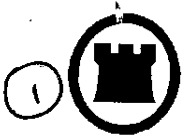


04-6100176835

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
H24042008
CTIC

Dorothy Schultz
being duly sworn states that she resides at 600 LAFAYETTE LN
in the City of Hoffman Estates

That she was acquainted with Philip Schultz Jr. deceased who, at the time of death,
was one of the owners of the land in Cook County, Illinois, described as:



Doc#: 0424426226
Eugene "Gene" Moore Fee: \$50.00
Cook County Recorder of Deeds
Date: 08/31/2004 12:15 PM Pg: 1 of 3

That the deceased died November 17, 2000, as evidenced by a certified copy of death certificate of the deceased attached hereto.

3/10

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.

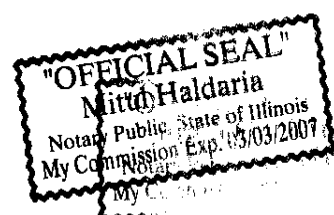
Affiant makes this affidavit for the purpose of inducing Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Dorothy Schultz

this 14 day of August, A.D. 2004

Mukul H
Notary Public



Dorothy Schultz
Affiant's Signature
BOX 333-CTI

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** TOTAL PAGE.02 **

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 11-0

REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST
PHILIP SCHULTZ JR. SEX Male

COUNTY OF DEATH Cook DATE OF DEATH (MONTH, DAY, YEAR) 3 November 17, 2000

AGE-LAST BIRTHDAY (MOS. DAYS HOURS MIN.) 53 00 00 00 DATE OF BIRTH (MONTH, DAY, YEAR) 5d June 24, 1945

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Hoffman Estates HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 600 Lafayette Lane

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Dorothy Mauer

SOCIAL SECURITY NUMBER 349-36-5838 USUAL OCCUPATION Fitter KIND OF BUSINESS OR INDUSTRY Pipe

RESIDENCE (STREET AND NUMBER) 600 Lafayette Lane CITY, TOWN, TWP. OR ROAD DISTRICT NO. Hoffman Estates COUNTY Cook

STATE Illinois ZIP CODE 60195 RACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE, HISPANIC OR YES-YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) White

FATHER-NAME FIRST MIDDLE LAST Philip Schultz Sr. MOTHER-NAME FIRST MIDDLE LAST Elizabeth Anderson

INFORMANT'S NAME (TYPE OR PRINT) Dorothy Schultz RELATIONSHIP Wife (MARRIED) LAST Anderson

17a. Dorothy Schultz (MARRIED) AD. RES. (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 1700 Lafayette Ln. Hoffman Estates, IL 60195

18. PART I. Immediate Cause (Final disease or condition resulting in death) Squamous cell cancer of the head and neck

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. Pulmonary embolism

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

DATE OF OPERATION, IF ANY None MAJOR FINDINGS OF OPERATION None

20c. AUTOPSY (YES/NO) No 19b. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES NO

21a. (10) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON Apr 15, 2000 WAS CORNER OR MEDICAL EXAMINER NOTIFIED? YES NO

21b. TO THE BEST OF ANY KNOWLEDGE, DATE, TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 3:30 P M.

22a. SIGNATURE AND ADDRESS OF CERTIFIER B. DEURY. DATE SIGNED (MONTH, DAY, YEAR) 11/18/2000

22c. NAME OF ATTENDING PHYSICIAN (TYPE OR PRINT) None ILLINOIS LICENSE NUMBER 0036097697

23. BURIAL CREMATION REMOVAL (SPECIFY) Burial CEMETERY OR CREMATORY-NAME St. Michael Cemetery LOCATION Palatine, Illinois STATE Illinois

24a. FUNERAL HOME NAME Ahlgren & Sons Funeral Home STREET AND NUMBER OR R.F.D. 330 W. Golf Road CITY OR TOWN Schaumburg, Illinois STATE Illinois ZIP 60195

25a. FUNERAL DIRECTOR'S SIGNATURE Janeen J. Camp FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-015072

25b. LOCAL REGISTRAR'S SIGNATURE Karen L. Scott, M.D. DATE SIGNED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) November 20, 2000

26a. REGISTRAR'S SIGNATURE Karen L. Scott, M.D. DATE SIGNED BY REGISTRAR (MONTH, DAY, YEAR) November 20, 2000

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

SIGNED: Mary Ann Briggs at Cook County Department of Public Health

DATE: NOVEMBER 20, 2000 Official Title, Chief Deputy Registrar

UNOFFICIAL COPY



CHICAGO TITLE INSURANCE COMPANY

ORDER NUMBER: 1408 H24042008 HE
STREET ADDRESS: 600 LAFAYETTE
CITY: HOFFMAN ESTATES **COUNTY:** COOK
TAX NUMBER: 07-04-205-023-0000

LEGAL DESCRIPTION:

LOT 6 IN BLOCK 7 IN MITCHELL ADDITION TO CLARKDALE, BEING A SUBDIVISION OF THE NORTH 1/2 OF THE SOUTHEAST 1/4 OF SECTION 35, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PREPARED BY:

HARRIS BANK CLC
3800 GOLF ROAD
SUITE 300

MAIL TO:

KOLLING MEADOWS, IL 60008

Property of Cook County Clerk's Office