

UNOFFICIAL COPY



CHICAGO TITLE INSURANCE COMPANY

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

DECEASED JOINT TENANCY AFFIDAVIT

①

HE H/24023865CTIC

STATE OF ILLINOIS }
COUNTY OF COOK } ss.

Order No.: 1408 TEST0000- HE

EILEEN M. STEWARD

being duly sworn states that SHE resides at 607 MERLIN DRIVE
in the City of SCHAUMBURG.

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

LOT 211 IN LANCER SUBDIVISION UNIT NO. 2, BEING A SUBDIVISION IN THE
NORTHWEST 1/4 OF SECTION 26, TOWNSHIP 41 NORTH, RANGE 10, EAST OF THE THIRD
PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED MAY 26, 1972
AS DOCUMENT 2625606, IN COOK COUNTY, ILLINOIS.



Doc#: 0416333236
Eugene "Gene" Moore Fee: \$50.00
Cook County Recorder of Deeds
Date: 06/11/2004 10:57 AM Pg: 1 of 3

That the deceased died APRIL 07 2002, 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.

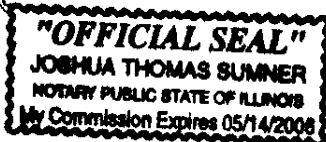
Subscribed and sworn to before me by the said

EILEEN M STEWARD

this 19 day of MAY, A.D. 2004

Notary Public

Eileen M. Steward
(Affiant's Signature)



