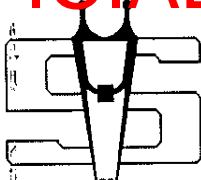


UNOFFICIAL COPY

370672



Sanctity of Contract

Stewart Title Company of Illinois



Doc#: 0408504043
Eugene "Gene" Moore Fee: \$50.00
Cook County Recorder of Deeds
Date: 03/25/2004 09:58 AM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF) SS.

STCI File Number: 370672

being duly sworn states that _____ resides at _____ in the City of _____

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

That the deceased died 8-9-78 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.

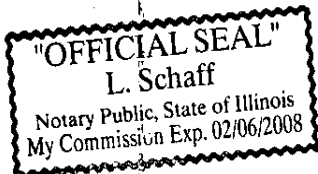
Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy., describing the above mentioned property.

Subscribed and sworn to before me by the said

this 15 day of March, A.D. 2004
Schaff
Notary Public

X Emma Love
(Affiant's Signature)

STEWART TITLE OF ILLINOIS
2 N. LA SALLE STREET
SUITE 1920
CHICAGO, IL 60602



3 P

UNOFFICIAL COPY
LEGAL DESCRIPTION**EXHIBIT "A"****File No.: 367680**

PARCEL 1: LOT 40 IN PAGE'S FIFTH KENILWOOD SUBDIVISION, BEING A SUBDIVISION OF THE SOUTH ½ OF THE EAST ½ OF THE SOUTHEAST ¼ OF THE NORTH EAST ¼ OF SECTION 25, TOWNSHIP 43 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED MARCH 4, 1965 AS DOCUMENT 1255942, IN BOOK 42 OF PLATS, PAGE 7, IN LAKE COUNTY, ILLINOIS.

PARCEL 2: EASEMENT FOR INGRESS AND EGRESS FOR THE BENEFIT OF PARCEL 1, AFORESAID, FROM WOODLAND LANE TO THE WEST LINE OF PARCEL 1 OVER THE SOUTH 35 FEET OF THE NORTH EAST ½ OF THE SOUTH WEST ¼ OF THE NORTH EAST ¼ OF SECTION 25, TOWNSHIP 43 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, AND THE SOUTH 35 FEET OF THE WEST 16.5 FEET OF THE NORTH WEST ¼ OF THE SOUTH EAST ¼ OF THE NORTH EAST ¼ OF SECTION 25, TOWNSHIP AND RANGE AFORESAID, AS CREATED BY INSTRUMENT DATED FEBRUARY 9, 1946 AND RECORDED FEBRUARY 15, 1946, AS DOCUMENT 582254 AND RE-RECORDED MARCH 19, 1946 AS DOCUMENT 584902 AND BY INSTRUMENT DATED MARCH 29, 1963 AND RECORDED APRIL 24, 1963, AS DOCUMENT 1183475 AND OVER THAT PART OF A PRIVATE ROAD KNOWN AS CRESTWOOD LANE, AS SHOWN AND CREATED ON THE PLAT OF PAGES 4TH KENILWOOD SUBDIVISION, RECORDED SEPTEMBER 21, 1962 AS DOCUMENT 1162926, IN LAKE COUNTY, ILLINOIS.

Proprietary
Lake County Clerk's Office

UNOFFICIAL COPY

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

364

REGISTRATION DISTRICT NO. 16.23
REGISTERED NUMBER 936

DECEASED - NAME: **ELLIS LOVE** SEX: **2 MALE** DATE OF DEATH: **3 AUGUST 9, 1978**

1. RACE: **BLACK** (WHITE, BLACK, AMERICAN INDIAN, ETC.)
 2. AGE: **61** (LAST BIRTHDAY) UNDER 1 YEAR: **NO** 1 YEAR: **NO** 1 DAY: **NO** HOURS: **5C** MIN: **5C**
 3. DATE OF BIRTH: **6 FEB 16, 1917** COUNTY OF DEATH: **75 COOK**
 4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **EVANSTON** HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **EVANSTON HOSPITAL** 7d. **IN PATIENT**

7b. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTY): **NORTH CAROLINA** 9. U.S.A. **MARRIED** 11. **EMMA JONES**
 10. **MARRIED** 13c. **Yes** 13d. **KW II**
 12. SOCIAL SECURITY NUMBER: **246 07 1603** LABORER 13b. **City of Evanston** 14c. **YES** 14d. **COOK** 14e. **ILLINOIS**
 14a. RESIDENCE STREET AND NUMBER: **1139 MCDANIEL** 14b. **EVANSTON** 14c. **YES** 14d. **COOK** 14e. **ILLINOIS**

FATHER - NAME: **JAMES LOVE** MOTHER - MAIDEN NAME: **LUCILLE BIGELOW**

15. INFORMANT'S SIGNATURE: **ANNIE HONNY** MIDDLE: **LOVE** LAST: **LOVE** 16. **RECORD** 17a. **2650 RIDGE AVE** 17b. **EVANSTON, ILL. 60201**

18. DEATH WAS CAUSED BY: (ENTER ONLY ONE OR MORE LINE FOR (a), (b), AND (c))
 IMMEDIATE CAUSE: **Bilateral Cerebral Hemorrhage**
 (a) DUE TO OR AS CONSEQUENCE OF: **Arteriosclerosis of femoral**
 (b) DUE TO OR AS CONSEQUENCE OF: **Arteriosclerosis of femoral**
 (c) OTHER SIGNIFICANT CONDITIONS: **conditions continuing to death but not related to causative factors**

19. DATE OF OPERATION, IF ANY: **July 19, 1977** MAJOR FINDING OF OPERATION: **Bacterial sepsis, deaerated Coagulopathy**
 20a. LATTENDED THE DECEASED FROM: **July 17, 1977** 20b. **Admission of patient**
 21a. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: **August 9, 1977** 21b. **Aug 9, 1977** 21c. **Aug 9, 1977** 21d. **0855 M.**

22a. SIGNATURE: **Charles Drucek** 22b. **Aug 10, 1978** 22c. **36-45746**
 22d. **36-45746**

23. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): **Charles Drucek M.D.** 23a. **EVANSTON, ILL. 60201**
 23b. **EVANSTON, ILL. 60201**
 24. CEMETERY OR CREMATORY - NAME: **Burial** 24a. **Northbrook, Illinois** 24b. **Northbrook, Illinois** 24c. **Northbrook, Illinois** 24d. **Aug. 12, 1978**
 25. FUNERAL HOME: **House of Thompson 1917 Asbury Ave. Evanston, Illinois 60201**
 25a. **House of Thompson 1917 Asbury Ave. Evanston, Illinois 60201**
 25b. **6915**
 26a. LOCAL REGISTRAR'S SIGNATURE: **[Signature]** 26b. **August 11, 1978**
 26c. **6915**
 26d. **August 11, 1978**

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER MUST BE NOTIFIED.

27. FUNERAL DIRECTOR'S SIGNATURE: **[Signature]** 27a. **6915**
 27b. **6915**
 27c. **August 11, 1978**
 27d. **August 11, 1978**

OFFICE OF VITAL RECORDS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62761

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield, County clerk and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

DATE: August 11, 1978
 SIGNED: **[Signature]**
 LOCAL REGISTRAR: **[Signature]**
 OFFICIAL TITLE: **Local Registrar**
 CITY: **Evanson**