES (YES/NO) <b>No</b>	19d. YES (YES/NO) <b>No</b>
19. DATE OF OPERATION, IF ANY <b>6-24-03</b>	20. MAJOR FINDINGS OF OPERATION <b>6-24-03</b>	20a. DATE OF OPERATION, IF ANY <b>6-24-03</b>	20b. MAJOR FINDINGS OF OPERATION <b>6-24-03</b>	20c. YES (YES/NO) <b>No</b>	20d. YES (YES/NO) <b>No</b>
21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. <b>Hugo F. Cuadros, MD</b>	21a. SIGNATURE <b>Hugo F. Cuadros</b>	21b. NAME OF CERTIFIER <b>Hugo F. Cuadros</b>	21c. ADDRESS OF CERTIFIER <b>4400 W 95th St Oak Lawn IL 60453</b>	21d. DATE SIGNED (MONTH, DAY, YEAR) <b>6-25-2003</b>	21e. HOUR OF DEATH <b>1:44 P</b>
22. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) <b>Hugo F. Cuadros, MD</b>	22a. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) <b>Hugo F. Cuadros, MD</b>	22b. ADDRESS OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) <b>4400 W 95th St Oak Lawn IL 60453</b>	22c. DATE SIGNED (MONTH, DAY, YEAR) <b>6-25-2003</b>	22d. HOUR OF DEATH <b>1:44 P</b>	22e. ILLINOIS LICENSE NUMBER <b>03642050</b>
23. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Oak Lawn, IL</b>	23a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Oak Lawn, IL</b>	23b. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Oak Lawn, IL</b>	23c. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Oak Lawn, IL</b>	23d. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Oak Lawn, IL</b>	23e. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Oak Lawn, IL</b>
24a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Oak Lawn, IL</b>	24b. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Oak Lawn, IL</b>	24c. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Oak Lawn, IL</b>	24d. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Oak Lawn, IL</b>	24e. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Oak Lawn, IL</b>	24f. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Oak Lawn, IL</b>
25a. BRADY-GILL <b>Michael F. Gill, Jr.</b>	25b. BRADY-GILL <b>Michael F. Gill, Jr.</b>	25c. BRADY-GILL <b>Michael F. Gill, Jr.</b>	25d. BRADY-GILL <b>Michael F. Gill, Jr.</b>	25e. BRADY-GILL <b>Michael F. Gill, Jr.</b>	25f. BRADY-GILL <b>Michael F. Gill, Jr.</b>
26a. BRADY-GILL <b>Michael F. Gill, Jr.</b>	26b. BRADY-GILL <b>Michael F. Gill, Jr.</b>	26c. BRADY-GILL <b>Michael F. Gill, Jr.</b>	26d. BRADY-GILL <b>Michael F. Gill, Jr.</b>	26e. BRADY-GILL <b>Michael F. Gill, Jr.</b>	26f. BRADY-GILL <b>Michael F. Gill, Jr.</b>