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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

Viola Jones
being duly sworn states that she resides at 135 White Branch Ct.
in the City of Schaumburg

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

marito / HARRIS BANK consumer
lending ctr.
3800 Golf Rd, Ste 300
Rolling meadows, IL 60008



0323901211
Eugene "Gene" Moore Fee: \$50.00
Cook County Recorder of Deeds
Date: 08/27/2003 01:35 PM Pg: 1 of 3

That the deceased died June 10, 1993, as evidenced by a certified copy of death
certificate of the deceased attached hereto.

That the deceased died:

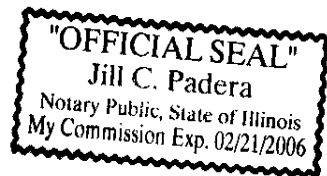
- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven 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

Viola A. Jones
this 10 day of August, A.D. 03
Jill C. Padera
Notary Public



Viola A. Jones
(Affiant's Signature)

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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.

DATE: June 14, 1993
at Cook County Department of Public Health

SIGNED:

Margrit Valstis
Official Title, Chief Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

DISTRICT NO. <u>1012</u>		REGISTERED NUMBER <u>11111</u>		FIRST NAME <u>Millie</u>		LAST NAME <u>Jones</u>		SEX <u>2 Male</u>		DATE OF BIRTH <u>2, 1940</u>		DATE OF DEATH <u>June 10, 1993</u>	
DECEASED-NAME		MIDDLE NAME <u>E.</u>		AGE-AT-DEATH <u>52</u>		BIRTHDAY (MNS) <u>52</u>		UNDER 1 YEAR <u>50</u>		UNDER 1 DAY <u>54</u>		DATE OF BIRTH MONTH DAY YEAR	
COUNTY OF DEATH <u>Cook</u>		CITY TOWN TWP. OR ROAD DISTRICT NUMBER <u>6d</u>		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER Q-5 STREET AND NUMBER) <u>Northwest Community Hospital</u>		NAME OF SURVIVING SPOUSE (MARRIED) (IF WIFE) <u>Viola A. Battow</u>		EDUCATION (SEE Q-12) <u>High School Graduate</u>		WAS DECEASED EVER IN U.S. ARMY OR NAVY (YES/NO) <u>9 Yes</u>		PATIENT	
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <u>Beth, N.C.</u>		7. SOCIAL SECURITY NUMBER <u>217-40-6696</u>		11a. PASSENGER SERVICE CITY, TOWN, TWP. OR ROAD DISTRICT NO. <u>Passenger Service</u>		11b. AIRLINE <u>Airline</u>		12. INSURE CITY (YES/NO) <u>13c. Yes</u>		13d. COUNTY <u>Cook</u>			
10. RESIDENCE (STREET AND NUMBER) <u>135 White Branch Court, So. 13b. Schaumburg</u>		13a. STATE <u>Illinois</u>		13b. ZIP CODE <u>60194</u>		14b. RACE (WHITE, BLACK, AMERICAN INDIAN, OR SPECIFY) <u>Black</u>		14c. ETHNIC OR HISPANIC ORIGIN (SPECIFY) <u>Black</u>		15. MARRIAGE ADDRESS (STREET AND NO. OR P.O. BOX) <u>133 White Branch Ct., So. Schaumburg, IL 60194</u>			
18a. FATHER-NAME <u>James</u>		18b. MOTHER-NAME <u>Montague</u>		16. RELATIONSHIP <u>Spouse</u>		17b. SPOUSE <u>Viola A. Battow</u>		18. PART I. Immediate Cause (Final disease or condition leading to death) <u>Myocardial Infarction</u>		19a. AUTOPSY (YES/NO) <u>No</u>		19b. WERE UTERUS/PREGNANT OR COMPLETED CASE OF PREGNANCY (SPECIFY) <u>3 yrs</u>	
17a. 17b. Spouse		17c. Spouse		17d. Spouse		17e. Spouse		17f. Spouse		17g. Spouse		17h. Spouse	
