

DECEASED JOINT TENANCY AFFIDAVIT

12/28/03
12/28/03
12/28/03



Doc#: 0326620181
Eugene "Gene" Moore Fee: \$30.00
Cook County Recorder of Deeds
Date: 09/23/2003 10:59 AM Pg: 1 of 3

RETURN TO:

Harry E. DeBruyn, Atty.
DeBruyn, Taylor and DeBruyn Ltd.
15252 S. Harlem Avenue
Orland Park, IL 60462

NAME/ADDRESS OF TAXPAYER:

Linda Kay Kosar
5452 W. 138th Street
Crestwood, IL 60445

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

Linda Kay Kosar, being duly sworn states that she resides at 5452 W. 138th Street, Crestwood, IL 60445.

That Linda Kay Kosar was acquainted with Myrtle M. Christensen, deceased, who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

(SEE REVERSE SIDE FOR LEGAL DESCRIPTION)

Permanent Index No.: 28-04-301-019-1229
Property Address: 5334 Waterbury Lane, #1201A, Crestwood, IL 60445

That the deceased died April 1, 2003, 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 COOK County, Illinois, about MAY 6, 2003.

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 require the payment of Federal or State Inheritance taxes.

UNOFFICIAL COPY

Affiant makes this affidavit for the purpose of inducing the title company to issue its title insurance policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Linda Kay Kosar

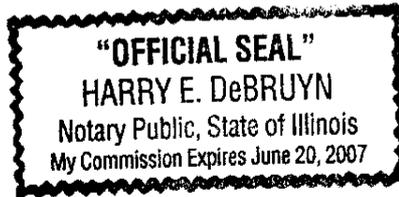
this 7 day of August, A.D. 2003

Harry E. DeBruyn
Notary Public

Linda Kay Kosar
(affiant's signature)

This Instrument Prepared By:

Harry E. DeBruyn, Atty.
DeBruyn, Taylor and DeBruyn Ltd.
15252 S. Harlem Avenue
Orland Park, IL 60462



LEGAL DESCRIPTION

Unit 1201A together with its undivided percentage interest in the common elements in Waterbury of Crestwood Condominium as delineated and defined in the Declaration recorded as Document No. 25298697, in the Southwest 1/4 of Section 4, Township 36 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index No.: 28-04-301-019-1229

Property Address: 5334 Waterbury Lane, #1201A, Crestwood, IL 60445

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

DAVID ORR, County Clerk

APR 03 2003

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

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.0	STATE OF ILLINOIS		STATE FILE NUMBER	
		REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
	1. MYRTLE M. CHRISTENSEN		2. FEMALE	3. APRIL 1, 2003		
	CITY OF DEATH		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)
	4. COOK		5a. 88	MOS. DAYS	HOURS MIN.	5d. March 9, 1915
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)	
	6a. PALOS HEIGHTS		6b. PALOS COMMUNITY HOSPITAL		6c. INPATIENT	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		9. No
	7. Davenport Iowa		8a. Widowed		8b. None	
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
	10. 480-07-8229		11a. Secretary	11b. Trucking	12. 12	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY		
13a. 5334 Waterbury Lane		13b. Crestwood	13c. Yes	13d. Cook		
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		
13e. Illinois		13f. 60445	4a. White	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST				
15. Chester Ulrich		16. Edna Coleman				
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. Linda Kosar		17b. Daughter	17c. 5452 W. 138th St. Crestwood IL 604			
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
Immediate Cause (Final disease or condition resulting in death)		(a) pneumonia		days		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF				
		(c) DUE TO, OR AS A CONSEQUENCE OF				
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	AUTOPSY (YES/NO)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)		
20a.		20b.	19a. NO	19b.		
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		21a. 4/1/03	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	21c. HOUR OF DEATH		
21a.		21b. NO	21c. 9:35P M.			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		22a. SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)		
22a. Michael Lendro		22b. 4/2/03				
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22c. ILLINOIS LICENSE NUMBER		22d. 036064592		
22c. Michael Lendro 15300 West Ave Oakwood Park Ill		22d.				
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.				
23.						
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)	
24a. Burial	24b. Chapel Hill Gardens	24c. Oak Lawn, Illinois			24d. April 4, 2003	
FUNERAL HOME	NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP	
25a. Blake-Lamb Funeral Home		4727 W. 103rd Street	Oak Lawn	Illinois	60453	
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				
25b. <i>Boemize Lamb</i>		25c. 034-011832				
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				
26a. <i>David Orr</i>		26b. APR 03 2003				