

UNOFFICIAL COPY

Affiant makes this affidavit for the purpose of inducing the title company to issue its title insurance policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

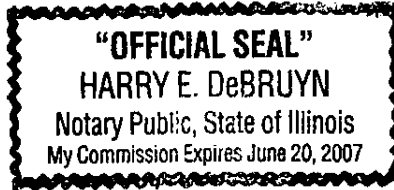
Carol A. Wootton
this 27 day of September, A.D. 2004

[Signature]
Notary Public

[Signature]
(affiant's signature)

This Instrument Prepared By:

Harry E. DeBruyn, Atty.
DeBruyn, Taylor and DeBruyn Ltd.
15252 S. Harlem Avenue
Orland Park, IL 60462



LEGAL DESCRIPTION

Unit 141 in Eagle Ridge Condominium Unit V as delineated on a survey of the following described real estate: Lot 4 in Eagle Ridge Estates, being a subdivision of part of the Northwest 1/4 of Section 32, Township 36 North, Range 12 East of the Third Principal Meridian according to the plat thereof recorded September 29, 1994 as Document 94847112, in Cook County, Illinois, which survey is attached as Exhibit "A" to the Declaration of Condominium recorded in the Office of the Recorder of Deeds, Cook County, Illinois, as Document 95450466, together with its undivided percentage interest in the common elements.

Permanent Index No.: 27-32-103-010-1066

Property Address: 17801 New Jersey Court, Orland Park, IL 60467

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

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Date September 15, 1999 signed Nick Constantino
At Cook County Department of Public Health Official Title Chief Deputy Registrar, 1010 Lake Street, Oak Park, Illinois 60301

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0
REGISTERED NUMBER

STATE FILE NUMBER
DECEASED-NAME FIRST MIDDLE LAST
ANN JANSTO
SEX Female DATE OF DEATH (MONTH, DAY, YEAR) September 13, 1999

1. COUNTY OF DEATH COOK AGE-LAST BIRTHDAY (MRS) 75 UNDER 1 YEAR MOS. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) June 27, 1924
4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Orland Park HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER ONE STREET AND NUMBER) 17801 New Jersey Court 6c. IF HOSP OR INST. INDICATE DOA, OPREMER, TML, SEPARATE (SPECIFY)

6a. Orland Park 6b. 17801 New Jersey Court NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)
7. Czechoslovakia 8a. Married 8b. John Jansto
SOCIAL SECURITY NUMBER 324-20-8272 11a. Homemaker 11b. Own Home 12. 12 EDUC. TRAIN. (SPECIFY OR HIGHEST GRADE COMPLETED) 9. No
10. 324-20-8272 11a. Homemaker 11b. Own Home 12. 12 INSIDE CITY (YES/NO) Yes 13c. Yes 13d. Cook COUNTY

19a. 17801 New Jersey Court 13b. Orland Park 13c. Yes 13d. Cook
STATE IL 13f. 60467 14a. White 14b. White 14c. White 14d. White 14e. White
139. IL 140. White 141. White 142. White 143. White 144. White 145. White 146. White 147. White 148. White 149. White 150. White

15. FATHER-NAME FIRST MIDDLE LAST Stephan Buncak 16. MOTHER-NAME FIRST MIDDLE LAST Susan Kostial
17a. John Jansto 17b. Husband 17c. 17801 New Jersey Ct Orland Pk, IL
18. PART I. Immediate Cause (Final disease or condition resulting in death) (a) metastatic melanoma
18. PART II. Other significant conditions contributing to death (and reason in the underlying cause given in PART I.)

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF
DATE OF OPERATION, IF ANY 200. MAJOR FINDINGS OF OPERATION 201. AUTOPSY (YES/NO) 19a. No WERE AUTOPSY RESULTS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO) 19b. No
202. DID (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 9/13/99 21b. WAS CORNER OR MEDICAL EXAMINER (YES/NO) No

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 8:55 A.M.
22a. SIGNATURE OF REGISTRAR [Signature] (TYPE OR PRINT) 21c. DATE SIGNED (MONTH, DAY, YEAR) 9/13/99
22c. F. W. G. Gernimo and 16650 S. Harlem Ave Tully Pl ILLINOIS LICENSE NUMBER 036-062003
23. NAME OF A TRAINING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)

23. BIRTHAL CREMATION REMOVAL (SEE FORM) 24b. Bohemian National LOCATION Chicago, IL STATE IL DATE (MONTH, DAY, YEAR) 24d. 9/16/1999
24a. Burial NAME Bohemian National STREET AND NUMBER OR R.F.D. Chicago, IL CITY OR TOWN Chicago, IL STATE IL ZIP 60805

25a. BRADY GILL 2929 W. 87th St. Evergreen Park, IL 60805
FUNERAL DIRECTOR'S SIGNATURE [Signature] FUNERAL DIRECTOR'S NAME KAREN E. SCOTT, M.D.
25b. REGISTRAR 26b. Scott, M.D. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 034-011830
26a. REGISTRAR 26b. Scott, M.D. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 034-011830

26a. REGISTRAR 26b. Scott, M.D. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 034-011830
26c. REGISTRAR 26d. Scott, M.D. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 034-011830
26e. REGISTRAR 26f. Scott, M.D. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 034-011830