

6100205330

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CHICAGO TITLE INSURANCE COMPANY

505 E. NORTH AVE., CAROL STREAM, IL 60188

DECEASED JOINT TENANCY AFFIDAVIT

CHCTE
H25031007
Order No.: 1408 TEST0000-HE

STATE OF ILLINOIS }
COUNTY OF COOK } ss.

Charles Foster
being duly sworn states that he resides at 8915 Chestnut Dr. Tinley Park.
in the City of _____.

That he was acquainted with Joyce Foster deceased who, at the time of death,
was one of the owners of the land in COOK County, Illinois, described as:

Mail to / Prepared by
Harris Consumer Lending Center
3200 Boy Rd Ste 300
P.O. Box 5041
Rolling Meadows, IL 60008



Doc#: 0520805130
Eugene "Gene" Moore Fee: \$50.00
Cook County Recorder of Deeds
Date: 07/27/2005 10:41 AM Pg: 1 of 3

That the deceased died March 8 - 2004, 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 _____ 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.

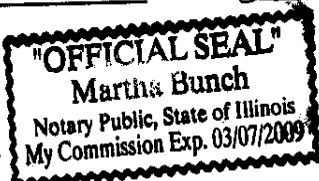
Affiant makes this affidavit for the purpose of inducing Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Charles Foster
this 9 day of July, A.D. 2005

Martha Bunch
Notary Public

Charles E. Foster
(Affiant's Signature)



DJT/AF

BOX 334 CTI

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07/09/2003 10:32 FAX 70867154

MARRIS, N.A. PALOS HEIGHTS

002/002

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 49.8
REGISTERED NUMBER 185

IKS INC
STATE OF ILLINOIS

STATE FILE NUMBER 002

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors, Hospitals, or Physicians Handbook for INSTRUCTIONS

1. DECEASED—NAME FIRST MIDDLE LAST 2. SEX 3. DATE OF DEATH (MONTH, DAY, YEAR)
Joyce E. Foster Female March 8, 2004

4. COUNTY OF DEATH 5a. AGE—LAST BIRTHDAY (YRS) 5b. UNDER 1 YEAR MOS DAYS 5c. UNDER 1 DAY HOURS MIN. 5d. DATE OF BIRTH (MONTH, DAY, YEAR)
Lake 5a. 6 5b. 5c. 5d. August 8, 1947

6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6c. IF HOSP. OR INST. INDICATE O.O.A. OPENER, P.M. INPATIENT (SPECIFY) 6d. INPATIENT
Zion 6b. Midwestern Region-1 Medical Center 6c. Inpatient

7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8b. NAME OF SURVIVING SPOUSE (MADEN NAME, IF WIFE) 8c. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
San Jose, CA 8a. Married 8b. Charles Foster 8c. No

10. SOCIAL SECURITY NUMBER 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY 11c. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
337-40-4104 11a. Homemaker 11b. Own Home 11c. High School

13a. RESIDENCE (STREET AND NUMBER) 13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13c. INSIDE CITY (YES/NO) 13d. COUNTY
8915 Chestnut, Dr. Tinley Park Yes Cook

13e. STATE 13f. ZIP CODE 14a. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)
Illinois 13f. 60477 14a. White 14b. No

15. FATHER—NAME FIRST MIDDLE LAST 16. MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST
Edward Rebut Betty Piazza

17a. INFORMANT'S NAME (TYPE OR PRINT) 17b. RELATIONSHIP 17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
Charles Foster 17b. Husband 17c. 8915 Chestnut Dr. Tinley Pk, IL 60477

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 one cause on each line.
IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) Ovarian Carcinoma
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) Ovarian Carcinoma
STATING THE UNDERLYING CAUSE LAST. (c)

PART II. Other significant conditions contributing to death but unrelated to the underlying cause given in PART I.
19a. AUTOPSY (YES/NO) 19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO)
Yes No

20a. DATE OF OPERATION, IF ANY 20b. MAJOR FINDINGS OF OPERATION 20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
Yes No

21a. 1 (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21c. HOUR OF DEATH
March 8, 2004 21b. Yes 21c. 6:10 PM

22a. SIGNATURE 22b. DATE SIGNED (MONTH, DAY, YEAR)
Sibbann Williams MD 22b. 3/10/04

22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22d. ILLINOIS LICENSE NUMBER
2520 Elisha Ave Zion, IL 60099 22d. 036088633

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

24a. BURIAL, CREMATION, REMOVAL (SPECIFY) 24b. CEMETERY OR CREMATORY—NAME 24c. LOCATION CITY OR TOWN STATE 24d. DATE (MONTH, DAY, YEAR)
Burial 24b. Resurrection Cemetery 24c. Justice, IL 24d. March 12, 04

25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
Lawn Funeral Home 7732 W. 159th St. Orland Park, IL 60462

25b. FUNERAL DIRECTOR'S SIGNATURE 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
Wayne Mottley 25c. 34-014594

26a. LOCAL REGISTRAR'S SIGNATURE 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
Wayne Mottley 26b. March 10, 2004

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1968 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THE ABOVE TO BE A TRUE AND ACCURATE COPY OF RECORD ON FILE IN THE OFFICE OF THE CITY CLERK, WAUKEGAN, ILLINOIS.

DATE March 10, 2004 SIGNED Wayne Mottley

AT WAUKEGAN, ILLINOIS. OFFICIAL TITLE, REGISTRAR, DISTRICT # 49.8

CERTIFICATION NOT VALID UNLESS THE SEAL OF THE CITY OF WAUKEGAN IS AFFIXED.

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LOT 77 IN TIMBER'S EDGE, A SUBDIVISION IN EAST 1/2 OF SOUTH EAST 1/4 OF SECTION 27, TOWNSHIP 36 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT WEST 1/2 OF NORTH EAST 1/4 OF SOUTH EAST 1/4 OF SAID SECTION 27 AND ALSO EXCEPT WEST 400 FEET OF THE NORTH 435.6 FEET OF EAST 1/2 OF NORTHEAST 1/4 OF SOUTH EAST 1/4 OF SAID SECTION 27) ALL IN COOK COUNTY, ILLINOIS.

The Real Property or its address is commonly known as 8915 CHESTNUT DR, Tinley Park, IL 60477. The Real Property tax identification number is 27-27-406-005-0000.

Property of Cook County Clerk's Office