

UNOFFICIAL COPY



Doc#: 0613010064 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 05/10/2006 11:06 AM Pg: 1 of 3

MAIL TO
Prepared by:
Larry A. Sultan
1601 Sherman Ave.
#200
Evanston, Il. 60201

137920216

DECEASED JOINT TENANCY AFFIDAVIT

Glen K. Kataura being duly sworn states that he/she resides in the City of *Glen Ellyn*, County of _____, State of Illinois.

That he/she was acquainted with *George Y. Kataura*, deceased, who at the time of his/her death, was one of the owners of the ABI/land in Cook County, Illinois, legally described as follows:

SEE LEGAL DESCRIPTION ATTACHED HERETO

Commonly known as:

PIN.

That the deceased died *March 25, 2004*, as evidenced by a copy of the death certificate of the deceased attached hereto.

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or as the deceased share in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$500,000.00.

Affiant makes this affidavit for the purpose of spreading across the Public record a change in interest in the aforementioned property and to induce a title insurance company to issue its Title Insurance Policy, insuring title in the above mentioned property.

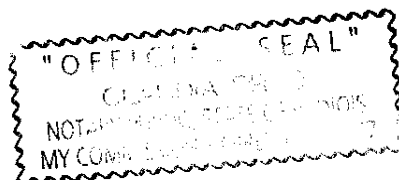
[Signature]

Attorneys' Title Guaranty Fund, Inc.
33 N. Dearborn, Suite 650
Chicago, Illinois 60602-3104
(312) 372-1735

Subscribed and sworn to before me by the said affiant this *23rd* day of *March*, 200*4*

Maudia Brad SEAL
NOTARY PUBLIC

my commission expires 7/10/2007



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REGISTRATION DISTRICT NO. 22.0		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER 01458		MEDICAL CERTIFICATE OF DEATH			
DECEASED—NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1. GEORGE Y. KATAURA		2. MALE		3. MARCH 25, 2004	
COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. DU PAGE		5a. 77		5d. OCTOBER 7, 1906	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP OR INST. INDICATE D.O.A. OR OTHER (SPECIFY)	
6a. NAPERVILLE		6b. MEADOWBROOK MANOR		6c. INPATIENT	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
7. L.A., CA		8a. WIDOWER		8b. NO	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY	
10. 50212-4737		11a. TOOL & DIE		11b. MACHINIST	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	
13a. 5446 N. WINTHROP		13b. CHICAGO		13c. YES	
STATE		ZIP CODE		CITY	
13e. ILLINOIS		3f. 6064		13d. COOK	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE LAST		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
15. na		16. Hisa Kataura		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP)	
17a. GLENN KATAURA		17b. SON		17c. 5446 N. WINTHROP CHICAGO, IL 60640	
18. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					
Immediate Cause (Final disease or condition resulting in death)		(a) Demolition of fusion, COPD			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) low hypertension			
		(c) pneumonia			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)	
20a.		20b.		19a.	
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		19b.			
20c. YES <input type="checkbox"/> NO <input type="checkbox"/>					
DID (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
21a. 3/24/04		21b. yes		21c. 8:30 P M.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				DATE SIGNED (MONTH, DAY, YEAR)	
22a. SIGNATURE Koch Dr. Scott Johnson				22b. MARCH 26, 2004	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)				ILLINOIS LICENSE NUMBER	
22c. Koch Dr. Scott Johnson 100 Spaulding Suite 400				22d. 130108642	
23. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.					
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE	
24a. CREMATION		24b. MONTROSE		24c. CHICAGO, ILLINOIS	
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE ZIP	
25a. LAKE VIEW		1458 BELMONT AVE. CHICAGO, IL 60657		CHICAGO, IL 60657	
FUNERAL DIRECTOR'S SIGNATURE				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
25b. H. Masumoto				25c. 034-091780	
LOCAL REGISTRAR'S SIGNATURE				DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
25d. Janet Cephalia A. Pallasch				26b. MAR 26 2004	



111 North County Farm Road
Wheaton, Illinois 60187

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

Janet Cephalia A. Pallasch

Local Registrar

Not valid without the embossed seal of DuPage County Health Department

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ATTORNEYS' TITLE GUARANTY FUND, INC.

