STATE OF Illinois)
COUNTY OF Cook) ss.

Doc#: 0532116225 Fee; \$50.50 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds
Date: 11/17/2005 12:31 PM Pg: 1 of 3

AFFIDAVIT OF FACTS RELATING TO TITLE Re: Death Tenant by the Entirety

Being first duly sworn according to law, under penalties of perjury, the undersigned (hereinafter "Affiant"), does hereby state as follows:

(IIC)	Chimited Titribute), does not only distribute and			
1.	My full legal name is: ANGELA WOLTMAN			
2.	By virtue of instrument dated April 26, 1996, recorded May 1, 1996, as Document No. 96-330331of Cook County Records, title was conveyed to Dennis Woltman and Angela Woltman, his wife, as Tenants by the Entirety and not as Joint Tenants with Rights of Survivorship, nor as Tenants in Common, in and to the real estate described as follows:			
See	e attached Exhibit `A'			
3.	As evidenced by the certified copy of the death certificate attached, Dennis Woltman, is now deceased.			
4.	The purpose of this Affidavit is to transfer record title of the above described premises to the survivor, ANGELA (2001) (1)			
	Sworn to before me and subscribed in my presence by Maela Weltman			
this	Angela Woltman 19th day of October , 2005.			
	OFFICIAL SEAL MARY T KINCAID NOTARY PUBLIC - STATE OF ILLINOIS NY COMMISSION EXPIRES:08/12/08 Mary T. June D Notary Public Commission expires 08-12-08			

FROM: (866)235-4326 OLD REPUBLIC TITLE DEBBIE MESSENGER X6303 320 SPRINGSIDE DRIVE SUITE 320 AKRON, OH 44333

(D)

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UNOFFICIAL COPY

EXHIBIT A

SITUATED IN THE COUNTY OF COOK IN THE STATE OF ILLINOIS, TO WIT:

LOT 345 IN COBBLER'S CROSSING UNIT 8, BEING A SUBDIVISION OF PART OF SECTIONS 6 AND 7, TOWNSHIP 41 NORTH, RANGE 9, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED OCTOBER 15, 1990 AS DOCUMENT NO. 90495296, IN COOK COUNTY, ILLINOIS. Took County Clerk's Office

PIN #06-07-216-029-000

[HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE: AUGUST 24, 1999

SIGNED:

o: Many ann Rizzo

Official Title, Chief Deputy Registrar

t Cook County Department	of Public Health	Official Title, Chief Deputy Registrar
22a. SIGNATURE ► NAME AND ADDRESS OF CERTIFIET 22c. MO hammad Zēhig NAME OF ATTENDING P SIL'AN IF OT 23. BURIAL, CREMATION. REMOVAL (SPECFY) 24a. BUT i al 24b.L FUNERAL HOME 25a. Ahlgrim & Sons FUNERAL DIRECTOR'S SIGNATURE 25b. ► 126a. ► REMSTRATE (COL) 126a. ► REMSTRATE	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. PART II. Other significant conditions contributing to DATE OF OPERATION, IF ANY DATE OF OPERATION, IF ANY DATE OF OPERATION, IF ANY 20a. 21a. 27a. 27a. 27a. 27a. 27a. 27a. 27a. 27	DEATH DOK TWP, OR HOAD DISTRIE OF FIRST STREET AND KUMBER STREET FRANK TSNAME TYPEOR PRINT Shock, of Cause (Final Shock, of Cause) Cause (Final Shock, of Cause) Cause (Final Shock, of Cause) Cause (Final Shock, of Cause) Cause (Final Shock, of Cause)
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LOCATION CITYORTOWN (24c. Elgin, Illinoi CORRED CITYORTO CORRED CITYORTO CORRED CITYORTO CORRED CITYORTO AND CORRED CITYORTO C	Causagiven in PART I WAS CORONER OR EXAMINER NOT IFIEL TE AND PLACE AND DUE TO THE CAUSE (S) STATED	SEX UNDERTIDAY SC WATE OF DI SEX 2 Male 3 Male
120 08.2 3-99 ILLINOIS LICENSE NUMBER 22d 360 2340 NOTE: FAMINUARY WAS INVOLVED IN THIS DEATH THE CORDINER OF MEDICAL EXAMINER MUST BE NOTIFIED STATE DATE (MONTH, DAY, YEAR) TOWN STATE UMBUNG, ITTINOIS 60195-3698 FUNEFAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-014378 DATE FILSONY LOCAL REGISTRAGIMONTH, DAY, YEAR)	ALTOPSY (YESNO) 19a. NO 19a. NO 19a. HREMALE THREEMAL THR	DATEOF DEATH (MONTH, DAY, YEAR) BAUGUST 21, 1999 OF BIRTH (MONTH, DAY YEAR) AUGUST 30, 1940 FHOSE OF INST. INDICATE D.O.A. IF HOSE OF INS

WHEN RECORDED RETURN TO: Old Republic Title Attn: Post Closing-Recording 320 Springside Dr. Suite 320 Akron, OH 44333

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF

STATE FIL