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Doc#: 0527115030 Fee: \$30.50
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 09/28/2005 09:46 AM Pg: 1 of 4

Property of Cook County Clerk's Office

Deceased Joint Tenancy

Affidavit

Name: Nendze

File#: 706983T/ 712555R

Please Return all documents to :

NORTHWEST TITLE AND ESCROW

3601 ALGONQUIN RD. SUITE 200

ROLLING MEADOWS, IL 60008

ATTN: ALISSA

SY
P4
MY
BMR
(SO)

405 ✓

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TICOR TITLE INSURANCE COMPANY DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois

Commitment Number:

County of COOK

} SS.

Bryan J. Nendze being duly sworn states that he/she resides at ,
1929 W. Farrago ST, Chicago, IL That he/she was acquainted with William J. Collier III , deceased who, at the
time of his/her death , was one of the owners of the land in Cook County, Illinois described as follows:

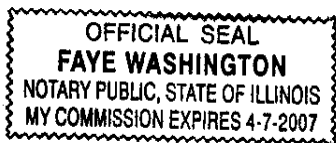
(See Attached Legal Description Rider)

That the deceased died on 8/12/2005 , as evidenced by a certified copy of the death certificate of said 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 COOK 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 on or 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 \$
Affiant makes this affidavit for that purpose of inducing Ticor Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.



(SEAL)

Bryan J. Nendze

SUBSCRIBED and SWORN to before me on 9/20/2005.

Faye Washington
Notary Public

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LEGAL DESCRIPTION

LOT 12 IN BLOCK 8 IN NICHOLAS MILLERS SUBDIVISION OF PART OF THE
SOUTHWEST QUARTER OF THE NORTEAST QUARTER OF SECTION 7
TOWNSHIP 40 NORTH RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN
IN COOK COUNTY, ILLINOIS

Property of Cook County Clerk's Office

REGISTRATION DISTRICT NO. 46.10

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

AUG 15 2005

I, JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO. THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

DECEASED-NAME: **William J. COLLIER II** SEX: **Male** DATE OF DEATH: **August 12, 2005**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago** AGE LAST BIRTHDAY (YRS): **51** UNDER 1 DAY: **2** UNDER 1 DAY: **3** DATE OF BIRTH: **January 24, 1954**

HOSPITAL OR OTHER INSTITUTION-NAME: **Saint Joseph Hospital** IF HOSP. OR INST. OPERATED BY ARMED FORCES? (YES/NO): **Inpatient**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Cleveland, OH** MARRIED NEVER MARRIED WIDOWED, DIVORCED (SPECIFY): **Never Married** WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): **NO**

SOCIAL SECURITY NUMBER: **299-54-8236** USUAL OCCUPATION: **Manager** NAME OF SURVIVING SPOUSE (Maiden Name, If Wife): **Virginia L. Vonkenzey**

RESIDENCE (STREET AND NUMBER): **1929 W Farragut Ave** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Chicago** INSIDE CITY (YES/NO): **Yes** COUNTY: **Cook**

DATE OF BIRTH: **January 24, 1954** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **Elementary/Secondary (6-12)** COLLEGE (1-4 or 5+): **2**

RACE (WHITE, BLACK, AMERICAN INDIAN, etc.): **White** OF HISPANIC ORIGIN? (SPECIFY NO OR YES, IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): **NO**

FATHER'S NAME: **William J. COLLIER** MOTHER'S NAME: **Virginia L. Vonkenzey**

RELATIONSHIP: **Records** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE ZIP): **172900 N Lakeshore Chicago 1160657**

18. PART I: **K. Salonga**

Information pertaining to the cause of death is prohibited from disclosure due to the confidentiality laws of Illinois.

19. DECEASED'S SIGNATURE: *[Signature]* 20b. MAJOR INJURY OR DISEASE: **200b**

20c. PRIOR TO DEATH (YES/NO): **NO**

21. BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: **August 12, 2005** HOUR OF DEATH: **5:33 P.M.** DATE SIGNED: **08/12/05**

22a. SIGNATURE: *[Signature]* 22b. ILLINOIS LICENSE NUMBER: **036-061003**

22c. M. Todd Grendon 2800 N Sheridan Ste 400 Chg 1160657

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: **Muzyka Funeral Home 2157 W Chicago Ave. Chicago, IL 60622**

24a. Acacia Park 24c. Chicago, Illinois 24d. 08/15/05

25a. Muzyka Funeral Home 2157 W Chicago Ave. Chicago, IL 60622

25b. 25c. 034-014937

26a. 26b. AUG 15 2005



LOCAL REGISTRAR: *[Signature]*

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.