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Doc#: 0416022138
Eugene "Gene" Moore Fee: \$50.50
Cook County Recorder of Deeds
Date: 06/08/2004 11:54 AM Pg: 1 of 3

### FIRST AMERICAN TITLE INSURANCE COMPANY

#### DECEASED JOINT TENANT AFFIDAVIT

STA	TE OF ILLINOIS	)	00	DATE:_ <i>\(\Delta\)</i>	ugust 8, 2003
COI	MIYOF COOK	)	SS	FATIC NO	).: <u>U</u>
	LRENE PATNE	EL	, being fir	st duly sworn, for	the purpose of
indu	icing First America. Title In	surance Comp	any to issue	its' title insurance	e policy covering the
land	described in the above capt	ioned commits	ment, depose	es and says;	
1.	That he/she resides at:	10 S. Ke	enwood		160 60039
2.	That halpha was acquainted	vith ///	ノエジドサレ	C PHINE	WIIO
	died on <b>Necember 34</b>	, as e			
3.	That said decedent was one commitment.	of the owners	of the land of	lescribed in the at	ove captioned
4.	That said decedent died:		<u>_</u>		
••	_	t will and testa	imeni.	aus .	
	/ I coving a last	will and testan	nent a ເດືອນ	of which is attach	ied.
5.	That the total value of said and Federal Estate tax purp	decedent's est	ate for Stage	of Illinois Inherit	ance Tax/Estate Tax  Able ESTATE
	1 1			Live	e Patrice
				Affrant's Signatur	e
					9
Su	bscribed and sworn to before	e me this 11-	<u>7H</u> day of _	<u>Augus</u>	, 2002 2002
				OF	FICIAL SEAL
				Notary Publiciary	Pulling State of Illinois  K COUATY, ILLINOIS  ission the res Aug. 6, 2004
				*********	**************************************

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	01 Z	1	<b></b>			<u> </u>	3,3	o.
TOCAL REGISTRAPS SIGNATURE	FUNERAL HOME  25a. CREMATION  FUNERAL DIRECTORS SK  25b.	PARTIE TO LIN NOTH VEST ME  22C. HON KIN NOTHER HANCERTIFIER  NAME OF ATTENDING PHYSICIAN IF OTHER HANCERTIFIER  NAME OF ATTENDING PHYSICIAN IF OTHER HANCERTIFIER  23. W. I.C. B. L. J. L.	DATE OF OPERATION, IF ANY  201  201  10 IDIA DID NOTI ATTEND THE DECEASED AND AST SAW HIM HEN ALIVE ON  21a.  10 THE BEST OF MY KNOWLEDGE, DEAT  10 THE BEST OF MY KNOWLEDGE, DEAT  22a. SIGNATURE  22a. SIGNATURE	CONDITIONS, IF ANY WHICH GIVE RISE TO NAMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.  PART II. Oner significant conditions control.	FATHER-NAME FIRST B  15. SAUL B  15. SAUL B  17a. Deircite M. Baddot  17a. Deircite M. Baddot  18. PARTI. Enter Hedisse  Innrodiate Cause (Final	THPLACE ICITY AND STATE OF REGINCOUNTRY) CHICAGO IL CHICAGO SOUTH KEN SIDENCE ISTREET AND NUMBERI SIDENCE ISTREET AND NUM	UBICI SP EN	REGISTRATION 6 10
·	ETY OF ILLINO	THAT I SEET OREST CREMATORY AND STREET AND S	MAJOR FINDINGS OF OPERATION  20b.  ASED (MONTH DAY, YEAR)  B C 2 4 2 C C C TIME, DATE  DEATH OCCURRET A C TIME, DATE  DEATH OCCURRET A C C TIME, DATE  OF A C C C C C C C C C C C C C C C C C C		PATNER PATNER ses, or complications # tailure. List only one the complication of the complete of the compl	O, NEVER MARKIED.  (ARRIED OCCUPATION  ATTORNEY  OTY, T  D AVE  ROCE (WHITE, BLACK, AME 148, WHITE  LAST  LAST		MEDICAL CERTIF
	NORTHWEST HWY CH	LOCATION CITYORTON 24c. ROEMOVILLE ORRED. CITY	WAS CORONI EXAMINER NO 21b. TO THE CAUSE(S) ST	nin PA, IT t.	SE ESS (SIECAL Such as card	IRENE HERMAN PROSINESSON INDUSTRY LAW LAW PROAD DISTRICT NO. HICAGO OF HISPANICONIGIN? (1) 14b. X) NO. MOTHER-NAME FIRE	DAYS HOURS NIN 50.  JTION-NAME (IF NOT IN ETHER, G)  HE STRYVING SPOUSE (MADE	OF ILLINOIS   FICATE OF DEA
	CHICAGO ILLINOIS 60631  FUNERAL DIRECTOR SILLINOISLICENSE NUMBER  25C. 034-011165  DATE FIE EDBYLOCKY PLOST 19 19 19 19 19 19 19 19 19 19 19 19 19	NOIS STATE  NOTE  STATE  NOIS  STATE  NOIS  STATE  NOIS  STATE	MEDICAL OR PRESING	AUTOPSY WERE AUTOPSY FROMOS AVALABLE PRIOR TO (YES/NO) COMPLETION OF CURSE OF DEATH FROM TO 19b. 19b. 19b. 19b. 19b. 19b. 19b. 19b.	NDNO ORRED, CITYOR TOWN, STATE, ZIP)  LUTON (Lhicago (LCINOIS  acorrespiratory arrest, BETWEENONSET AND	ONLY HIGHEST ( J. Coll. of Col	3 De cember 34 2 000 RTH (MONTH DAY, YEAR)  APRIL 15 1931 APRIL 15 1931 SIE HAVOLD 6c Inpatient (SPECIFY) WAS DECEASED FOR THE MAJOR OF OR TES (YES MO)	STATE FILE NUMBER  1000 409  OF DEATH IMONTH, DAY, YEAR)
		THIS (LAMINER LAMINER )	M. M. PEARIN	PRIORITO PRIORITO PER CONTROL	60611	• ,	THE REC	STA

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

I, SHEILA LYNE, RSM, LOCAL
REGISTRAR OF VITAL STATISTICS OF
REGISTRAR OF VITAL STATISTICS OF
THE CITY OF CHICAGO, DO HEREBY
CERTIFY THAT I AM THE KEEPER OF
THE RECORDS OF BIRTHS, STILLBIRTHS
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
KEPT BY ME IN ORDINANCE OF SAID
LAW AND ORDINANCES.

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

LOCAL REGISTRAR

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Form No. 3301 (6/00) Short Form Commitment, EAGLE SUPER EAGLE ORDER NO: 1867006 FILE NO: 1867006 LENDER REF: AB00385765

#### Exhibit "A"

The land referred to in this policy is situated in the STATE OF ILLINOIS, COUNTY OF COOK, CITY OF CHICAGO, and described as follows:

THE SOUTH 10 FEET OF LOT 8 AND NORTH 25 FEET OF LOT 9 IN BLOCK 60 IN HOPKIN'S ADDITION TO HYDE PARK, A SUBDITION OF THE WEST HALF OF THE NORTHEAST QUARTER OF SECTION 14, TOWNSHIP 38 NORTH, XANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.