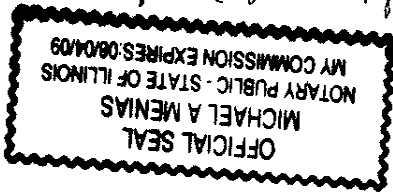


Notary Public

(Affiant's Signature)

James J. Menias
this 22nd day of October, A.D. 2005



Subscribed and sworn to before me by the said

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

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.

- 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 _____
- 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 no Last Will & Testament.

That the deceased died:

That the deceased died _____ February 28, 1992 certificate of the deceased attached hereto, as evidenced by a certified copy of death 3/2

Doc#: 0533433061 Fee: \$50.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 11/30/2005 07:49 AM Pg: 1 of 3



That I was acquainted with _____ Eunice Fitzgerald Cook deceased who, at the time of death, was one of the owners of the land in _____ County, Illinois, described as:

_____ Stephen L Taylor being duly sworn states that I resides at _____ 2102 W. 119th Street in the City of _____ Chicago

Order No.: 1408 TEST0000 HE

STATE OF ILLINOIS
COUNTY OF _____

DECEASED JOINT TENANCY AFFIDAVIT

0100244509

505 E. NORTH AVE., CAROL STREAM, IL 60188

CHICAGO TITLE INSURANCE COMPANY



H25047755

OFFICIAL TITLE, LOCAL REGISTRAR

AT BLUE ISLAND, ILLINOIS

DATE MAR 05 1997 SIGNED

I HEREBY CERTIFY THAT THE foregoing is a true and correct copy of the DEATH RECORD for the decedent named at 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

Handwritten signature: *John G. Schultz*

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.31
REGISTERED NUMBER 104

DECEASED-NAME FIRST MIDDLE LAST Eunice Fitzgerald Females February 28, 1997	SEX Female	DATE OF DEATH (MONTH, DAY, YEAR)
COUNTY OF DEATH Cook	AGE-LAST BIRTHDAY (MOS. DAYS HOURS MIN.) 85	DATE OF BIRTH (MONTH, DAY, YEAR)
CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER Blue Island	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT NEITHER, GIVE STREET AND NUMBER) St. Francis Hospital	DATE OF DEATH (MONTH, DAY, YEAR)
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) New Orleans, La.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	DATE OF BIRTH (MONTH, DAY, YEAR)
SOCIAL SECURITY NUMBER 354-14-1923	USUAL OCCUPATION Clerk/Typist	DATE OF BIRTH (MONTH, DAY, YEAR)
RESIDENCE (STREET AND NUMBER) 2108 West 119th Street	CITY, TOWN, TWP. OR ROAD/DISTRICT NO. Chicago	DATE OF BIRTH (MONTH, DAY, YEAR)
STATE Illinois	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) Black	DATE OF BIRTH (MONTH, DAY, YEAR)
FATHER-NAME FIRST MIDDLE LAST Eli Taylor	RELATIONSHIP Nephew	DATE OF BIRTH (MONTH, DAY, YEAR)
MOTHER-NAME FIRST MIDDLE LAST Nancy Taylor	RELATIONSHIP Niece	DATE OF BIRTH (MONTH, DAY, YEAR)
INFORMANT'S NAME (TYPE OR PRINT) Stephen Taylor	MAILING ADDRESS (IS PRESENT AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 823 E. 100th Place Chicago, Ill.	DATE OF BIRTH (MONTH, DAY, YEAR)
IMMEDIATE CAUSE (Final disease or condition resulting in death) ADENOCARCINOMA	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF	DATE OF BIRTH (MONTH, DAY, YEAR)
MAJOR FINDINGS OF OPERATION 206.	DATE OF OPERATION, IF ANY	DATE OF BIRTH (MONTH, DAY, YEAR)
NAME AND ADDRESS OF CERTIFIER DR. A. STEPHEN S. 2310 YORK ST. BLUE ISLAND	DATE OF OPERATION, IF ANY	DATE OF BIRTH (MONTH, DAY, YEAR)
NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER)	DATE OF OPERATION, IF ANY	DATE OF BIRTH (MONTH, DAY, YEAR)
CEMETERY OR CREMATORY-NAME Cremation	DATE OF OPERATION, IF ANY	DATE OF BIRTH (MONTH, DAY, YEAR)
STREET AND NUMBER OR R.F.D. 10525 S. Western Ave.	DATE OF OPERATION, IF ANY	DATE OF BIRTH (MONTH, DAY, YEAR)
CITY OR TOWN Chicago, Ill.	DATE OF OPERATION, IF ANY	DATE OF BIRTH (MONTH, DAY, YEAR)
STATE Ill.	DATE OF OPERATION, IF ANY	DATE OF BIRTH (MONTH, DAY, YEAR)
FUNERAL HOME Donnellan Funeral Home	DATE OF OPERATION, IF ANY	DATE OF BIRTH (MONTH, DAY, YEAR)
FUNERAL DIRECTOR'S SIGNATURE John G. Schultz	DATE OF OPERATION, IF ANY	DATE OF BIRTH (MONTH, DAY, YEAR)
LOCAL REGISTRAR'S SIGNATURE John G. Schultz	DATE OF OPERATION, IF ANY	DATE OF BIRTH (MONTH, DAY, YEAR)
DATE OF OPERATION, IF ANY	DATE OF OPERATION, IF ANY	DATE OF BIRTH (MONTH, DAY, YEAR)

DECEASED
A. Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

PARENTS
1. FATHER-NAME FIRST MIDDLE LAST
2. MOTHER-NAME FIRST MIDDLE LAST
3. IMMEDIATE CAUSE (Final disease or condition resulting in death)

CAUSE
4. IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
5. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF
6. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF

CERTIFIER
7. NAME AND ADDRESS OF CERTIFIER
8. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER)

DISPOSITION
9. CEMETERY OR CREMATORY-NAME
10. STREET AND NUMBER OR R.F.D.
11. CITY OR TOWN
12. STATE
13. FUNERAL HOME
14. FUNERAL DIRECTOR'S SIGNATURE
15. LOCAL REGISTRAR'S SIGNATURE
16. DATE OF OPERATION, IF ANY

UNOFFICIAL COPY

JLE TELEGAL 1/00 DGG

BORROWER'S NAME: TAYLOR 1264965 (BETTY)

PERMANENT INDEX NUMBER: 25-19-319-049-0000

Property of Cook County Clerk's Office

Handwritten:
 3500 Park Rd Ste 300
 Rolling Meadows, IL 60008
 Home Center Learning Center
 11/15/19

LEGAL DESCRIPTION: D.
 LOT 14 (EXCEPT THE WESTERLY 8 FEET 4 INCHES THEREOF) AND LOT 15 (EXCEPT THE
 EASTERLY 8 FEET 4 INCHES THEREOF) (AS MEASURED ALONG THE NORTHERLY LINE OF SAID
 LOTS) IN THE SUBDIVISION OF LOTS 10 TO 14 BOTH INCLUSIVE, IN BLOCK 101 AND LOTS 10
 TO 12, BOTH INCLUSIVE IN BLOCK 102, OF WASHINGTON HEIGHTS, IN THE SOUTHWEST 1/4 OF
 SECTION 19, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN
 COOK COUNTY, ILLINOIS.

CTIC ORDER NO.: 1408 H25047755 HE

CHICAGO TITLE INSURANCE COMPANY

EQUITY SEARCH PRODUCT

