	STATE OF, TC COUNTY OF Could SS	9527202122								
•	hereby referred to as the affiant, states under oath that the affiant resides at	Doc#: 0527202122 Fee: \$30.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 09/29/2005 10:00 AM Pg: 1 of 4								
	In the City of Kin. Land, State of IL;									
	that the affiant was acquainted with, Elizability, the decedent; at me time of death, the									
•	decedent was one of the owners of property, by virtue of a property recorded joint tenancy deed, said property located in									
	County State of TLU , and legally described as follows:									
	SEE ATTACHED LEGAL DESCRIPTION	0~								
	LEGAL TO									
	The decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remain interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession enjoyment after death;									
	The decedent died on, leaving no/æ-last	t will and certament;								
	The total value of decedent's estate, including the taxable interest in the above property was \$									
	The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedence sisting, has been paid in fu									
	The affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, In- above described property.	c. (ATG) to issue its policy of title insurance on								

ATG FORM 3007 © ATG (REV. 1/00)

Page 1 of 2 FOR USE IN: ALL STATES 0527202122 Page: 2 of 4

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JOINT TENANCY AFFIDAVIT (continued)

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that ATG may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

owing objections:	
 Claims against the estate of	the decedent; the charged against the estate of said decedent; (Seal)
	- Courself of the Course
	(Seal)
Subscribed and syon to before me this	
day of September, 2005 K. Koze (Notary Pulvic)	OFFICIAL SEAL KIMBERLY M KABZA NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:03/28/09
Note: If the decedent left a will, it wish he necessary that the inspection. A death certificate, together with evidence of payments	ne original or certified copy thereof be presented to ATG for t of death taxes, if any, should accompany this affidavit.
This instrument prepared by:	Return to:
MSBM LLC	RSBM, LLC (Name)
20 S. Cla-k, St. 500	(Name) S. Cle-L. Str 500 (Address)
Chicago, H. 60603 (City, State, Zip)	(City, State, Zip)
(Cn), Oute, 24)	(Cny, State, Lip)

0527202122 Page: 3 of 4

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LEGAL DESCRIPTION

Lot 8 in Block 21 in Kenilworth Company's Addition to Kenilworth, being a Subdivision of part of Section 28, Township 42 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index Number(s): 05-28-215-011-0000

Property Address: 520 Roslyn Road, Kenilworth, IL 60043

Property of Cook County Clark's Office

0527202122 Page: 4 of 4

STÂTE OF ILLINOIS)
County of Cook)

