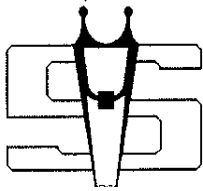


UNOFFICIAL COPY



Sanctity of Contract

Stewart Title Company of Illinois



Doc#: 0430211112
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 10/28/2004 09:12 AM Pg: 1 of 3

400563
1 of 2
MAIL TO
PROPERTY OF COOK COUNTY CLERK'S OFFICE

DECEASED JOINT TENANCY AFFIDAVIT

STCI File Number: 400563

STATE OF ILLINOIS)
COUNTY OF COOK) SS

Carolyn O. Smarz

being duly sworn states that she resides at 4754 North Beacon in the City of Chicago 60640

That she was acquainted with John E. Smarz deceased who, at the time of death, was one of the sworn of the land in County, Illinois, describes as:

(3)
AG

See Attached legal

That the deceased died March 16, 2004, 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.

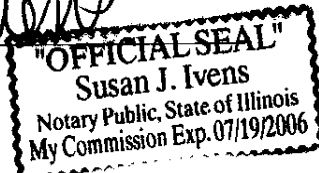
Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy., describing the above mentioned property.

Subscribed and sworn to before me by the said

Carolyn O. Smarz

this 18th day of October, A.D. 2004

Susan J. Ivens
Notary Public



Carolyn O. Smarz
(Affiant's Signature)

STEWART TITLE OF ILLINOIS
2 N. LASALLE STREET
SUITE 1628
CHICAGO, IL 60602

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

UNOFFICIAL COPY

MAR 19 2004

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr
COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.0	STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
	1. John E. Smarz		2. Male	3. March 16, 2004		
	COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
	4. Cook		5a. 52	5b.	5c.	5d. January 08, 1952
	CITY, TOWN, TWP OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY)	
	6a. Niles		6b. Regency Nursing Home		6c. Inpatient	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
	7. Chicago, IL		8a. Married	8b. Carolyn Olsen		9. No
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
	10. 319-44-1295		11a. Architect	11b. Building	12. Elementary/Secondary (0-12) College (1-4 or 5+)	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY	
13a. 4754 N. Beacon		13b. Chicago		13c. Yes	13d. Cook	
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		
13e. Illinois		13f. 60640-	14a. White	14b. <input type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
FATHER—NAME FIRST MIDDLE LAST			MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST			
15. John Smarz			16. Jeanette Floor			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. Carolyn Smarz		17b. Wife	17c. 4754 N. Beacon Chicago, IL 60640-			
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, shock, or heart failure. List only one cause on each line.						
Immediate Cause (Final disease or condition resulting in death)		(a) Sepsis Syndrome			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		DUE TO, OR AS A CONSEQUENCE OF				
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) Pneumonias				
		DUE TO, OR AS A CONSEQUENCE OF				
		(c) Anoxic Encephalopathy				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
20a.		20b.		19a. No	19b.	
IF (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH		
21a. March 16, 2004		21b. No		21c. 8:32 P. M.		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				DATE SIGNED (MONTH, DAY, YEAR)		
22a. SIGNATURE		22b.		ILLINOIS LICENSE NUMBER		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22c. Katherine Katsyannis M.D. 1600 W. Dempster Park Ridge		22d. 036 096730		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.				
23.		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME	LOCATION CITY OR TOWN STATE	
24a. Burial		24b. Graceland		24c. Chicago IL		
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN	STATE ZIP	
25a. Cooney Funeral Home		3918 W. Irving Park Road		Chicago, IL	60618-	
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
25b. <i>Walter Cooney</i>		25c. 11875		26b. MAR 19 2004		
LOCAL REGISTRAR'S SIGNATURE						
26a. <i>David Orr</i>						

File Number: TM158253

UNOFFICIAL COPY
LEGAL DESCRIPTION

Lot 217 in Sheridan Drive Subdivision, being a subdivision of the North 3/4 of the East 1/2 of the Northwest 1/4 of Section 17, Township 40 North, Range 14, East of the Third Principal Meridian, together with that part of the West 1/2 of said Northwest 1/4 section which lies North of the South 800 feet thereof and East of Green Bay Road, in Cook County, Illinois.

Commonly known as: 4754 North Beacon Street
Chicago IL 60640

Property of Cook County Clerk's Office
17-102-017