



UNOFFICIAL COPY CHICAGO TITLE INSURANCE COMPANY

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

① HE

DECEASED JOINT TENANCY AFFIDAVIT

H 24023546

STATE OF ILLINOIS }
COUNTY OF } ss.

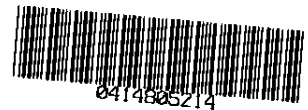
Order No.: 1408 TEST0000 HE

CTIC

AUDREY J. NEVERS

being duly sworn states that SHE resides at 354 EASTERN AVE.
in the City of BARRINGTON, ILLINOIS

That SHE was acquainted with LEE P. NEVERS deceased who, at the time of death,
was one of the owners of the land in COOK County, Illinois, described as:



Doc#: 0414805214
Eugene "Gene" Moore Fee: \$50.00
Cook County Recorder of Deeds
Date: 05/27/2004 12:15 PM Pg: 1 of 3

That the deceased died DECEMBER 24, 2000, 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 _____.

3P

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.

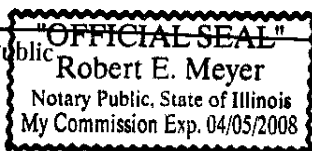
Affiant makes this affidavit for the purpose of inducing Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Audrey J. Nevers
this 10th day of MAY, A.D. 2004

[Signature]

Notary Public



Audrey Nevers
(Affiant's Signature)

BOX 333-CTI

UNOFFICIAL COPY

CITY OF CHICAGO

DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**

REGISTERED NUMBER

STATE FILE NUMBER: **620559**

DECEASED-NAME: **LEE** FIRST **NEVERS** LAST

1. COUNTY OF DEATH: **COOK COUNTY** DATE OF DEATH: **3 December 24th 2000**

2. AGE-LAST BIRTHDAY (YRS): **62** UNDER 1 DAY: **None** SEX: **Male**

3. CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER: **Chicago, Illinois** DATE OF BIRTH: **5 October 24, 1938**

4. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **Northwestern Memorial Hospital**

5. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **Audrey Mosher**

6. QUINCY, MA SOCIAL SECURITY NUMBER: **10-032-28-0850** KIND OF BUSINESS OR INDUSTRY: **Computer**

7. RESIDENCE (STREET AND NUMBER): **354 Eastern Avenue** CITY, TOWN, TWP. OR ROAD/DISTRICT NO.: **Barrington**

8. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): **White** INSIDE CITY (YES/NO): **Yes**

9. FATHER-NAME: **Frank Nevers** MOTHER-NAME: **Josephine**

10. RELATIONSHIP: **Wife** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **17c 251 E. Huron, Chicago, Illinois 60611**

11. IMMEDIATE CAUSE (Final disease or condition resulting in death): **Chronic Lymphocytic Leukemia**

12. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **Aplastic Anemia**

13. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

14. DATE OF OPERATION, IF ANY: **None** MAJOR FINDINGS OF OPERATION: **None**

15. (1) (DID NOT) ATTEND THE DECEASED AND AS A SAW HIM/HER LIVE ON: **December 24 2000**

16. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

17. SIGNATURE: **Ann Mironowski** NAME AND ADDRESS OF CERTIFIER: **251 E. Huron Chicago, Illinois 60611**

18. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: **Dr. W. I. Gordon**

19. BURIAL, CREMATION, REMOVAL (SPECIFY): **Burial** CEMETERY OR CREMATORY-NAME: **Evergreen Cemetery**

20. FUNERAL HOME: **24b. Evergreen Cemetery**

21. FUNERAL DIRECTOR'S SIGNATURE: **Jack Davenport** STREET AND NUMBER OR R.F.D.: **149 W. Main Street, Barrington, IL**

22. LOCAL REGISTRAR'S SIGNATURE: **Jack Davenport** CITY OR TOWN: **Barrington, IL** STATE: **IL**

23. ILLINOIS LICENSE NUMBER: **220-025-040987** DATE (MONTH, DAY, YEAR): **24 Dec. 29, 2000**

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

25. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **DEC 29 2000**

26. ZIP: **60010**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

DEC 29 2000

I, **Stella Lyne RSM**, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD LAW AND ORDINANCE OF SAID

Stella Lyne RSM
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

UNOFFICIAL COPY**CHICAGO TITLE INSURANCE COMPANY**

ORDER NUMBER: 1408 H24023546 HE
STREET ADDRESS: 354 EASTER AVENUE
CITY: BARRINGTON **COUNTY:** COOK
TAX NUMBER: 01-01-211-033-1011

LEGAL DESCRIPTION:

UNIT B-3 AS DELINEATED ON THE PLAT OF SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE (HEREINAFTER REFERRED TO AS PARCEL): LOTS 5, 6, 7, AND 8 IN BLOCK 6 IN ARTHUR I. MC INTOSH AND CO'S MAIN STREET ADDITION TO BARRINGTON, A SUBDIVISION OF PART OF LOT 2 IN COUNTY CLERK'S DIVISION OF THE NORTHEAST 1/4 OF SECTION 1, TOWNSHIP 42 NORTH, RANGE 9 EAST OF THE THIRD PRINCIPAL MERIDIAN, WHICH PLAT OF SURVEY IS ATTACHED AS EXHIBIT 'A' TO DECLARATION OF CONDOMINIUM MADE BY PROVINCIAL MANOR, INCORPORATED, A CORPORATION OF ILLINOIS, RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS, AS DOCUMENT NUMBER 21576919 AS AMENDED FROM TIME TO TIME; TOGETHER WITH AN UNDIVIDED 5.227 PER CENT INTEREST IN SAID PARCEL (EXCEPTING FROM SAID PARCEL ALL THE PROPERTY AND SPACE COMPRISING ALL THE UNITS THEREOF AS DEFINED AND SET FORTH IN SAID DECLARATION AND SURVEY), IN COOK COUNTY, ILLINOIS

PREPARED BY:

MAIL TO:

Harris Bank LLC

3800 Golf Rd. Ste. 300

Rolling Meadows, IL 60008