

Sanctity of Contract

Doc#: 0411404048 Eugene "Gene" Moore Fee: \$50.00 Cook County Recorder of Deeds

Date: 04/23/2004 09:52 AM Pg: 1 of 3

Stewart Title Company of Illinois

•	DECEASED JOINT	TENANCY AFFIDAVIT	
STATE OF ILLINOIS) COUNTY OF (MC) SS.		STCI File Number: 374373	
heing duly sworn states that Sign)eters	resides at 1505 South SCOVILLE	in the City of
Berwyn, IL 60407	Richard D.	Peress deceased who, at the time	
See attac	hed legal		
That the deceased died New attached hereto.	26,1993	as evidenced by a certified copy of deat	a certificate of the deceased
Dankata Division of the Circuit Court	opy of which is attached hereto	o. The original of the unpressen will should be foois. Will Box of the Probate Division of the Circuit	
That the total value of the estate of the decidenancy at the time of the death of the decidenancy	eased, including both real and eased, does not exceed the sun	personal property owned by the decease 1 either of	r individually or in joint dollars.
Affiant makes this affidavit for the purpos property.	e of inducing Stewart Title Co	mpany to issue its Title Insurance Policy., descr	thing the above mentioned
Subscribed and sworn to before me by the	said	Z0900-71-4-0-0-	_
Batucia A- Retus this HA day of April, A.I	D. #2004	T TITLE OF ILLINOIS ALLESTREET, SUITE 1920 CAGO, IL 60602	STEWAR? 2northlas Ceu
Notary Public	UN Ç	Affiant's Signature)	
"OFFICIA Susan J Notary Public, S My Commission I	. Ivens		3 82

0411404048 Page: 2 of 3

File Number: TM14137 UNOFFICIAL COPY LEGAL DESCRIPTION

Lot 45 and the South 4 feet of Lot 46 in Page's Subdivision of Block 62 in the Subdivision of Section 19 (except the South 300 acres thereof) in Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Commonly known as: 1505 South Scoville

Berwyn IL 60402

Property of Cook County Clerk's Office

0411404048 Page: 3 of 3 halt this record was established I HEREBY CERTIFY THAT the foregoing is a the and force to copy and filed in my office in accordance with the provisions of the Illinois of the n of bilths, stillbirths, and deaths. 3 1993 DATE: DEPUTY REGISTRAR OFFICIAL TITLE: BERWYN, 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. PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS Funeral Directors REGISTERED NUMBER COUNTY OF DEATH 6a. Berwyn
BIRTHPLACE (CITYAND STATE OR
FOREIGN COUNTRY) ECEASED-NAME 22a. SIGNATURE > TO THE BEST OF MY KNOWLED DAT & O. C. PERATION, IF ANY 18. PAHT I. Immediate Cause (F disease or condition resulting in death) Chicago TATING THE UNDERLY 324-22-9128 Cremation ž NG

DECEDENT'S BIRTH NO. REGISTRATION DISTRICT NO. 4. COOK
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER Ther significant conditions contributing to death but not resulting in the underlying cause given in PARTI 5/89) IDING PHYSICIAN IF OTHER THAN CERTIFIER Richard CEMETERY OR CREMATORY-NAME TUETO, OR AS A CONSEQUENCE OF FIRST DUE TO, OR AS A CONSEQUENCE OF MARRIED, NEVER MARF WIDOWED, DIVORCED OKARY MAJOR FINDINGS OF OPERATION MEDICAL CERTIFICATE OF DEATH tailure. List only one Park Illinois Department of Public Health-AGE-LAST BIRTHDAY . U HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Crematory 0 linois. Q nat caused the death. Do not enter cause on each line. W STREET AND NUMBER OR R.F D. 123 STATE OF ILLINOIS KINT OF BUSINESS OR INDUSTRY NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Scoville ながら 70 GE AND DUE TO THE CAUSE(S) STATED OF HISPANIC ORIGIN? (SPECIFY LOCATION Š 4 Northwest the mode of dying, such as cardiac or respiratory arrest 70 Forest, 216 CITY OR TOWN Male DATE OF BIRTH (MONTH, DAY, YEAR) Hwy Scoville es NOOR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 266 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER Illinois DATE OF DEATH May (YES/NO) Prospect, IFFEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 26 ILLINOIS LICENSE NUMBER 22d O 36 CITY OR TOWN HIGHEST GRADE COMPLETED)
College (1-4 or 5 +) MONTH, DAY 13d. YES 🗆 HOSP. OR INST, INDICATE D.O.A. <u> 1993</u> 196 DORONER OR MEDICAL EXAMINE P 00 24d May ĕ MAIDEN) H STATE, ZIP APPROXIMATE INTERVAL EDFORCES? (YES/NO) O 2:00 (MONTH, DAY, YEAR) MONTH, DAY, YEAR) 60402 200 28 206

(BASED ON 1989 U.S. STANDARD CERTIFICATE

1993

A M.

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