

H 24021985

UNOFFICIAL COPY



CHICAGO TITLE INSURANCE COMPANY

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

HE

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }  
COUNTY OF Cook } ss.

Order No.: 1408 TEST0000 HE

Diane M. Vega  
being duly sworn states that she resides at 1907 Albany Ct  
in the City of Elk Grove Village

That she was acquainted with Edward Rice deceased who, at the time of death,  
was one of the owners of the land in Cook County, Illinois, described as:



Doc#: 0415333180  
Eugene "Gene" Moore Fee: \$50.00  
Cook County Recorder of Deeds  
Date: 06/01/2004 10:21 AM Pg: 1 of 3

3P

That the deceased died 12/26/02, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

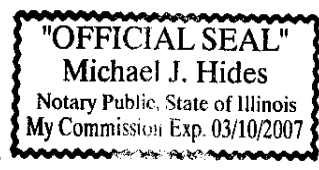
- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois.
- Leaving a Last Will & Testament which was filed in 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

Diane M. Vega  
this 19th day of May, A.D. 2004



[Signature]  
Notary Public

[Signature]  
(Affiant's Signature)

BOX 333-07

H 240 21985 UNOFFICIAL COPY

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

DECEDENT'S BIRTH NO. REGISTRATION DISTRICT NO. 101 REGISTERED NUMBER 2559

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

Type of Print In Permanent Ink See Funeral Director, Hospital, or Physician Handbook for Instructions

DECEASED

PARENTS

CAUSE

CERTIFIER

DISPOSITION

Main form containing fields for DECEASED, PARENTS, CAUSE, CERTIFIER, and DISPOSITION. Includes handwritten entries for Augustina Rice, cause of death 'Sepsis', and certifier 'John A. Perry'.

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named as item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE DEC 31 2002 SIGNED J. Maichle Bacon REGISTRAR OFFICIAL TITLE BY Linda Sue Malone Deputy Registrar

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerk's 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 or the local registrar or the county clerk shall be considered as prima facie evidence of the facts therein stated.

VR 203B (1996) BUREAU OF VITAL RECORDS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62706

# UNOFFICIAL COPY



## CHICAGO TITLE INSURANCE COMPANY

ORDER NUMBER: 1408 H24021985 HE  
STREET ADDRESS: 1907 ALBANY CT  
CITY: ELK GROVE VILLAGE COUNTY: COOK  
TAX NUMBER: 07-26-408-027-0000

**LEGAL DESCRIPTION:**

LOT 37 IN WINSTON GROVE SECTION 23 "B" RESUBDIVISION NUMBER 2, BEING SUBDIVISIONS OF PART OF SECTION 26, TOWNSHIP 41 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED SEPTEMBER 20, 1984 AS DOCUMENT 27262583 IN COOK COUNTY, ILLINOIS.

**PREPARED BY:**

**MAIL TO:**

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