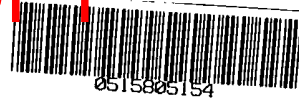


87-828637

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FIRST ILLINOIS TITLE GUARANTY CORP.

Doc#: 0515805154
Eugene "Gene" Moore Fee: \$50.00
Cook County Recorder of Deeds
Date: 06/07/2005 11:12 AM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois

~~FIT ORDER~~ # _____

County of Cook

P
3
D

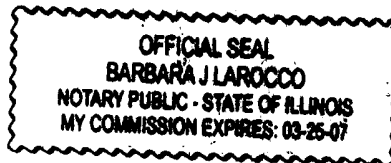
Kathleen Pease, being duly sworn and for the purpose of inducing First Illinois Title Guaranty Corp. to issue the subject policy covering the hereinafter-described land, states as follows:

1. That she resides at 2803 W 149th Street, Poson, IL 60469
2. That she was acquainted with John C. Pease, who died on 12-22-96, as evidenced by the attached certified copy of death certificate;
3. That said decedent was one of the owners of the land described in the above order number;
4. That said decedent died:
 - Leaving no Last Will and Testament
 - Leaving a Last Will and Testament, a copy of which is attached
5. 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.

Subscribed and Sworn to before me by the aforesaid Affiant, this 17th day of May, 2005.

Kathleen E. Pease
Signature of Affiant

Barbara J. Larocco
Notary Public



My commission expires 3-25-07

BOX 334 CTI

MEDICAL CERTIFICATE OF DEATH

UNOFFICIAL COPY

REGISTERED NUMBER 575

DECEASED-NAME: COOK, JOHN C. PEASE

DATE OF DEATH: December 22, 1996

SEX: Male

DATE OF BIRTH: September 8, 1923

CITY, TOWN, TWP. OR ROAD DISTRICT AND NUMBER: Blue Island, St. Francis Hospital

AGE-LAST BIRTHDAY (YRS): 73

UNDER 1 YEAR: 0

UNDER 1 DAY: 0

IF HOSP. OR INST. INDICATE D.O.A., OPERMER, HM, INPATIENT (SPECIFY): 6c. Inpatient

WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): 9. Yes

WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): 9. Yes

EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): 10

College (1-4 or 5+):

INSIDE CITY (YES/NO): 13c. Yes

CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Posen, 13d. Cook

RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): 14a. White

OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.):

14b. NO YES SPECIFY:

MOTHER-NAME FIRST MIDDLE LAST: RUTH HOLYCROSS

RELATIONSHIP: 17b. Wife

MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 17c. 2803 W. 149th Posen, IL

18. PART I. Enter the disease, 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 on 1 cause on each line.

(a) *Coronary heart failure*

(b) *Acute suppurative bronchitis*

(c) *Subarachnoid hemorrhage*

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

PART II. Other significant conditions contributing to death not reflecting the underlying cause given in PART I.

Death as a result of

MAJOR FINDINGS OF OPERATION: 20b. 12/22/196

DATE OF OPERATION, IF ANY: 20c. YES NO

IF FEMALE, WAS THERE A PREGNANCY? (PAST THREE MONTHS?)

20c. YES NO

20d. YES NO

21a. (1) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: 12/22/196

21b. No

21c. 0629

21d. 12/23/96

22a. SIGNATURE: *Edward J. Hickey*

22b. ADDRESS OF CERTIFIER: 2300 High St. Blue Island, IL 60406

22c. DATE SIGNED (MONTH, DAY, YEAR)

22d. ILLINOIS LICENSE NUMBER: 3654229

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

24b. Holy Sepulchre

24c. Worth, Illinois

24d. STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE

24e. CEMETERY OR CREMATORY-NAME

24f. DATE (MONTH, DAY, YEAR)

25a. HICKEY MEMORIAL CHAPEL 4201 W. 147th Midlothian, Illinois 60445

25b. FUNERAL DIRECTOR'S SIGNATURE: *Edward J. Hickey*

25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034-012293

25d. LOCAL REGISTRAR SIGNATURE: *Sam J. Hickey*

25e. DATE FILED LOCAL REGISTRAR (MONTH, DAY, YEAR): Dec. 26 1996

26a. LOCAL REGISTRAR SIGNATURE: *Sam J. Hickey*

26b. DATE FILED LOCAL REGISTRAR (MONTH, DAY, YEAR): Dec. 26 1996

26c. LOCAL REGISTRAR SIGNATURE: *Sam J. Hickey*

26d. DATE FILED LOCAL REGISTRAR (MONTH, DAY, YEAR): Dec. 26 1996

26e. LOCAL REGISTRAR SIGNATURE: *Sam J. Hickey*

26f. DATE FILED LOCAL REGISTRAR (MONTH, DAY, YEAR): Dec. 26 1996

VR200 (Rev. 5/89)

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

HEREBY CERTIFY THAT THE foregoing is a true and correct copy of the DEATH RECORD or 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 Statutes relating to the REGISTRATION OF BIRTHS, STILLBIRTHS AND DEATHS.

DATE DEC 26 1996 SIGNED *Sam J. Hickey* OFFICIAL TITLE, LOCAL REGISTRAR

BLUE ISLAND, ILLINOIS

UNOFFICIAL COPY

LEGAL DESCRIPTION:

PARCEL 1: THE NORTH 125 FEET OF THE NORTH 150 FEET OF THE NORTHEAST 1/4 OF THAT PARCEL OF REAL ESTATE DESCRIBED AS LOT 14 (EXCEPT THE EAST 1/5 THEREOF) IN POSEN ACRES, A SUBDIVISION OF THE EAST 1/2 OF THE SOUTHWEST 1/4 AND THE NORTH 20 ACRES OF THE SOUTHWEST FRACTIONAL 1/4 OF THE SOUTHEAST FRACTIONAL 1/4 OF SECTION 12, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, ALL LYING NORTH OF THE INDIAN BOUNDARY LINE (EXCEPT THAT PART, IF ANY OF SAID LOT WHICH EXTENDS BEYOND THE LINE OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 12 AFORESAID IN COOK COUNTY, ILLINOIS.

PARCEL 2: EASEMENT FOR INGRESS AND EGRESS OVER THE EAST 20 FEET OF SAID NORTH 150 FEET OF THE NORTHEAST 1/4 OF THAT PARCEL OF REAL ESTATE DESCRIBED AS LOT 14 (EXCEPT THE EAST 1/5 THEREOF) IN ROSEN ACRES, A SUBDIVISION OF THE EAST 1/2 OF THE SOUTHWEST 1/4 AND THE NORTH 20 ACRES OF THE SOUTHWEST FRACTIONAL 1/4 OF THE SOUTHEAST FRACTIONAL 1/4 OF SECTION 12, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, ALL LYING NORTH OF THE INDIAN BOUNDARY LINE (EXCEPT THAT PART, IF ANY OF SAID LOT WHICH EXTENDS BEYOND THE LINE OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 12 AFORESAID), IN COOK COUNTY, ILLINOIS.

COMMONLY KNOWN AS: 2803 W. 149TH ST., POSEN, IL 60469

CENSUS TRACT NO: 8248.00

mailed / prepared by
 Harris Bank Consumer Lending Center
 3800 Golf Rd Ste 300
 P.O. Box 5041
 Rolling Meadows, IL 60008