18. PART II. Underlying Cause (Final disease or condition leading to death) <u>Chronic Renal Failure</u>		19. CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) <u>Accelerated</u>		19. CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (b) <u>Heart Failure</u>		19. CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (c) <u>Myocardial Infarction</u>		20. DATE OF OPERATION, IF ANY		21. DATE SIGNED <u>June 11, 1993</u>		22. ILLINOIS LICENSE NUMBER <u>36082970</u>	
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		20c. HOURS OF DEATH <u>10:20 P.M.</u>		20d. DATE SIGNED <u>June 11, 1993</u>		20e. ILLINOIS LICENSE NUMBER <u>36082970</u>		20f. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <u>NO</u>		20g. YES <input type="checkbox"/> NO <input type="checkbox"/>	
21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		22. SIGNATURE OF CERTIFIER (TYPE OR PRINT) <u>Robert E. Whitcomb</u>		22a. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <u>Robert E. Whitcomb, M.D., 330 W. Golf Rd., Schaumburg, IL 60195</u>		22b. ILLINOIS LICENSE NUMBER <u>36082970</u>		22c. POSTERIOR EXAMINATION (IF INVOLVED IN THIS DEATH, THE CONSUMER OR MEDICAL EXAMINER MUST BE NOTIFIED)		22d. DATE <u>June 16, 1993</u>		22e. MONTH, DAY, YEAR	
23. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <u>Beth, N.C.</u>		23a. GEMETERY OR CREMATORY-NAME <u>Druid Ridge Cemetery</u>		23b. LOCATION <u>Baltimore, Maryland</u>		23c. CITY OR TOWN <u>Schaumburg, Illinois</u>		23d. STATE <u>Illinois</u>		23e. ZIP <u>60195</u>		23f. DATE <u>June 16, 1993</u>	
24. FUNERAL HOME <u>Ahlgren & Sons Ltd.</u>		24a. STREET AND NUMBER OR N.F.D. <u>330 W. Golf Rd.</u>		24b. CITY OR TOWN <u>Schaumburg, Illinois</u>		24c. STATE <u>Illinois</u>		24d. ZIP <u>60195</u>		24e. DATE <u>June 16, 1993</u>		24f. MONTH, DAY, YEAR	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert E. Whitcomb</u>		25a. NAME <u>Robert E. Whitcomb</u>		25b. STREET AND NUMBER OR N.F.D. <u>330 W. Golf Rd.</u>		25c. CITY OR TOWN <u>Schaumburg, Illinois</u>		25d. STATE <u>Illinois</u>		25e. ZIP <u>60195</u>		25f. DATE <u>June 16, 1993</u>	
26. LOCAL REGISTRAR'S SIGNATURE <u>Karen L. Scott, M.D.</u>		26a. NAME <u>Karen L. Scott, M.D.</u>		26b. STREET AND NUMBER OR N.F.D. <u>330 W. Golf Rd.</u>		26c. CITY OR TOWN <u>Schaumburg, Illinois</u>		26d. STATE <u>Illinois</u>		26e. ZIP <u>60195</u>		26f. DATE <u>June 14, 1993</u>	
27. REGISTRAR		27a. NAME <u>Margrit Valstis</u>		27b. STREET AND NUMBER OR N.F.D. <u>330 W. Golf Rd.</u>		27c. CITY OR TOWN <u>Schaumburg, Illinois</u>		27d. STATE <u>Illinois</u>		27e. ZIP <u>60195</u>		27f. DATE <u>June 14, 1993</u>	

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EQUITY SEARCH PRODUCT



CTIC ORDER NO.: 1408 H23035396 HE

D. LEGAL DESCRIPTION:

UNIT 5-39-E-135 IN TOWNE PLACE CONDOMINIUM, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

A PORTION OF FRACTIONAL SECTION 19, TOWNSHIP 41 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM OWNERSHIP RECORDED IN THE OFFICE OF THE RECORDER OF DEED OF COOK COUNTY, ILLINOIS ON AUGUST 2, 1988 AS DOCUMENT NO 88-346-044 AND AMENDED FROM TIME TO TIME TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN COOK COUNTY, ILLINOIS.

PERMANENT INDEX NUMBER: 07-19-218-015-1054

BORROWER'S NAME: JONES

Property of Cook County Clerk's Office