

# UNOFFICIAL COPY

## AFFIDAVIT



Doc#: 0434849172  
Eugene "Gene" Moore Fee: \$26.00  
Cook County Recorder of Deeds  
Date: 12/13/2004 01:47 PM Pg: 1 of 2

STATE OF ILLINOIS )  
 ) ss  
COUNTY OF COOK )

PATRICIA MURNIK, being first duly sworn, upon oath deposes and says:

She is the agent and attorney-in-fact for IRENE F. ROACH under an Illinois Statutory Short Form Power of Attorney for Property dated November 5, 2003. IRENE F. ROACH is one of the title holders of the property commonly known as 206 Belaire Street, Buffalo Grove, Illinois 60089, and legally described as follows:

(Above space for Recorder of Deeds)

Lot 215 in Strathmore in Buffalo Grove Unit Number 1, in Section 5 and 6, Township 42 North, Range 11, East of the Third Principal Meridian, according to the plat thereof recorded May 3, 1967 as Document 20125932 in Cook County, Illinois.

Permanent Index Number: 03-05-116-030

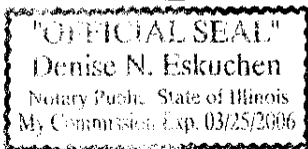
Affiant states that JOHN V. ROACH, husband of IRENE F. ROACH, who conveyed his interest in the aforesaid property to ROBERT L. ROACH, by deed dated October 28, 1999, and recorded January 14, 2000 as document number 00037060, is deceased. A copy of his death certificate is attached hereto and made a part of this document. Affiant further states that the aforesaid property is not and has never been the homestead property of JOHN V. ROACH or IRENE F. ROACH.

DATED: November 19, 2004

Patricia Murnik, individually and as agent for Irene F. Roach  
PATRICIA MURNIK, individually and as agent for IRENE F. ROACH

SUBSCRIBED and SWORN TO before me on  
November 19, 2004

Denise N. Eskuchen  
NOTARY PUBLIC



This document prepared by and mail to:  
Michael A. Babiarz  
Attorney at Law  
625 North Ct., Suite 230  
Palatine, IL 60067

## UNOFFICIAL COPY

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>49.6</b>		STATE OF ILLINOIS		STATE FILE NUMBER	
		REGISTERED NUMBER <b>0065</b>		<b>MEDICAL CERTIFICATE OF DEATH</b>			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED-NAME FIRST MIDDLE LAST <b>John Vincent Roach</b>		SEX <b>2 Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>3 February 4, 2004</b>		
4. COUNTY OF DEATH <b>Lake</b>		AGE-LAST BIRTHDAY (MRS) 5a. <b>80</b>	UNDER 1 YEAR 5b.	UNDER 1 DAY 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) <b>September 30, 1923</b>		
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER <b>Riverwoods</b>		6b. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>1792 Clendenin Lane</b>			6c. RESIDENCE		
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Chicago, IL</b>		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>	8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>Irene Roach</b>		8c. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <b>9. Yes</b>		
10. SOCIAL SECURITY NUMBER <b>350-12-2360</b>		11a. USUAL OCCUPATION <b>Engineer</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>Chemical Manufacturing</b>		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) <b>4</b> College (1-4 or 5+)		
13a. RESIDENCE (STREET AND NUMBER) <b>1792 Clendenin Lane</b>		13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO. <b>Riverwoods</b>		13c. INSIDE CITY (YES/NO) <b>Yes</b>	13d. COUNTY <b>Lake</b>		
13e. STATE <b>IL</b>		13f. ZIP CODE <b>60015</b>	14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>White</b>	14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
15. FATHER-NAME FIRST MIDDLE LAST <b>Frederick Roach</b>		15. MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST <b>Helen O'Connor</b>					
17a. INFORMANT'S NAME (TYPE OR PRINT) <b>Patricia Muzak</b>		17b. RELATIONSHIP <b>Daughter</b>		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>1205 Deer Trail Lane Libertyville IL 60048</b>			
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.		(a) <b>lung Cancer</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF					
PART II. Other significant conditions contributing to death but not arising in the underlying cause given in PART I.							
19a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		19b. AUTOPSY (YES/NO) <b>No</b>		19c. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
21a. (I DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>January 15, 2004</b>		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>Yes</b>		21c. HOUR OF DEATH <b>11:00 A. M.</b>			
22a. SIGNATURE <i>Mark Rudberg</i>		22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>Dr. Mark Rudberg 800 N. Westmoreland Ste. 101 Lake Forest, IL 60045</b>		22c. DATE SIGNED (MONTH, DAY, YEAR) <b>February 3, 2004</b>			
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				22d. ILLINOIS LICENSE NUMBER <b>036-078815</b>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		24a. CEMETERY OR CREMATORY-NAME <b>St. Mary's Cemetery</b>		24c. LOCATION CITY OR TOWN STATE <b>Lake Forest IL</b>		24d. DATE (MONTH, DAY, YEAR) <b>02/07/2004</b>	
25a. FUNERAL HOME <b>Kelley and Spalding, 1787 Deerfield Road, Highland Park, Illinois 60035</b>		25b. FUNERAL DIRECTOR'S SIGNATURE <i>Susan Sorial</i>		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-015536</b>			
25d. LOCAL REGISTRAR'S SIGNATURE <i>Shirley Fitzgerald</i>		25e. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>FEB 05 2004</b>					

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Statistics Act.

DATE

FEB 05 2004

SIGNED

*Shirley Fitzgerald*

AT

HIGHLAND PARK

, Illinois.

OFFICIAL TITLE

REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be considered as prima facie evidence of the facts therein stated.