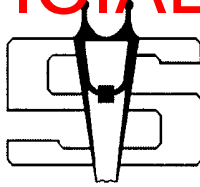


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Sanctity of Contract



Doc#: 0522305002  
Eugene "Gene" Moore Fee: \$50.00  
Cook County Recorder of Deeds  
Date: 08/11/2005 09:17 AM Pg: 1 of 3

Stewart Title Company of Illinois

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
COUNTY OF DuPage ) SS.

STCI File Number: 157940

being duly sworn states that CRAIG D BOHR resides at 224 LYNDALE in the City of NORTHLAKE, IL

That He was acquainted with Sharon E. Bohr deceased who, at the time of death, was one of the sworn of the land in County, Illinois, describes as:

That the deceased died 22 March 1996 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 \_\_\_\_\_.

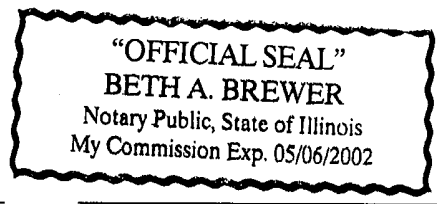
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \_\_\_\_\_ dollars.

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

Subscribed and sworn to before me by the said

\_\_\_\_\_ this 14 day of Aug., A.D. 2001

Beth A. Brewer  
Notary Public



(Affiant's Signature)  
Craig D Bohr

\* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

# INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

State No. ....

Local No. 0671-96

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) <b>SHARON ELIZABETH MANN</b>				2. SEX <b>FEMALE</b>	3a. TIME OF DEATH <b>6:05 A.M.</b>	3b. DATE OF DEATH (Month, Day, Yr) <b>MARCH 22, 1996</b>	
4. SOCIAL SECURITY NUMBER <b>334-46-4894</b>		5a. AGE—Last Birthday (Years) <b>44</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo. Day, Yr) <b>SEPTEMBER 25, 1951</b>	7. BIRTHPLACE (City and State or Foreign Country) <b>GARY, INDIANA</b>	
8a. WAS DECEDENT A U.S. VETERAN? <b>NO</b>	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>	9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence					
9b. FACILITY NAME (If not institution, give street and number) <b>120 NEW ORLEANS</b>			9c. CITY, TOWN, OR LOCATION OF DEATH <b>SCHERERVILLE</b>		9d. COUNTY OF DEATH <b>LAKE</b>		
10. MARITAL STATUS (Specify) <b>DIVORCED</b>		11. SURVIVING SPOUSE (If wife, give maiden name)		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>REGISTERED NURSE</b>		12b. KIND OF BUSINESS/INDUSTRY <b>MEDICAL</b>	
13a. RESIDENCE—STATE <b>INDIANA</b>		13b. COUNTY <b>LAKE</b>		13c. CITY, TOWN, OR LOCATION <b>SCHERERVILLE</b>		13d. STREET AND NUMBER <b>120 NEW ORLEANS</b>	
13e. ZIP CODE <b>46375</b>		13f. IN U.S. CITY LIMITS <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A RAMP? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>USA</b>		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
16. RACE—American Indian, Black, White, etc. (Specify) <b>WHITE</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+) <b>3</b>					
18. FATHER'S NAME (First, Middle, Last) <b>GEORGE MANN</b>				19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>LILLIE M. DOUGLAS</b>			
20a. INFORMANT'S NAME (Type/Print) <b>LILLIE MANN</b>			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>120 NEW ORLEANS SCHERERVILLE, INDIANA</b>			20c. Relationship <b>MOTHER</b>	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>MARCH 25, 1996 CHAPEL LAWN MEMORIAL GARDENS</b>			21c. LOCATION—City or Town, State <b>SCHERERVILLE, INDIANA</b>	
22a. EMBALMERS NAME <b>LAWRENCE MILLER</b>			22b. EMBALMERS LICENSE NO. <b>FDJ1006015</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Lawrence Miller</i>			24b. LICENSE NUMBER (of Licensee) <b>FDJ1006015</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>FAGEN-MILLER FUNERAL GARDENS, INC. 2828 HIGHWAY AVE. HIGHLAND, IN FH83003035</b>		
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <b>IMMEDIATE CAUSE (Final disease or condition resulting in death) THE ABOVE IS A TRUE AND CORRECT STATEMENT OF THE CERTIFICATE OF DEATH FILED WITH THE LAKE COUNTY HEALTH DEPT. APR 02 1996</b> a. <b>SYSTEMIC MASTOCYTOSIS</b> DUE TO (OR AS A CONSEQUENCE OF) b. _____ DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ Approximate Interval Between Onset and Death <b>15 YEARS</b>							
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I <i>Alzheimer's</i> <b>LAKE COUNTY HEALTH COMMISSIONER</b>				27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>NO</b>		28a. W/ S AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>	
				28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>No</b>			
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> <b>CERTIFYING PHYSICIAN</b> To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> <b>HEALTH OFFICER</b> On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> <b>CORONER</b> On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.			29b. SIGNATURE AND TITLE OF CERTIFIER <i>SN and M.D.</i>		29c. MEDICAL LICENSE NO. <b>3652684 (IL)</b>		
		29d. DATE SIGNED (Month, Day, Year) <b>3/28/96</b>					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>SUCHA NAND MD. 2160 S. FIRST AVE, MAYWOOD, ILL 60153</b>							
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>						32. DATE FILED (Month, Day, Year) <b>April 2, 1996</b>	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined			34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		
			34c. INJURY AT WORK? (Yes or no)		34d. DESCRIBE HOW INJURY OCCURRED		
			34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)			34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.				

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STEWART TITLE

ALTA COMMITMENT  
Schedule A - Legal Description  
File Number: TM26046  
Assoc. File No: 010503127

GUARANTY COMPANY  
HEREIN CALLED THE COMPANY

COMMITMENT - LEGAL DESCRIPTION

Lot 32 in Block 6 in Midland Development Company's North Lake Village Unit No. 11, being a subdivision in the Northwest Quarter of Section 32, Township 40 North, Range 12, East of the Third Principal Meridian, according to the plat thereof recorded as document 14784716, in Cook County, Illinois.

12-32-123-026

224 Lyndale

Northlake, Ill. 60064

Property of Cook County Clerk's Office