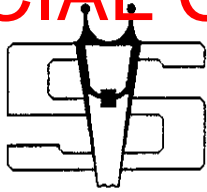


UNOFFICIAL COPY



Doc#: 0610434074 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 04/14/2008 10:55 AM Pg: 1 of 3



Sanctity of Contract

Stewart Title Company of Illinois

STEWART TITLE OF ILLINOIS
2 N. LaSalle Street
Suite 625
Chicago, IL 60602
312-840-4243

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF Cook) SS.

STCI File Number: TM204829

William B. Franklin III
being duly sworn states that "he" resides at _____ in the City of _____

That he was acquainted with Elsie L. Franklin deceased who, at the time of death, was one of the sworn of the land in _____ County, Illinois, describes as:

As per above order.

That the deceased died December 21, 1986, as evidenced by a certified copy of death certificate of the deceased attached hereto.

- XXX 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 \$ 100,000.00 dollars.

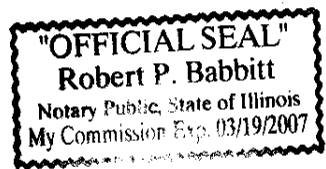
Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said
WILLIAM B. FRANKLIN III

this 21st day of March, A.D. 2006.

[Signature]
Notary Public

William B. Franklin III
(Affiant's Signature)
William B. Franklin III



UNOFFICIAL COPY

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

CEDECENT'S BIRTH NO. _____
 REGISTRATION DISTRICT NO. **45.0B**
 REGISTERED NUMBER **1036**

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

Type or Print In Permanent Ink See Funeral Directors, Hospital, or Physicians Handbook for Instructions

DECEASED

1. RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) **WHITE**
 4a. **WHITE**
 4b. **ENGLISH**
 4c. **ENGLISH**
 4d. **ENGLISH**
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 4v. **ENGLISH**
 4w. **ENGLISH**
 4x. **ENGLISH**
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 4z. **ENGLISH**

2. **ELGIN**
 3. **ST. JOSEPH HOSPITAL**
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PARENTS

15. **WILLIAM B. FRANKLIN**
 16. **ELIOT LINDER**
 17. **WILLIAM B. FRANKLIN**
 18. **ELIOT LINDER**
 19. **WILLIAM B. FRANKLIN**
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 48. **ELIOT LINDER**
 49. **WILLIAM B. FRANKLIN**
 50. **ELIOT LINDER**

CAUSE

1. **DEATH WAS CAUSED BY:**
 2. **CONTRIBUTING CAUSE:**
 3. **CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STARTING THE UNDER-LING CAUSE LAST.**
 4. **OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL. TO CAUSE GIVEN IN PART I (A)**
 5. **DATE OF OPERATION, IF ANY**
 6. **MAJOR FINDINGS OF OPERATION**
 7. **IMMEDIATE CAUSE**
 8. **INTERMEDIATE CAUSE**
 9. **FINAL CAUSE**
 10. **APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH**
 11. **WAS CORONER OR MEDICAL EXAMINER NOTIFIED YES / NO**
 12. **WAS CORONER OR MEDICAL EXAMINER NOTIFIED YES / NO**
 13. **WAS CORONER OR MEDICAL EXAMINER NOTIFIED YES / NO**
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 50. **WAS CORONER OR MEDICAL EXAMINER NOTIFIED YES / NO**

CERTIFIER

21. **NAME AND ADDRESS OF CERTIFIER**
 22. **C. YESHWANT, M.D. 417 DUNDEE AVE. ELGIN, ILL. 60120**
 23. **NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER**
 24. **DATE SIGNED - (MONTH, DAY, YEAR)**
 25. **DEC. 22, 1986**
 26. **ILLINOIS LICENSE NUMBER**
 27. **036-888988**

DISPOSITION

28. **BURIAL, CREMATION, REINTERMENT, OR OTHER DISPOSITION**
 29. **CEMETERY OR CREMATORY - NAME**
 30. **OAKRIDGE**
 31. **LOCATION**
 32. **HILLSIDE, ILLINOIS**
 33. **CITY OR TOWN**
 34. **STATE**
 35. **DATE**
 36. **MONTH, DAY, YEAR**
 37. **12:15 A.M.**
 38. **DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)**
 39. **December 22, 1986**
 40. **LOCAL REGISTRAR'S SIGNATURE**
 41. **Robert M. Caskey**
 42. **DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)**
 43. **December 22, 1986**
 44. **LOCAL REGISTRAR'S SIGNATURE**
 45. **Robert M. Caskey**

I HEREBY CERTIFY that the foregoing is a true and correct copy of the record on file in my office.
 dated at Elgin Illinois on 12/22/86
 Signed Robert M. Caskey
 DEPUTY LOCAL REGISTRAR

1/15/200 REV. 5/82
 Illinois Department of Public Health - Office of Vital Records (BASED ON 1978 U.S. STANDARD CERTIFICATE)

UNOFFICIAL COPY STEWART TITLE

ALTA COMMITMENT
Schedule B - Exceptions Cont.
File Number: TM204829
Assoc. File No: OH0040129

GUARANTY COMPANY
HEREIN CALLED THE COMPANY

COMMITMENT - LEGAL DESCRIPTION

Unit 4-A-2-1 together with its undivided percentage interest in the common elements in Hearthwood Farms Condominium, Phase 1, as delineated and defined in the Declaration recorded as document number 26083807, as amended from time to time, in the Southeast 1/4 of Section 35, Township 41 North, Range 9, East of the Third Principal Meridian, in Cook County, Illinois.

PIN # 06.35.400.075.1082

745 Candleridge Court #2A

Bartlett, IL 60103

Property of Cook County Clerk's Office