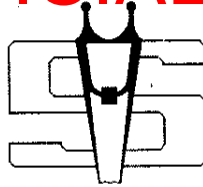


UNOFFICIAL COPY



Sanctity of Contract

Stewart Title Company of Illinois

Doc#: 0334920123
Eugene "Gene" Moore Fee: \$50.00
Cook County Recorder of Deeds
Date: 12/15/2003 09:19 AM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF Cook) SS.

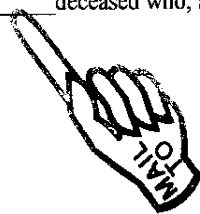
STCI File Number: 331713

331713

MIRIAM REHLANDER
being duly sworn states that she resides at 14802 S DEARBORN in the City of
DOLTON.

That she was acquainted with _____ deceased who, at the time of death, was one of the
sworn of the land in _____ County, Illinois, describes as:

See attached



3

That the deceased died March 21, 1991 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 COOK 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 < 10K dollars.

Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

this 28 day of October, A.D. 2003

Notary Public

Miriam Rehlander
(Affiant's Signature)

STEWART TITLE OF ILLINOIS
2 NORTH LASALLE STREET, SUITE 120
CHICAGO, IL 60602

UNOFFICIAL COPY

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.34
 REGISTERED NUMBER

DECEASED-NAME Conn D. Rehlander		MIDDLE		LAST		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. March 21, 1991
COUNTY OF DEATH Cook		AGE-LAST BIRTHDAY (YRS) 5a. 76	UNDER 1 DAY HOURS 5b.	MIN 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 4. January 07, 1915	IF HOSP OR INST, INDICATE D.O.A. OP-EMER, RM, INFANPAT (SPECIFY) 5c. DOA	
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. Harvey		6b. Ingalls Memorial Hospital		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Miriam Aycart Paladines		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. Yes	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Indiana		8a. Married		KIND OF BUSINESS OR INDUSTRY (E. Elementary; Secondary (8-12); College (1-4 or 5+)) 11a. Engineer		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
SOCIAL SECURITY NUMBER 10. 308-01-3764		USUAL OCCUPATION 11a. Engineer		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. Dolton		INSIDE CITY (YES/NO) 13c. No	
RESIDENCE (STREET AND NUMBER) 13a. 14802 Dearborn St.		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) 14b. <input checked="" type="checkbox"/> NO		COUNTY 13d. Cook	
FATHER-NAME FIRST MIDDLE LAST 13e. Yes		MOTHER-NAME FIRST MIDDLE LAST 14c. White		14d. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SPECIFY: (MAIDEN) LAST	
15. Ocha Rehlander		15. Mary Swanson		RELATIONS-SHIP		Mailing Address (Street and No. or R.F.D., City or Town, State, Zip) 17c. One Ingall Dr Harvey, IL 60426	
17a. Katherine Powell Medical Records Co		17b. One Ingall Dr		17c. One Ingall Dr		17d. Harvey, IL 60426	
18. PART I		Immediate Cause (Final disease or condition resulting in death) (a) Congestive Heart Failure		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. (b) Cardiac Arrhythmias		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. (c) Coronary Artery Disease		DUE TO, OR AS A CONSEQUENCE OF		DUE TO, OR AS A CONSEQUENCE OF		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 12. 12/2/91		MAJOR FINDINGS OF OPERATION 12. b. Myxolysis		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. Yes	
20a. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON February 1991		20b. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON February 1991		20c. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON February 1991		20d. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON February 1991	
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		21b. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON February 1991		21c. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON February 1991		21d. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON February 1991	
22a. SIGNATURE M.D. Tahir Abbasi		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) M.D. Tahir Abbasi, M.D. 17680 S. Kedzie Ave Hazel Crest, IL 60429		22b. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON February 1991		22c. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON February 1991	
23. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON February 1991		23a. SIGNATURE John J. Parzygnot		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) John J. Parzygnot		23b. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON February 1991	
24a. Burial		24b. Salem Chapel, Cem.		24c. Salem Heights, Indiana.		24d. 3/25/91	
25a. Kerr-Parzygnot Funeral Home		25b. 540 Dixie Hwy, Chicago Heights, Ill. 60411.		25c. F-8642		25d. 3/25/91	
26a. LOCAL REGISTRAR'S SIGNATURE John J. Parzygnot		26b. LOCAL REGISTRAR'S SIGNATURE John J. Parzygnot		26c. LOCAL REGISTRAR'S SIGNATURE John J. Parzygnot		26d. LOCAL REGISTRAR'S SIGNATURE John J. Parzygnot	

I HEREBY CERTIFY THAT the foregoing is true and correct copy of the DEATH record for the person named therein 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.

DATED MAR 25 1991 SIGNED [Signature] LOCAL REGISTRAR

The original of this record is permanently filed with the Illinois Dept. of Public Health in Springfield, Illinois, County Clerks and Local Registrars are authorized to make certifications from copies of the original record. The Illinois Statutes further provided that certification of a DEATH record by the Dept. of Public Health of the Local Registrar of the County Clerk shall be prima facts evidence in all courts and places of the facts therein stated.

UNOFFICIAL COPY

STEWART TITLE

GUARANTY COMPANY
HEREIN CALLED THE COMPANY

ALTA COMMITMENT

Schedule A - Legal Description

File Number: TM121946

Assoc. File No: "

COMMITMENT - LEGAL DESCRIPTION

Lot 48 in Town and Country Homes Addition to Ivanhoe, being a subdivision of Lot 5 in Verhoeven's Subdivision of the Northeast 1/4 of Section 9, Township 36 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Property of Cook County Clerk's Office

**STEWART TITLE GUARANTY
COMPANY**