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Doc#: 0532741075 Fee: \$28.50
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 11/23/2005 10:10 AM Pg: 1 of 3

COOK COUNTY RECORDING

- DEED
- MORTGAGE
- ASSIGNMENT
- POWER OF ATTORNEY
- RELEASE
- SUBORDINATION AGREEMENT
- OTHER

RETURN TO:

UNOFFICIAL COPY



International Title Corporation

A Policy Issuing Agent for Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

SS.

NORMA MARAGAY being duly sworn states that SHE resides at 613 NEWBERRY DR. in the City of STREAMWOOD, IL 60107.

That NORMA MARAGAY was acquainted with ELMER MARAGAY deceased who, at the time of death, was one of the sworn of the land in Cook County, Illinois, described as:

UNIT NUMBER 1 - S IN 5319-21 NORTH WASTHENAW CONDOMINIUM, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: LOT 94 IN WILLIAM H. BRITIGAN'S BUDLONG WOODS GOLF CLUB ADDITION, BEING A SUBDIVISION OF THE SOUTH 1/2 OF THE WEST 1/2 OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 95265932, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS.

That the deceased died April 9, 2005, 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 International Title Corporation to issue its Title Insurance Policy describing the above mentioned property.

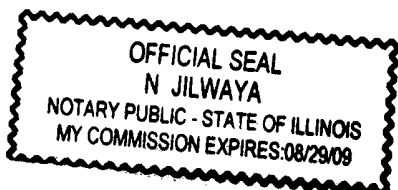
Subscribed and sworn to before me by the said NORMA MARAGAY this 28th day of April, 2004.



NOTARY PUBLIC



NORMA MARAGAY



STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

UNOFFICIAL COPY

APR 12 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.

David Orr
COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS				STATE FILE NUMBER	
		REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH					
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED - NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)			
A		1. ELMER VILLON MARAGAY		2. MALE		3. APRIL 9 2005			
B		COUNTY OF DEATH		AGE - LAST BIRTHDAY (YRS)		UNDER 1 YEAR		UNDER 1 DAY	
C		4. COOK		5a. 77		5b. 77		5c. 77	
D		CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				DATE OF BIRTH (MONTH, DAY, YEAR)	
E		6a. HOFFMAN ESTATES		6b. ST ALEXIUS MEDICAL CENTER				5d. JULY 3 1927	
DECEASED		BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. BM, INPATIENT (SPECIFY)	
B		7. PHILIPPINES		8a. MARRIED		8b. NORMA MILLARE		9. NO	
C		SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
D		10. 341-76-5676		11a. DISTRIBUTION		11b. PHARMACEUTICAL		12. 4	
E		RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
		13a. 613 NEWBERRY DRIVE		13b. STREAMWOOD		13c. YES		13d. COOK	
		STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc. SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
		13e. ILLINOIS		13f. 60107		14a. ASIAN PACIFIC		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
PARENTS		FATHER - NAME FIRST MIDDLE LAST		MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST					
		15. FRANCISCO MARAGAY		16. ANIANA VILLON					
1		INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
2		17a. NORMA MARAGAY		17b. WIFE		17c. 613 NEWBERRY DR STREAMWOOD IL 60107			
3		18. PART I. Enter the diseases, or complications that caused the death. Do not omit the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
CAUSE		Immediate Cause (Final disease or condition resulting in death)		(a) Respiratory Failure					
		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) Pneumonia					
				(c) End Stage COPD					
4		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				AUTOPSY (Y/N)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
5		20a. NO		20b. NO		20c. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		20d. NO	
N		DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?			
P		21a. 3/11/05		21b. NO		21c. 8:45 am.			
CERTIFIER		I (DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH			
		22a. SIGNATURE A Scarn		22b. 4/11/05		DATE SIGNED (MONTH, DAY, YEAR)			
		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER					
		22c. AMELIA A. STAMM, M.D. 113 Wilke St. Bloomington, IL 61808		22d. 636 087537					
		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.					
DISPOSITION		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY - NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)	
		24a. BURIAL		24b. ROSEHILL CEMETERY		24c. CHICAGO ILLINOIS		24d. APRIL 13 2005	
		FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE		ZIP	
		25a. COUNTRYSIDE FUNERAL HOME		1640 GREENMEADOWS BLVD		STREAMWOOD IL 60107			
		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER					
		25b. David A. Bisquet		25c. 034-015473					
		LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
		26a. David Orr		26b. April 12, 2005					