

# UNOFFICIAL COPY

ISSUED BY  
COMMONWEALTH LAND TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT



## Commonwealth

### DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF \_\_\_\_\_

SS.

Order No. \_\_\_\_\_

Donna L. Dickert

being duly sworn

states that she resides at 1827 Sitka Lane

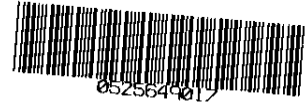
in the City of

Mount Prospect

That she was acquainted with Bernice M. Dickert

deceased who, at the time of her death, was one of the owners of the land in Cook  
County, Illinois, described as:

SEE LEGAL DESCRIPTION ATTACHED HERETO AT



Doc#: 0525649017 Fee: \$50.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 09/13/2005 10:50 AM Pg: 1 of 3

That the deceased died JULY 19, 2002, 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 300,000.00 dollars.

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

Subscribed and sworn to before me by the said

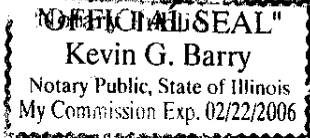
DONNA L. DICKERT

this 8th day of SEPTEMBER, 2005

Kevin G. Barry

Donna L. Dickert

(Affiant's Signature)



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## EXHIBIT "A"

### Legal Description

Lot 236 in Brickman Manor Second Addition Unit Number 3, being a Subdivision of part of the Northwest 1/4 of Section 25, Township 42 North, Range 11, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 03-25-120-006-0000

commonly known as 1827 Sitka Lane

Mt. Prospect, Illinois 60056

Prepared by: KEVIN G. BARRY  
24 STEEPLCHASE  
HAWTHORN WOODS, IL 60047

MAIL TO:

KEVIN G. BARRY  
24 STEEPLCHASE  
HAWTHORN WOODS, IL  
60047

REGISTRATION: 16.0  
DISTRICT NO.  
REGISTERED NUMBER

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record in my office in accordance with the provisions of Illinois statutes relating to the registrar of birth, stillbirth and death.

Date JUL 23 2002  
Signed *Madeline McCreary*  
At Cook County Department of Public Health, Official File Registry Registrar  
1010 Lake Street Suite 300 Oak Park, Illinois 60301

1. COUNTY OF DEATH	BERNICE	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
2. FEMALE						3. JULY 19, 2002
4. COOK						
5a. 78						5b. SEPTEMBER 23 1923
6a. BUFFALO GROVE						6b. 150 LAKE BLVD. #125
7. CHICAGO IL						
8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)						8b. ROBERT DICKERT
9. NO						
10. 332-18-8493						11a. HOMEMAKER
11a. HOMEMAKER						11b. OWN HOME
12. COLLEGE (1-4 or 5-)						13. YES
13a. 150 LAKE BLVD. #125						13b. BUFFALO GROVE
13c. YES						13d. COOK
13e. ZIP CODE 60089						
14a. WHITE						14b. WHITE
15. PAUL						16. MARTHA
16. MARTHA						17. SITKA LANE MOUNT PROSPECT IL
17a. DONNA DICKERT						18. DAUGHTER
18. PART I						
Immediate Cause (Final disease or condition resulting in death) (a) metastatic lung cancer						
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) (b) (c)						
PART II. Other significant conditions contributing to death or condition resulting in the underlying cause given in PART I.						
DATE OF OPERATION, IF ANY						
20a. MAJOR FINDINGS OF OPERATION						
20b. (1) (DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER) (MONTH, DAY, YEAR) 7/10/02						
21a. I D.D. TO THE REST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.						
22a. SIGNATURE (TYPE OR PRINT) <i>Ken H. Hovst</i>						
22b. NAME AND ADDRESS OF CERTIFIER 1700 W. Central #216						
22c. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) ATLAS 1665, 1/16005						
22d. ILLINOIS LICENSE NUMBER 036-072508						
23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. FOREST CEMETERY OR CREMATORY - NAME FOREST FOREST CEMETORY						
24b. LOCATION CITY OR TOWN STATE 24c. ROMEVILLE, ILLINOIS						
24d. DATE (MONTH, DAY, YEAR) 7-23-2002						
25a. CREMATION SOCIETY OF ILLINOIS 1030 E. NORTHWEST HWY. MT. PROSPECT, ILLINOIS 60056						
25b. FUNERAL DIRECTOR'S SIGNATURE GERALD SULLIVAN						
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 256-034-011165						
26. LOCAL REGISTRAR REGISTRAR M.D. <i>Madeline McCreary</i>						
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) JUL 23 2002						