



0322648227

Eugene "Gene" Moore Fee: \$28.50
Cook County Recorder of Deeds
Date: 08/14/2003 12:29 PM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

{ ss.

Catherine C. Lee being duly sworn
states that she resides at 1460 N. Sandburg in the City of
Chicago

That she was acquainted with Richard F. Lee
deceased who, at the time of his death, was one of the owners of the land in
Cook County, Illinois, described as:

That the deceased died 1/31/03, 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 deceased, does not exceed the sum of _____
dollars.

Subscribed and sworn to before me by the said

NOTARY PUBLIC

this 1st day of August .A.D. 2003

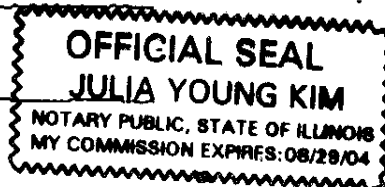
THIS INSTRUMENT WAS PREPARED BY
LAW OFFICES

ROBERT E. SENECHALLE, JR., LTD.
7423 W. MADISON ST.
FOREST PARK, ILLINOIS 60130

Julia Young Kim
NOTARY PUBLIC

Catherine C. Lee

(affiant's signature)



EUGENE "GENE" MOORE

RECORDER OF DEEDS / REGISTRAR OF TORRENS TITLES
COOK COUNTY, ILLINOIS

3

UNOFFICIAL COPY

PIN: 17-04-207-086-1041

LEGAL DESCRIPTION

UNIT 1802-A TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN CARL SANDBURG VILLAGE CONDOMINIUM NUMBER 2, AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 25032909, IN THE NORTHEAST 1/4 OF SECTION 4, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Property of Cook County Clerk's Office

UNOFFICIAL COPY

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

STATE FILE NUMBER
601661

FEB 03 2003

REGISTRATION DISTRICT NO. **16.10**
REGISTERED NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

DECEASED-NAME: **Richard Francis Lee**
SEX: **Male**
DATE OF DEATH: **January 31, 2003**

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: **Chicago**
DATE OF BIRTH: **January 30, 1947**
HOSPITAL OR OTHER INSTITUTION-NAME: **1460 N. Sandburg Terrace Apt. 1802**

BIRTHPLACE: **Chicago, IL**
MARRIED NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY): **Married**
NAME OF SURVIVING SPOUSE: **Catherine Curtin**

SOCIAL SECURITY NUMBER: **353-40-7257**
KIND OF BUSINESS OR INDUSTRY: **Law**
CITY, TOWN, TWP, OR ROAD DISTRICT NO.: **Chicago**

RESIDENCE: **1460 N. Sandburg Terrace**
CITY, TOWN, TWP, OR ROAD DISTRICT NO.: **Chicago**
RACE: **White**

FATHER-NAME: **John Joseph Lee**
MOTHER-NAME: **Margaret Ann O'Hara**
RELATIONSHIP: **17b. Wife**

IMMEDIATE CAUSE: **(a) Acute Myocardial Infarction**
(b) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE
(c) DUE TO, OR AS A CONSEQUENCE OF

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **MI, WIVES years**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
CPD: CARCINOMA OF THROAT

DATE OF OPERATION, IF ANY: **JAN 15 2003**
MAJOR FINDINGS OF OPERATION: **CPD: CARCINOMA OF THROAT**

NAME AND ADDRESS OF CERTIFIER: **John J. Williams, M.D.**
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: **John J. Williams, M.D.**

BURIAL, CREMATION, REMOVAL (SPECIFY): **24a. Cremation**
CEMETERY OR CREMATORY-NAME: **Northwest Crematory**

FUNERAL HOME: **Williams-Kampp Funeral Home 430 E. Roosevelt Rd., Wheaton, Illinois 60187**

FUNERAL DIRECTOR'S SIGNATURE: **Thomas J. Williams**
LOCAL REGISTRAR'S SIGNATURE: **John J. Williams, M.D.**

DATE FILED BY LOCAL REGISTRAR: **FEB 03 2003**
FUNDING SOURCE: **034-010860**

DECEASED

PARENTS

CAUSE

CERTIFIER

DISPOSITION

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.