UNOFFICIAL COPY DAVID ORR, County Clerk

AUGUST 22, 2005

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

COUNTY CLERK

BIRTH NO.	REGISTRATION DISTRICT NO.	0.2	3			STA	TE OF IL	LINOIS				,	STATE FI	
	REGISTERED NUMBER	ν.α		1EDIO	CAL	CER	TIFIC	ATE	OF	DEA	TH		NUMBER	
int in (DECEASED & WE											-		
VT INK Wrectors,		171	FIRST		MIDOLE		LAST		SEX		DATE	OFDEAT	H (MON	ITH, DAY, YEAR)
yeiciene	1. COUNTY OF DEATH	E	LIZABE		1.	MALO			2. FEN		1	AY 18		•
k for TONS	COOK			AGE	-LAST THOAY (YE	IS) MOS.	RIYEAR	UNDER 1	DAY D	ATE OF BIR	TH (A	MONTH, DAY	(YEAR)	
	CITY, TOWN, TWP, OR ROA	IT VOT	ICT NUMBER	5a.	12	l 56.		50	50	ı. Al	JGU	ST 6.	1930)
I	T-TT A 31 C M C 3 -	NDE ISTA	NUMBEH	HOS	PITALOR	OTHER INS	TITUTION-A	VAME (IF NOT I	INEITHER, GI	VE STREET	NDNU	MBER)		P. OR INST, INDICATE D.O.A. P. PM, INPATIENT (SPECIFY)
	BIRTHPLACE (CITYANDETA	TE OD	li sapiro	6b.		STON							Sc F	r am, inpatient (specify) MER RM.
SED	7. DULUIH, MN	nicon	WIDOW	NEVERMA OLYOPICE REPORTED	ifiried, D (specify	NAM		IVING SPOU			FE)		100	WASDECEASEDENEO
	SOCIAL SECURITY NUMBER						ROBE	RT H.	MALOI	T				ARMEDFORCES? (YES)
	10. 047-24-026		ł	SUPATION!		KIND	OF BUSINE	SSORINDL		DUCATIO	N (SP	ECIFYONLY	YHIGHEST	GRADE COMPLETED)
	RESIDENCE (STREET AND N	J	11a.HU	EM KE		11b.	OWN	HOME	l'.	lementary/Si	conda	y (0-12)	Con	ege (1-4 or 5 +)
	520 DOCE VA				Ici			OAD DISTE	RICT NO.	IN:	IDE (YTK	COUNT	4
••••••	STATE				(<u>]</u> 3		VILWO	RTH	4	13	SNO	ŒS	13d.	COOK
	130 ILLINOIS	ZIPCC		PACE (M	HITE, BLAJK J(SPECJEY)	AMERICAN	OF	HISPANIC O	RIGIN? (SP	ECIFYNOOR	YES-	YES, SPEC	FYCUBAN	N, MEXICAN, PUERTORICAN, 41
_ >	100.		0043	14a. W	HITE		14b	ONES .			ECIF			
TS	1,1.0	i [CHAR	MIDDLE	T 70	LAST			THER-NAME			MIDD			(MAIDEN) LAST
				UBERT			115.		CL	ARA	EL I	ZARF	TH R	ALDWIN
	INFORMANT'S NAME (TYPE 17a. ROBERT H.	(TMRARO)	(TO)			RELATION		MAILING	ADDRESS	(STREET AN	DNO C	BBED C	TVOOTO	101.07.07
ار	17a. RUBERT H.					17b.HUS	BAND	17.52	o Rosi	I VN K	FNT	TIME	741 TI	L 60043
•••••	IO.PARTI.	Enter the shock, or	diseases, or o r heart failure	complications	that cause	d the death.	Do not enter	Choinode of	rhing, such	as cardiac o	reso	Calogy agre	TII TI	
	Immediate Cause (Final disease or condition				~	OBCH WIE.		(y 2 10	~~, <u> </u>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
•••••	resulting in death)	<u>/_(a)</u>		NAL	CEL	٠	سيريهن	cen					- 1	3 40
	CONDITIONS, IF ANY	100	ETO, ORAS	ACONSEQU	JENCE OF				—G	61			-	3 43
	WHICH GIVE RISE TO MMMEDIATE CAUSE (a)	(<u>b)</u>								4	•			
	STATING THE UNDERLYIN	G DU	ETO, ORAS	ACONSEQU	ENCEOF									- ^
-	CAUSE LAST.	(c)					_			0			ł	
	PART II. Other significant conditi	ions contribu	Jing to death but	not resulting in t	the underlying	cause given in	PARTI.				מי, עב		WEREAUT	TOPSY FINDINGS AVAILABLE PRIOR TO
···· -	DATE OF OPERATION AS ANY										(YES/N 19a,	NO.	CONSTE	ONOFCAUSE OF DEATH? (YES HO)
	DATE OF OPERATION, IF ANY	Y	MAJOR FINE	DINGSOFOR	PERATION					L			119b.	REAPREGNANCY IN PAST
	20a:		20b.									THEE	harries (
···[((DID) (DID NOT) ATTEND THE AND LAST SAW HIM/HER ALIV	VEON	,	TH, DAY, YEAF	R)			W/	ASCORON	ERORME	HÇAI	20c. Y	DEDEAT	NO (ZX
	21a. 5/14	107	· 					150	ANNUAL LA	ATELED? (ESINC	»	6:3	ς .
1	TO THE BEST OF MY KNOWLE	EDGE, DE	ATHOCCUR	RED AT THE	TIME, DAT	E AND PLA	CE AND DU	ETOTHEC	AUSE(S) ST	ATED.		21c.		141,
	22a. SIGNATURE -	-	/2/20-		1000				,,,,			1 .		(MONTH, DAY, YEAR)
٦ '	NAME AND ADDRESS OF CER	RTIFIER	(TYPE OR	PRINT)								22b.		SENUMBER
	22c. Dr. Walter	: M.	Stadle	r, 584	41 S.	Mary]	and A	ve. C	hicad	¬ TI		1		
٠ [١	NAME OF ATTENDING PHYSIC	CIANIFO	THER THAN	EATIFIER	(TYPE	ORPRINT)			riteagi	J, IL				6-081254
	23											I OCK IN IS	HE COMON	WAS INVOLVED IN THIS IER OR MEDICAL EXAMINER
	BURIAL, CREMATION, REMOVAL (SPECIFY)	CEME	TERY OR CRE	MATORY-A	VAME		LOCATION	CIT	YORTOWN	STA	TE	MUSTBE	NOTHFIED.	
٤	24a, CREMATION	245.	K&S CR	EMATOR	RΥ		oac HT	GHLANI				ATC	DATE	(CAN)
1 2	24a. ORLEPTION					1 AH M 40 CO OC						<u>OIS</u>	240.	<u>1AY 20,2003</u>
F	FUNERAL HOME		NAME:		SINCE! AN								470	
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ON 2 F	FUNERAL HOME 25a. N.H. SCOTT FUNERAL DIRECTOR'S SIGNA 25b.	& H		HWAITE	124(Cot	WAUK Torse	EGAN		GLENVI	EW,] FUNERALD 25c.	RECTO 34-(01500	ISLICENSI)1	ZIP