

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

KATHRYN M. JOHNSON, being first duly sworn, upon oath deposes and states:

1. That she resides at 4828 West 138th Place, Crestwood, Illinois 60445, and that she is one of the parties who took title, not in tenancy in common, but in joint tenancy to real estate in Warranty Deed dated May 28, 1970, recorded as Document No. 21171626 on June 1, 1970, situated in said Cook County, Illinois, and legally described as follows:



Doc#: 0506347090
Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 03/04/2005 09:29 AM Pg: 1 of 2

Lot 3 in the Resubdivision of Lot 7 in A. T. McIntosh and Company's Richwood Farms, being a Subdivision of the East 1/2 of the Northeast 1/4 of Section 4, Township 36 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois.

Address of Property: 4828 West 138th Place, Crestwood, Illinois 60445
Permanent Tax Index No.: 28-04-210-003

2. Affiant states that THOMAS J. JOHNSON, one of the said owners in joint tenancy, died intestate, on September 1, 2004, in the Village of Oak Lawn, in the State of Illinois, as is confirmed by a Medical Certificate of Death hereto attached.

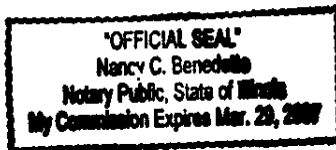
3. Affiant states that the remaining joint tenant has not changed her marital status since the recording of Warranty Deed dated May 28, 1970, recorded as Document No. 21171626 on June 1, 1970.

4. Affiant states that she makes this affidavit for the purpose of inducing the Recorder of Deeds of Cook County, Illinois, to show on its records that title to the above property is in the name of the surviving Joint Tenant, relying on this statement as true, and in consideration thereof Affiant guarantees the truth of the statements herein contained.

Kathryn M. Johnson
KATHRYN M. JOHNSON

SUBSCRIBED and SWORN to before me this 11th day of October, 2004.

Nancy C. Benedetto
Notary Public



This instrument prepared by and return to: DIRK VAN BEEK, 15525 South Park Avenue, South Holland, Illinois 60473

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

SEP 03 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. 16.01		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. Thomas J. Johnson			2. Male	3. September 1, 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. 66	5b.	5c.	5d. July 4, 1938	
	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. P.M. INPATIENT (SPECIFY)	
	6a. Oak Lawn		6b. Advocate Christ Medical Center			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. Kathryn Scherp		9. No	
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
	10. 322-30-0586		11a. Forklift Operator	11b. Food Store	12. 12		College (1-4 or 5+)
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY		
13a. 4828 West 138th Place		13b. Crestwood		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. 60445	14a. White	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
FATHER—NAME FIRST MIDDLE LAST			MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST				
15. Warren Johnson			16. Margaret McLaughlin				
INFORMANT'S NAME (TYPE OR PRINT)			RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. Mrs. Kathryn Johnson			17b. Wife	17c. 4828 W. 138th Pl., Crestwood, IL			
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) Primary Liver Carcinoma				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) Hepatitis C					
		(c)					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
19a. Diabetes mellitus		19b. No		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)			
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?			
20a.		20b.		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>			
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON			WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH			
21a. 9/1/04			21b. No	21c. 8:45 P. M.			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.							
22a. SIGNATURE			DATE SIGNED (MONTH, DAY, YEAR)				
<i>[Signature]</i>			22b. 9/3/04				
NAME AND ADDRESS OF CERTIFIER			ILLINOIS LICENSE NUMBER				
22c. 300 W. 138th Street, Aurora, IL 60505			22d. 036058991				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER			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	DATE (MONTH, DAY, YEAR)		
24a. Burial		24b. Chapel Hill Gardens So		24c. Worth, Illinois	24d. Sept. 4, 2004		
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE ZIP	
25a. Andrew J. McGann & Son Funeral Home		10727 South Pulaski Rd., Chicago, IL 60655					
FUNERAL DIRECTOR'S SIGNATURE			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				
25b. <i>[Signature]</i>			25c. 034-010966				
LOCAL REGISTRAR'S SIGNATURE			DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				
26a. <i>[Signature]</i>			26b. SEP 03 2004				