

FIRST SUBURBAN TITLE, INC.

15418 South Harlem Avenue Orland Park, Illinois 60462 Doc#: 0501840254 Eugene "Gene" Moore Fee: \$46.00 Cook County Recorder of Deeds Date: 01/18/2005 11:39 AM Pg: 1 of 2

Phone: (708) 614-7777

339821

Fax: (708) 614-7772

## AFFIDAVIT RE DECEASED JOINT TENANCY

STATE OF ILLINOIS	)	
	) ss	
COUNTY OF COOK	)	RE: Your Order No. 1339821

Barogra Mohr, being duly sworn and for the purpose of inducing Attorneys' Title Guaranty Fund, Inc. to issue the subject policy covering the hereinafter-described land, states:

- 1. That Free Mohr resided at 11022 Saratoga Drive, Orland Park, IL 60467.
- 2. That Barbara Mohr was acquainted with Fred Mohr who died on October 30, 2001 as evidenced by the attached cortified copy of death certificate.
  - 2. That said decedent was one of the owners of the land described:
    - [x] in the subject order nun ber,
    - [x] in the following legal description;

LOT 11 IN KINGSPORT SOUTH II, BEING A SUBDIVISION OF THE SOUTH ½ OF THE NORTH ½ OF THE NORTHWEST ¼ OF THE SOUTHWEST ¼ OF SECTION 20, TOWNSHIP 36 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. 27-20-334-011-0000

- 3. The said decedent died:
  - [ x ] leaving no last will and testament;
  - [ ] leaving a last will and testament, a copy of which is attached;
- 5. That the total value of the estate of said decedent for State of Illinois inheritance tax and Federal estate tax purposes does not exceed \$50,000.00.

Subscribed and Sworn to before me this 18th day of Mosensee, 2004

Barbara

Notary Public

"OFFICIAL SEAL" SANDRA L. RICE NOTARY PUBLIC, STATE OF ILLINOIS MY COMMANISSION EXPIRES 1/7/2007  $\gamma$ 

MEDICAL CERTIFICATE OF DEATH STATE FILE

STATE OF ILLINOIS

ors,

COUNTY OF DEATH

FRED

FIRST

MIDDLE

LAST

DECEASED-NAME NUMBER REGISTERED DISTRICT NO.

16. TU

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER

CHICAGO

COOK

AGE-LAST BIRTHDAY (YRS) 5a. 66

5b.

UNDER 1 YEAR
MOS. DAYS

UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)

5d. May 19,

1935

6c.INPATIENT OP/EMER. RM, INPATIENT (SPECIFY)

WAS DECEASED EVER IN U.S ARMED FORCES? (YES/NO)

Z

2. MALE SEX

3. OCTOBER 30,

2001

DATE OF DEATH (MONTH, DAY, YEAR)

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

THE UNIVERSITY OF CHICAGO HOSPITALS

NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)

8b. Barbara Rogers

EDUCATION (SRECIFY ONLY HIGHEST GRADE COMPLETED)
Elementary/Secondary (0-12)
College (1-4 or 5 + )

7. Wynne, AK. AR

USUAL OCCUPATION

Married

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)

617253

VR200 (Rev. 5/89) / Illinois Department of Public Health—Division of Vital Records	LOCAL REGISTRAR'S SIGNATURE for & Wilhelm men	25h A Sanul Palle	FUNERALDIRECTOR'S SIGNATURE	Funeral Home 7732 W. 159th Street	24a. Burial 24b Calumet Park Cemetery 24c. Merrillville,	BURIAL, CREMATION, CEMETERY OR CREMATORY—NA. 1.2 LOCATION REMOVAL (SPECIFY)		_	AND ADDRESS OF CERTIFIER (TYPE (APPRILLY)) 58	22a. SIGNATURE	THE BEST OF MY KNOWLEBGE, DEATH OCCUMPRED AT THE TIME, DATE AND PLACE AND THE TO THE CAUSE(S) STATED	(IND) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON OCTOBER 30, 2001	ľ	DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION	LUNG CANCER	S ATING THE UNDERLYING (c)	WHICH GIVE RISE TO (b)  WHICH GIVE RISE TO (b)  DUE TO OR AS A CONSEQUENCE OF	DUE TO, OR AS A CONSEQUENCE OF	disease or condition  (a) SEPSIS  (a) SEPSIS	18. PART I.  Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory mess, shock, or heart failure. List only one cause on each line.	MAYBLEINE GIGGERS  A. MAYBLEINE GIGGERS  HOSPITAL HB. RECORDS 17c.	Arthur Mohr 16.	TATHER-NAME FIRST MIDDLE LAST MOTHER-NAME	1467 INDIAN, etc.) (SRESHEY) te	STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN OF HISPANIC ORIGIN?	130.
BASED ON 1989 U.S. STANDARD CEP	DATE FILED BYJOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. NOV 0 2 2001	25c. 09714	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	, IL. 60462	Ilville, Indiana 24d Nov. 3, 2001	CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)	DEATH THE CORROHER OR MEDICAL EXAMINER MUST BE NOTIFIED.	60637	ILLIN	22b. OCTOBER 31, 2001	DATE SIGNED (MONTH, DAY	WAS CORONER OR MEDICAL HOUR OF DEATH EXAMINER NOTIFIED? (YESNO) 216. 7:30 P. M.	20c. YES□	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	AULOPSY WERE AUTO-BY FRONCS AVAILABLE PRICE TO COMPLETION OF CAUSE OF DEATH? INES NO. 19b.						MAILING ADDRESS (STREET AND NO. ORR.F.D., CITY C 3 TOW 1, STATE, ZIP) 17C. 2841 80UTH MARY LEVEL 17C. 215 60637	Frances	IME FIRST MIDDLE ("IN" DEN) LAST	O □YES SPECIFY:	(SPECIFY NO OR YES-IF YES, SPECIF	Cook 13d Cook

SHEET IS A TRUE COPY OF A RECORD OF ILLINOIS AND THE ORDINANCES OF THE RECORDS OF BIRTHS, STILLBIRTHS **ACCOMPANYING CERTIFICATE ON THIS** BY VIRTUE OF THE LAWS OF THE STATE AND DEATHS FOR THE CITY OF CHICAGO GERTIFY THAT I AM THE KEEPER OF F.E SISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY LAW AND ORDINANCES. KEPT BY ME IN ORDINANCE OF SAID THE CITY OF CHICAGO; THAT THE I, JOHN L. WILHELM M.D., LOCAL

0501840254 Page: 2 of 2

COUNTY OF COOK CITY OF CHICAGO STATE OF ILLINOIS

MULTICOLOR SIGNATURE SEAL IS AFFIXED. THIS CERTIFICATE COPY VALID WHEN

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DEPARTMENT OF PUBLIC HEALTH

CITY OF CHICAGO

Melm, LOCAL REGISTRAR