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① HE H23071120CTIC
CHICAGO TITLE INSURANCE COMPANY

505 E. NORTH AVE., CAROL STREAM, IL 60188

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }
COUNTY OF Cook } ss.

Order No.: 1408 TEST0000 HE

Richard J. Brady
being duly sworn states that he resides at 6142 W. 63rd P.
in the City of Chicago, Ill.

That he was acquired with Linda L. Brady deceased who, at the time of death,
was one of the owners of the land in Cook County, Illinois, described as:
6142 W. 63rd Pl. Chicago, Ill. 60638



Doc#: 0407801164
Eugene "Gene" Moore Fee: \$50.00
Cook County Recorder of Deeds
Date: 03/18/2004 09:55 AM Pg: 1 of 3

That the deceased died September 7, 1992, 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 _____.

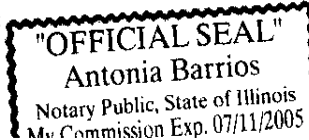
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of 220,092.00 dollars.

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

Richard J. Brady
this 1st day of March, A.D. 2004

Antonia Barrios
Notary Public



3K9
Richard J. Brady
(Affiant's Signature)

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02/03/2004 14:49 FAX 773 229 0947

HARRIS BANK

004/004

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.21
REGISTERED NUMBER 725

DECEASED-NAME
FIRST MIDDLE LAST
Linda L. Brady
SEX 2 Female
DATE OF DEATH (MONTH, DAY, YEAR)
September 7th, 1992
COUNTY OF DEATH
Cook
DATE OF BIRTH (MONTH, DAY, YEAR)
December 7th, 1951
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER
Berwyn
HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
MacNeal Hospital

6a. Berwyn
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
Married
8b. Richard J. Brady, Jr.
NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
7. Chicago, Illinois
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER
INDUSTRY
NURSE
11b. Great West N.H.
KIND OF BUSINESS

10. 356 40 4404
RESIDENCE (STREET AND NUMBER)
13a. Illinois
STATE
13b. Chicago
CITY, TOWN, TWP. OR ROAD DISTRICT NO.
13c. Yes
INSIDE CITY (YES/NO)
13d. Cook
COUNTY

13e. Illinois
FATHER-NAME FIRST MIDDLE LAST
ROBERT T. DORGAN
14. NO YES SPECIFY:
MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST
SHIRLEY M. SCHOMER

15. ROBERT T. DORGAN
FATHER-NAME FIRST MIDDLE LAST
16. SHIRLEY M. SCHOMER
MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST
17a. Kirsten Kwiatkowski
RELATIONSHIP
17b. Record Hosp
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17c. 17c. 3249 S.Oak Park Av., Berwyn, IL, 60402

17d. Illinois
CITY, TOWN, TWP. OR ROAD DISTRICT NO.
17e. White
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
17f. White
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
17g. White
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
17h. White
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
17i. White
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
17j. White
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
17k. White
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
17l. White
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
17m. White
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
17n. White
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
17o. White
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
17p. White
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
17q. White
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
17r. White
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
17s. White
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
17t. White
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
17u. White
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
17v. White
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
17w. White
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
17x. White
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
17y. White
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
17z. White
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)

18. PART I. Enter the disease, or complication, 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.
(a) Multiple pulmonary emboli
(b) Metastatic breast cancer
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
(c)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
DATE OF OPERATION, IF ANY
20a. Sept 06, 1992
DATE (MONTH, DAY, YEAR)
20b. Arthur Ross MD
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)
20c. 3340 S.Oak Park Av., Berwyn, I.L., 60402
NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)

21. SIGNATURE
Arthur Ross MD
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)
22. Sept 06, 1992
DATE (MONTH, DAY, YEAR)
23. Arthur Ross MD
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)

24. HOLY SEPULCHRE
CEMETERY OR CREMATORY-NAME
24a. WORTH, ILLINOIS
CITY OR TOWN
24b. WORTH, ILLINOIS
LOCATION
24c. WORTH, ILLINOIS
CITY OR TOWN
24d. WORTH, ILLINOIS
LOCATION
24e. WORTH, ILLINOIS
LOCATION
24f. WORTH, ILLINOIS
LOCATION
24g. WORTH, ILLINOIS
LOCATION
24h. WORTH, ILLINOIS
LOCATION
24i. WORTH, ILLINOIS
LOCATION
24j. WORTH, ILLINOIS
LOCATION
24k. WORTH, ILLINOIS
LOCATION
24l. WORTH, ILLINOIS
LOCATION
24m. WORTH, ILLINOIS
LOCATION
24n. WORTH, ILLINOIS
LOCATION
24o. WORTH, ILLINOIS
LOCATION
24p. WORTH, ILLINOIS
LOCATION
24q. WORTH, ILLINOIS
LOCATION
24r. WORTH, ILLINOIS
LOCATION
24s. WORTH, ILLINOIS
LOCATION
24t. WORTH, ILLINOIS
LOCATION
24u. WORTH, ILLINOIS
LOCATION
24v. WORTH, ILLINOIS
LOCATION
24w. WORTH, ILLINOIS
LOCATION
24x. WORTH, ILLINOIS
LOCATION
24y. WORTH, ILLINOIS
LOCATION
24z. WORTH, ILLINOIS
LOCATION

25. MODELL FUNERAL HOME
FUNERAL HOME
25a. 5735 S. PULASKI RD. CHICAGO, ILLINOIS 60629
STREET AND NUMBER OR R.F.D.
25b. Robert J. Madelaki
FUNERAL DIRECTOR'S SIGNATURE
25c. 034-011570
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25d. SEP 9 1992
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
25e. SEP 9 1992
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

! HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record for the person named 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.
SIGNED: _____ DATE: SEP 9 1992
OFFICIAL TITLE: DEPUTY REGISTRAR
AT: BERWRYN, ILLINOIS
The original record is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of this record by the Department of Public Health or the local registrar shall be prima facie evidence in all courts and places of the facts therein.

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CHICAGO TITLE INSURANCE COMPANY

ORDER NUMBER: 1408 H23071120 HE
STREET ADDRESS: 6142 W 63RD PL
CITY: CHICAGO **COUNTY:** COOK
TAX NUMBER: 19-20-102-030-0000

LEGAL DESCRIPTION:

LOT 30 IN BLOCK 8 IN FREDERICK H. BARTLETT'S CHICAGO HIGHLANDS IN THE NORTHWEST
1/4 OF SECTION 20, TOWNSHIP 38 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL
MERIDIAN, IN COOK COUNTY, ILLINOIS

PREPARED BY:

MAIL TO:

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