BOX 333-CTI

UNOFFICIAL COPY

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. <u>16.0</u>	STATE OF ILLINOIS
REGISTERED NUMBER	
DECEASED-NAME	FIRST MIDDLE LAST
George Russell Steward	Male
COUNTY OF DEATH	DATE OF DEATH (MONTH, DAY, YEAR)
Cook	3 April 7, 2002
AGE-LAST BIRTHDAY (YRS) 5a. <u>62</u>	DATE OF BIRTH (MONTH DAY YEAR) 5d. <u>February 2, 1940</u>
HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN FIFTH GIVE STREET AND NUMBER)	IF HOSP. OR INST. INDICATE DOA, OPIEMER, RM, INPATIENT (SPECIFY)
6b. <u>Alexian Brothers Hospice House</u>	6c. <u>Inpatient</u>
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	WAS DECERASED WHILE IN US ARMED FORCES (YES/NO)
8a. <u>Married</u>	9. <u>Yes</u>
USUAL OCCUPATION	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
11a. <u>Technician</u>	College (4, 5, 6, 7)
10. <u>344-32-3948</u>	2. <u>2</u>
RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) 13c. <u>Yes</u>
13a. <u>607 Merlin Drive</u>	13b. <u>Schaumburg</u>
13c. <u>Illinois</u>	13d. <u>Cook</u>
14a. <u>White</u>	14b. <u>XX</u> NO <input type="checkbox"/> YES <input type="checkbox"/> SPECIFY: <u>White</u>
FATHER-NAME FIRST MIDDLE LAST	MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST
15. <u>Russell - Steward</u>	<u>Gertrude - Gendek</u>
INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP
17a. <u>Eileen Steward</u>	17b. <u>Wife</u>
17c. <u>607 Merlin Dr., Schaumburg, IL 60193</u>	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.	
(a) Immediate Cause (Final disease or condition resulting in death) <u>DM, CRF, CHF</u>	
(b) DUE TO, OR AS A CONSEQUENCE OF <u>Anoxic Encephalopathy</u>	
(c) DUE TO, OR AS A CONSEQUENCE OF <u>Ventricular fibrillation</u>	
DUE TO, OR AS A CONSEQUENCE OF <u>Ischemic Cardiomyopathy</u>	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	
DATE OF OPERATION, IF ANY	
20a. <u>2/15/02</u>	
20b. <u>Edward & Sons</u>	
20c. <u>Palatine, IL</u>	
20d. <u>330 W. Golf Road</u>	
20e. <u>60195-3533</u>	
20f. <u>Illinois</u>	
20g. <u>25c. 034-010667</u>	
20h. <u>APR 10 2002</u>	
20i. <u>Palatine, Illinois</u>	
20j. <u>330 W. Golf Road</u>	
20k. <u>60195-3533</u>	
20l. <u>Illinois</u>	
20m. <u>25c. 034-010667</u>	
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20s. <u>25c. 034-010667</u>	
20t. <u>APR 10 2002</u>	
20u. <u>Palatine, Illinois</u>	
20v. <u>330 W. Golf Road</u>	
20w. <u>60195-3533</u>	
20x. <u>Illinois</u>	
20y. <u>25c. 034-010667</u>	
20z. <u>APR 10 2002</u>	
21. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME AND PLACE AND DUE TO THE CAUSE(S) STATED.	
21a. <u>Edward Kodan</u>	
21b. <u>No</u>	
21c. <u>7:00 P.M.</u>	
21d. <u>4/10/02</u>	
21e. <u>Illinois</u>	
21f. <u>034058919</u>	
21g. <u>Palatine, IL</u>	
21h. <u>330 W. Golf Road</u>	
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21w. <u>25c. 034-010667</u>	
21x. <u>APR 10 2002</u>	
21y. <u>Palatine, Illinois</u>	
21z. <u>330 W. Golf Road</u>	
22. SIGNATURE (TYPE OR PRINT)	
22a. <u>Edward Kodan</u>	
22b. <u>Palatine, IL</u>	
22c. <u>330 W. Golf Road</u>	
22d. <u>60195-3533</u>	
22e. <u>Illinois</u>	
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22y. <u>APR 10 2002</u>	
22z. <u>Palatine, Illinois</u>	
23. NAME OF ATENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)	
23a. <u>Dr. Daniel T. English</u>	
23b. <u>Palatine, IL</u>	
23c. <u>330 W. Golf Road</u>	
23d. <u>60195-3533</u>	
23e. <u>Illinois</u>	
23f. <u>25c. 034-010667</u>	
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23y. <u>APR 10 2002</u>	
23z. <u>Palatine, Illinois</u>	
24. BURIAL (SPECIFY)	
24a. <u>Burial</u>	
24b. <u>St. Michael Cemetery</u>	
24c. <u>Palatine, Illinois</u>	
24d. <u>330 W. Golf Road</u>	
24e. <u>60195-3533</u>	
24f. <u>Illinois</u>	
24g. <u>25c. 034-010667</u>	
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24y. <u>25c. 034-010667</u>	
24z. <u>APR 10 2002</u>	
25. LOCAL REGISTRAR'S SIGNATURE (TYPE OR PRINT)	
25a. <u>Daniel T. English</u>	
25b. <u>Palatine, IL</u>	
25c. <u>330 W. Golf Road</u>	
25d. <u>60195-3533</u>	
25e. <u>Illinois</u>	
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26y. <u>APR 10 2002</u>	
26z. <u>Palatine, Illinois</u>	

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statues relating to the registrar of birth, stillbirth and death.

Date APR 10 2002 Signed Nadine Mc Curry
 At Cook County Department of Public Health Official Title Deputy Registrar
 1010 Lake Street Suite 300 Oak Park, Illinois 60301

VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records

UNOFFICIAL COPY



CHICAGO TITLE INSURANCE COMPANY

ORDER NUMBER: 1408 H24023865 HE
STREET ADDRESS: 607 MERLIN DR
CITY: SCHAUMBURG **COUNTY:** COOK
TAX NUMBER: 07-26-103-011-0000

LEGAL DESCRIPTION:

LOT 211 IN LANCER SUBDIVISION UNIT NO. 2, BEING A SUBDIVISION IN THE NORTHWEST 1/4 OF SECTION 26, TOWNSHIP 41 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED MAY 26, 1972 AS DOCUMENT 2625606, IN COOK COUNTY, ILLINOIS.

PREPARED BY:

MAIL TO:

Harris Bank CLC
3800 Golf Rd. Suite 300
Rolling Meadows, IL 60008