

# UNOFFICIAL COPY 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  
HR H 24005764 ctu

KAREN HUGHES

being duly sworn states that SHE resides at 71 ILIAD DR  
in the City of TINLEY PARK

That SHE was acquainted with JOSEPH HUGHES deceased who, at the time of death,  
was one of the owners of the land in COOK County, Illinois, described as:



Doc#: 0406835320  
Eugene "Gene" Moore Fee: \$50.00  
Cook County Recorder of Deeds  
Date: 03/08/2004 02:02 PM Pg: 1 of 3

That the deceased died 10-29-03, 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 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.

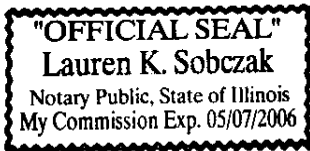
Subscribed and sworn to before me by the said

KAREN HUGHES

this 9<sup>th</sup> day of FEBRUARY, A.D. 2004

Lauren K Sobczak  
Notary Public

Karen A Hughes  
(Affiant's Signature)



**BOX 333-CTI**

# UNOFFICIAL COPY

STATE OF ILLINOIS )  
County of Cook )

DAVID ORR, County Clerk

OCT 30 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

<b>DECEDENT'S BIRTH NO.</b>	REGISTRATION DISTRICT NO. <b>16.0</b>	<b>STATE OF ILLINOIS</b>		STATE FILE NUMBER	
	REGISTERED NUMBER	<b>MEDICAL CERTIFICATE OF DEATH</b>			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS  DECEASED  B C D E  PARENTS  1 2 3  CAUSE  4 5 N P  CERTIFIER  22a 22c  DISPOSITION	DECEASED NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
	1. <b>Joseph P Hughes Jr.</b>		<b>2 Male</b>	<b>3 October 29, 2003</b>	
	COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR	DATE OF BIRTH (MONTH, DAY, YEAR)
	4. <b>Cook</b>		5a. <b>58</b>	5b. <b>58</b>	5c. <b>April 1, 1945</b>
	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. <b>Olympia Fields</b>		6b. <b>St. James Hospital</b>		6c. <b>Inpatient</b>
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
	7. <b>Chicago, IL</b>		8a. <b>Married</b>	8b. <b>Karen A. Morrow</b>	
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
	10. <b>332-36-1666</b>		11a. <b>Self-employed</b>	11b. <b>Consulting</b>	12. <b>12</b>
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	
13a. <b>71 Iliad Dr.</b>		13b. <b>Tinley Park</b>		13c. <b>Yes</b>	
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. <b>Illinois</b>		13f. <b>60477</b>	14a. <b>White</b>	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST			
15. <b>Joseph P. Hughes, Sr.</b>		16. <b>Patra Bauer</b>			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		
17a. <b>Karen A. Hughes</b>		17b. <b>Wife</b>	17c. <b>71 Iliad Dr., Tinley Park, IL 60477</b>		
<b>18. PART I.</b> 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.					
Immediate Cause (Final disease or condition resulting in death)		(a) <b>MALIGNANT CARDIAC ARRHYTHMIA</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		DUE TO, OR AS A CONSEQUENCE OF		<b>Months</b>	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) <b>CORONARY ART DISEASE</b>		<b>YEARS</b>	
		DUE TO, OR AS A CONSEQUENCE OF			
		(c) <b>DIABETES</b>		<b>YEARS</b>	
<b>PART II.</b> Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
<b>CONGESTIVE HEART FAILURE</b>					
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)	
20a.		20b.		19a. <input type="checkbox"/> 19b. <input type="checkbox"/>	
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>			
19. DID (NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
21a. <b>10/28/03</b>		21b. <b>NO</b>		21c. <b>3:07 A.M.</b>	
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)			
22b. <i>KR Burke</i>		22b. <b>10/29/03</b>			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER			
22c. <b>Kathryn Burke 20201 S. Crawford Oly. Fields, IL. 60461</b>		22d. <b>036075518</b>			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)					
23.					
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE	
24a. <b>Cremation</b>		24b. <b>Heritage Crematory</b>		24c. <b>Portage, IN</b>	
FUNERAL HOME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE ZIP	
25a. <b>Schroeder &amp; Lauer Funeral Home, 3227 Ridge Rd., Lansing, IL 60438</b>		DATE (MONTH, DAY, YEAR)		24d. <b>Nov. 3, 2003</b>	
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25b. <i>William C Ryan</i>		25c. <b>034-012210</b>			
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
26a. <i>David D. Orr</i>		26b. <b>OCT 30 2003</b>			

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ORDER NUMBER: 1408 H24005764 HE  
 STREET ADDRESS: 71 ILIAD DR  
 CITY: TINLEY PARK COUNTY: COOK  
 TAX NUMBER: 31-07-405-057-0000

**LEGAL DESCRIPTION:**

THAT PART OF LOT 9 IN BLOCK 3 OF THE ODYSSEY CLUB PHASE 1, A PLANNED UNIT DEVELOPMENT BEING A SUBDIVISION OF PART OF THE SOUTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 7, TOWNSHIP 35 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS:

COMMENCING AT THE NORTHWESTERLY CORNER OF SAID LOT 9; THENCE SOUTHERLY ALONG THE WESTERLY LINE OF SAID LOT 9, THE FOLLOWING TWO COURSES; SOUTH 05 DEGREES, 35 MINUTES, 20 SECONDS WEST 10.33 FEET SOUTHERLY, ALONG A CURVED LINE CONCAVE EASTERLY HAVING A RADIUS OF 429.58 FEET, AN ARC LENGTH OF 88.03 FEET TO THE WESTERLY EXTENSION OF THE CENTERLINE OF A PARTY WALL AND THE POINT OF BEGINNING; THENCE NORTH 83 DEGREES, 57 MINUTES, 55 SECONDS EAST, ALONG SAID CENTERLINE, A DISTANCE OF 157.01 FEET TO THE EASTERLY LINE OF SAID LOT 9; THENCE SOUTH 01 DEGREES, 36 MINUTES, 01 SECONDS WEST, ALONG THE EASTERLY LINE OF SAID LOT 9, A DISTANCE OF 40.08 FEET TO THE SOUTHERLY LINE OF SAID LOT 9; THENCE SOUTH 75 DEGREES, 41 MINUTES, 51 SECONDS WEST ALONG THE SOUTHERLY LINE OF SAID LOT 9, A DISTANCE OF 148.76 FEET TO THE WESTERLY LINE OF SAID LOT 9; THENCE NORTHERLY ALONG THE WESTERLY LINE OF SAID LOT 9, BEING A CURVED LINE CONCAVE EASTERLY, HAVING A RADIUS OF 429.58 FEET, AN ARC LENGTH OF 61.10 FEET TO THE POINT OF BEGINNING, ALL IN COOK COUNTY, ILLINOIS.

**PREPARED BY:**  
**MAIL TO:**

Harris Bank LLC  
 3800 Golf Rd. Ste. 300  
 Rolling Meadows, IL  
 60008