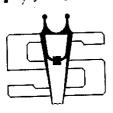
UNOFFICIAL CO



Sanctity of Contract

Stewart Title Company of Illinois

Doc#: 0425705178 Eugene "Gene" Moore Fee: \$28.00 Cook County Recorder of Deeds Date: 09/13/2004 11:46 AM Pg: 1 of 3

STATE OF ILLINOIS COUNTY OF)	ss. Ox	STCI File Number: 395471
being duly sworn states th		OLMO (MAKIN L. OLM O resides at 50 Bracey LN in the City of

deceased who, at the time of death, was one of the ProvVIDEN was acquainted with _ sworn of the land in County, Illinois, describes as:

DECEASED JOINT TENANCY AFFIDAVIT

		C/	
That the deceased diedattached hereto.	JUNE 10, 2007	, as evidenced by a certified cop	y of death certificate of the decease
That the deceased died: Leaving a Last Will & Testar Probate Division of the Circu Leaving a Last Will & Testar about	ment a copy of which is attached hered	o. The original of the unproven will shinois. Will Box of the Probate Division of th	noula be filed with the Clerk of the e Circuit Court of County, Illinois
	I the deceased, does not exceed the sur	d personal property owned by the decement of	
		ampany to issue its Title Insurance Pol	icy., describing the above mentione

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

Subscribed and sworn to before me by the said

I HEKEBY CERTIFY THAT the foregoing is a true and correct 0425705178 Page: 2 of 3 copy of the death record the decedent named in item 1 and that this record was Stablished and filed my office in accordance the provisions statutes relating the registration of births, stillbirths deaths JULY 15, 2002 DATE: SIGNED: Official Cook County Department of Public Health Chief Deputy Registrar LOCAL REGISTRAP, SEATENT LIPS COTT, MI.D. 24a.Cremation CONDITIONS, IF ANY
WHICH GIVE RISE TO
IMMEDIATE CAUSE (a)
STATING THE UNDERLYING 25a Countryside Funeral Home NAME OF ATTENDING PHYSICIANIT OTHER THAN CERTIFIER NAME AND ADDRESS OF CERTIFIER AND LAST SAW HIM/HER ALIVE ON DATE OF OPERATION, IF ANY 13e Illinois INFORMANT'S NAME (TYPE OR PRINT FATHER-NAME 13a.50 Bradley Lane 2AT II. Other significant conditions contributing to death but not resulting in the underlying cau
CHF, Philmphary Embolic (1) 6a. DesPlaines
BIRTHPLACE (CITYANDSTATEON
FOREIGN COUNTRY) REGISTERED NUMBER RESIDENCE (STREET AND NUMBER) SOCIAL SECURITY NUMBER CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER COUNTY OF DEATH REGISTRATION DISTRICT NO. DECEASED-NAME mmediate Cause (Final sulting in death) USE LAST Cook 324-48-8077 Guiseppe Olmo FIRBOZEH Pulmorary embell TPR'S SIGNATURE Vito Provvidenza Enter the diseases, or complications that caused the death. Do not enter the n od of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. DGE, DEATHOCCU, ALD AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE (S) STATED CEMETERY OR CREMATORY-NAME 13f. 60194 DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF MIDDLE FIRST MAJOR SINDINGS OF OPERA 11a. Northwest USUAL OCCUPATION 9 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) FILE CAN BROWNIES OF THE STATE TAMODI, M.D. Married Assembler illinois Department of Public Health—Division of Vital Records MEDICAL CERTIFICATE RACE (WHITE BLACK, AMERICAN INDIAN, 9tc.) (SPECIFY)
14a. White AGE-LAST BIRTHDAY (YRS) 5a. 76 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 1640 Greenmeadows Crematory Holy MIDDLE STREET AND NUMBER OR R.F.D. Troia (TYPE OR PRINT 3 17 RELATIONSHIP 1931 TOWN, TWP, OR ROAD DISTRICT NO. Family Hospital Hoffman Estates
| OFHISPANICORIGIN? eywen in PART I STATE OF ILLINOIS UNDER 1 YEAR NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) KIND OF BUSINESS OR INDUSTRY 11b.Manufacturing Husband 17c. 50 Bradley 24c. Giuseppe Olmo 12/02 Olmo; LOCATION 1 betes DAYS LS. MOTHER-NAME 14b. X NO Blvd. Bartlett, EXAMINER NOTIFIED? Ger olama CITY OF TOWN OF DEATH Streamwood femalesJuly 10, (SPECIFY DATE OF BIRTH (MONTH, DAY, YEAR) 5d March 25 4109 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER Illinois STATE AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP60194(YES/NO) TYS-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) MIDDLE DATE OF DEATH (MONTH, DAY, YEAR) 19a. No yes IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER ILLINOIS LICENSE NUMBER 10123191 DATE SIGNED 22d 036-10217 HOUR OF DEATH AGED ON 1969 U.S. STANDARD CERTIFICATE) Hoffman YES | NO X College (1-4 or 5 +) GISTRAR (MONTH, DAY, YEAR) 1000039727 60107 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES NO) 盗 COUNTY 6c.energency room OP/EMER. RM. INPATIENT (SPECIFY) 1926 19b. 24d. JU | Y 7/2/02 4:46 2002 Cook Estates, (MAIDEN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ARMED FORCES? (YES:NO (MONTH, (MONTH, DAY, YEAR) 8 ### LAST

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0425705178 Page: 3 of 3

ALTA COMMITMENT
Schedule A - Legal Description
File Number: TM155063

Assoc. File No:



GUARANTY COMPANY

HEREIN CALLED THE COMPANY

COMMITMENT - LEGAL DESCRIPTION

Lot 13 in Block 40 in Hoffman Estates II, being a subdivision of that part lying South of Higgins Road (as the road existed on August 3, 1926) of the Northwest 1/4 of the Southwest 1/4 of Section 14, and the Northeast 1/4 of Section 15, and the North 1/2 of the Southeast 1/4 of Section 15, Township 41 North, Range 10, East of the Third Principal Meridian, according to the plat thereof recorded March 8, 1956 as document number 16515708, in Cook County, Illinois.

STEWART TITLE GUARANTY
COMPANY