UNOFFICIAL COPY

ADVANTAGE TITLE COMPANY

AN AGENT OF THE INSURANCE COMPANY ★ TICOR TITLE □ STEWART TITLE

Doc#: 0607532025 Fee: \$50.50 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 03/16/2006 02:08 PM Pg: 1 of 3

JOINT TENANCY AFFIDAVIT

03-2/63 (Accommodation)	~ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^
STATE OF ILLINOIS	OUR ORDER NO: $63-2163$
STATE OF ILLINOIS COUNTY OF SS	DATE: 12-10-03 DECEDENT: KS: KENNE
WALTER MATHE	hereinafter referred to as the affiant deposes
	1. WINDSOR, in the City of CHICACTO. 1. UINDSOR, in the City of CHICACTO. 1. death was one of the owners of the property in COOK
County, Illinois, legal, described as follows:	
10SEE AT	TTACHED LEGAL"
C	
or descrided in above order number.	
That decedent died on AHUBE	11, 2002 leaving no/a last will and testament.
That the total value of the estate of said real estate is \$ 50,000.	decedent including his/her taxable interest in the above
That the Illinois inheritance Tax an the estate, has been paid in full;	Federal Estat. Tax, if any was due from the decedent's
	nduce Advantage Title Company to issue its Policy of Title
Insurance on the above described property.	Signature Walls Was
	Signature (1) (1)
SUBSCRIBED AND SWORN TO BEFORE ME this, -19_2 a Notary Public in and for said State and County	"OFFICIAL SEAL"
Janense Chanke	TERRENCE CHAMBERS Notary Public, State of Illinois My Commission Expires 11/26/05
Note: If the decedent left a will it will be necess to us for inspection.	ary that the original or a certified copy therof be presented
A death certificate together with evidence of pay affidavit.	ment of death taxes, if any, should accompany this

MULTICOLOR SIGNATURE SEAL IS THIS CERTIFICATE COPY VALID WHEN AFFIXED.

ANO

ATE OF OPERATION, IF ANY

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

DENBESTEN, MD

29(0 N.

LAKE

SHORE 60657

DR.

<u>12th</u>

22d. 036-094577 ILLINOIS LICENSE NUMBER 22b Jan. 12, 2002

MOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

ROBERTA LUSKIN-HAWK, MD

LOCATION

CITY OF TOWN

STATE

DATE

1-19-02 (MONTH, DAY, YEAR) chicago,

(TYPE OR PRINT)

ダイダ

CEMETERY OR CREMATORY-NAME

22c KAREN E.

REMOVAL (SPECIFY)

FUNERAL HOME

24b.

Oakwood

10133

ຸດ

Halsted Chicago, Il. 60628

FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

034-01494

AR [MONTH, DAY, YEAR]

Chicago,

CITY OR TOWN

37.0

DATE FILEDBY

265

STREET AND NUMBER OR R.F.D.

FUNERAL DIRECTOR'S SIGNATURE 25a Gatling's Chapel

25b.

NAME AND ADDRESS OF CERTIFIER

22a. SIGNATURE >

BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLAC (AN) DUE TO THE CAUSE(S) STATED.

EXAMINER NOTIFIED? (YESNO

DATE SIGNED 21c

(MONTH, DAY, YEAR) ₽ |X

4:10

2000

YES O NO C

HOUROFDEATH

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

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

CITY OF CHICAGO COUNTY OF COOK STATE OF ILLINOIS

	0607532025 Page: 2 of 3																										
DATE OF OPERATION, IF ANY)	FAITH. Other significant conditions contin	UNDERLYING	CONDITIONS, IF ANY (b)	(a) (a) (a) (b)	25.	ARTI.	17a Arthur & Edna	INFORMANT'S NAME (TYPE OR PRINT)	Arthur	HER-NAME FIRST	13. Il. 13f.		132 843 W. Windsor	RESIL ENCE (STREET AND NUMBER)		SONAL SECURITY NUMBER	FOREIGN COUNTRY)	6a. Chicago	CITE, JOWN, 1967. CRESCROSS CROSS CONTROL	4 COOK	COUNTY OF DEATH	1. Ken	DECEASED-NAME FI	REGISTERED NUMBER	DISTRICT NO. 16, 10)
MAJOR FINDINGS OF OPERATION		Other significant conditions contributing to death but not resulting in the underlying cause given in PART.	DUETO, OR AS A CONSEQUENCE OF	12 5, 1508my (9	ETO, OR AS A CONSEQUENCE O	Discool bromiso	0 27 1	na Morris 176.Parents		Morris		60640 14a Black	DE RACE (WHITE, BLACK AMERICAN	13b. (Teacher 11b. Ada	<u> </u>		Ł			THOAY (YAS) MOS.		FIRST MIDDLE LAST	MEDICAL CERTIFICATE		STATE O
	19a.	AUTOPSY (YESMO)	0	(COMOC.		Delicina Simo	not enter the mode of dying, such as cardiac or respirate	nts 17c. 5932 S. Laflin		16. <u>Edna</u> <u>Davis</u>	MOTHER-NAME FIRST MIDDLE	☐ YES SF	OF HISPANIC OHIGINY (SPECIFY NO OH YES-F-YES, SPECIFY CONSTRUCTION OF THE SPECIFY	Chicago 13c. Yes	CITY, TOWN, TV/P, OR ROAD DISTRICT NO. (NSIDE CITY	<u> </u>	KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGH		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	HOURS MIN.	ris 2 Male 3 January	SEX COT COLOR	5	CATE OF DEATH	STATE OF ILLINOIS
FEMALE, WAS THERE A PREGRAMO FRANCE THREE MONTHS?	19b.	COMPLETION OF CAUSE OF DEATH (YESMO)				ione	V 81 151. BETWEEN CHISET AND DEATH		F.D. OF THIS WISTATE ZIPS 60636	lvis		MARIE ENI LAST	Di Colin Colore di Million	13d. COOK		-02-	College (1-4 or	9. 30	- }	& Innatient	IF HOSP, OR INST, INDICATE D.O.A.	1961	DAY, YEAR	fundamental district	(600 / /G	\ 1	STATE FILE

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UNIT 1-W IN WINDSOR CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: THE EAST 60 FEET OF LOT 15 IN N.J. WALLINGFORD'S SUBDIVISION OF THE 15 RODS SOUTH OF AND ADJOINING THE NORTH 95 RODS OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 17, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 25604798, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS.

SOR, COOK COUNTY CLERK'S OFFICE 843 W. WINDSOR, UNIT 1-W, CHICAGO, IL 60640 14-17-223-026-1004

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