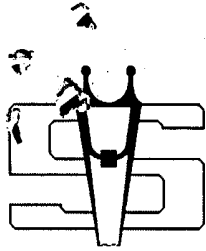


UNOFFICIAL COPY



Sanctity of Contract



Doc#: 0513805109
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 05/18/2005 11:10 AM Pg: 1 of 3

Stewart Title Company of Illinois

After Recording
mail to:
George A. Kens
326 Stratford Place
Bloomington, IL 60108

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF COOK)

STCI File Number 423639

lot 2

SS.

George A. Kens

being duly sworn states that he resides at 326 Stratford Pl. in the City of Bloomington, IL 60108

That he was acquainted with Geraldine R. Kens, deceased who, at the time of death, was one
sworn of the land in Cook County, Illinois, describes as:

CKA: 4431 S. PRAIRIE AVE
BROOKFIELD IL 60513

PINH 18-03-409-067-0000

SEWART TITLE OF ILLINOIS
2 NORTH LA SALLE STREET, SUITE 1920
CHICAGO, IL 60602

That the deceased died 1/10/04, 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 Cook County, Illinois about _____.

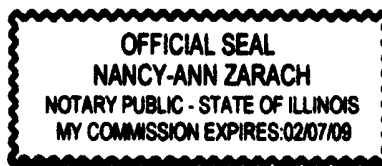
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of _____ dollars.

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

this 13th day of April, A.D. 19 2005

Notary Public



3LC

George A. Kens
(Affiant's Signature)

UNOFFICIAL COPY

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 22-0	STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH	STATE FILE NUMBER	
REGISTERED NUMBER 00103				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS DECEASED CAUSE CERTIFIER DISPOSITION	1. DECEASED—NAME FIRST MIDDLE LAST GERALDINE R. KENS		2. SEX FEMALE	
	3. DATE OF DEATH (MONTH, DAY, YEAR) JANUARY 10, 2004			
	4. COUNTY OF DEATH DUPAGE		AGE—LAST BIRTHDAY (YRS) 5a. 81	UNDER 1 YEAR . MOS. 5b. DAYS
	5d. DATE OF BIRTH (MONTH, DAY, YEAR) FEBRUARY 13, 1922		UNDER 1 DAY HOURS 5c. MIN.	
	6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER WINFIELD		6b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) CENTRAL DUPAGE HOSPITAL	
	6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY) IN-PAT		7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO, ILLINOIS	
	8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED		8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) GEORGE KENS	
	9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) NO		10. SOCIAL SECURITY NUMBER 329-16-9315	
	11a. USUAL OCCUPATION BOOKKEEPER		11b. KIND OF BUSINESS OR INDUSTRY BANK	
	12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) 12 College (1-4 or 5+) ±1		13a. RESIDENCE (STREET AND NUMBER) 326 STRATFORD PLACE APT 112	
13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. BLOOMINGDALE		13c. INSIDE CITY (YES/NO) YES		
13d. COUNTY DUPAGE		14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) WHITE		
13e. STATE ILLINOIS		13f. ZIP CODE 60108		
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		15. A. PARENTS—NAME FIRST MIDDLE LAST JAMES PACOUREK		
16. MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST ROSE HOUORKA		17a. CHILD'S NAME (TYPE OR PRINT) GEORGE KENS		
17b. RELATIONSHIP SPOUSE		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 326 STRATFORD PLACE, BLOOMINGDALE ILLINOIS 60108		
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) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF (b) Coronary Artery Failure DUE TO, OR AS A CONSEQUENCE OF (c) Arteriosclerosis PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Arteriosclerosis		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
19a. AUTOPSY (YES/NO) NO		19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) NO		
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		
20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO		21. (1) DID (2) DID NOT ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 1-10-04		
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO		
21c. HOUR OF DEATH 11:30 A.M.		22a. SIGNATURE <i>[Signature]</i>		
22b. DATE SIGNED (MONTH, DAY, YEAR) JAN 12 - 2004		22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 7 Blanchard Cr. Wheaton IL 60187 # 206		
22d. ILLINOIS LICENSE NUMBER 036 071331		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		24. CEMETERY OR CREMATORY—NAME QUEEN OF HEAVEN		
24a. FUNERAL HOME H. MARIK FUNERAL HOME		24b. LOCATION CITY OR TOWN STATE HILLSIDE ILLINOIS		
24c. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 6507 WEST CERMAK ROAD, BERWYN, ILLINOIS 60402		24d. DATE (MONTH, DAY, YEAR) JANUARY 14, 2004		
25a. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		25b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034 011 828		
25c. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		25d. DATE (MONTH, DAY, YEAR) JAN 12 2004		
26a. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		26b. DATE (MONTH, DAY, YEAR) JAN 12 2004		

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS



DuPage County Health Department

111 North County Farm Road
Wheaton, Illinois 60187

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

[Signature]

Local Registrar

Not valid without the embossed seal of DuPage County Health Department

File Number: TM173341

UNOFFICIAL COPY

LEGAL DESCRIPTION

LOT 3 IN BISHOP'S UNIT NO.1, BEING A RESUBDIVISION OF PART OF AUSPITZ AND OAKES BROOKEIELD PARK, BEING A SUBDIVISION OF THE WEST 1/2 OF THE EAST 1/2 OF THE SOUTHEAST 1/4, ALSO THE EAST 6.8368 ACRES (EXCEPT ROAD) OF THE SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 IN SECTION 3, TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE P11AT THEREOF RECORDED ON MAY 13, 1968 AS DOCUMENT NO. 20488018, IN COOK COUNTY, ILLINOIS.

Commonly known as: 4431 South Prairie Avenue
Brookfield IL 60513

Property of Cook County Clerk's Office