LEGAL DESCRIPTION

Legal Description:

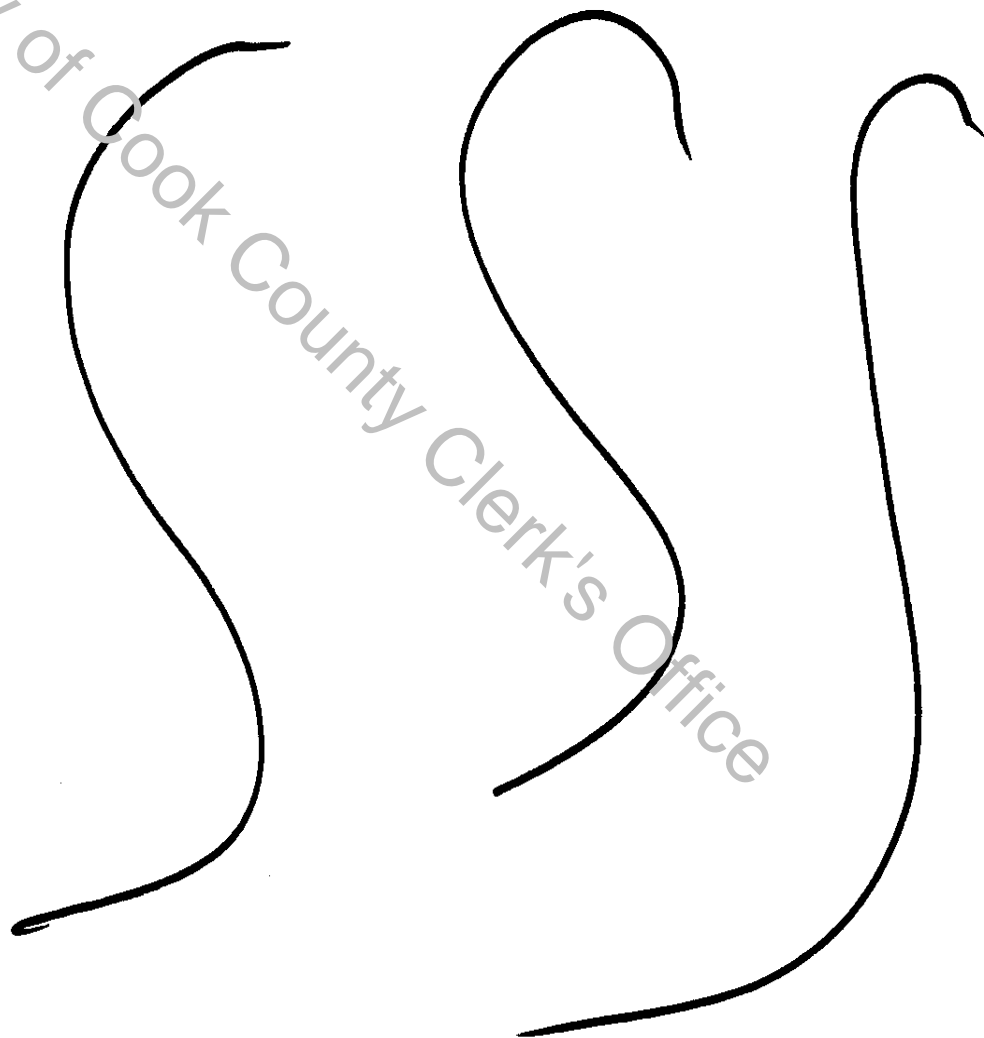
Lot 3 in Block 4 in John Lewis Cochran's Subdivision of the West 1/2 of the Northeast 1/4 of Section 8, Township 40 North, Range 14 East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index Number:

Property ID: 14-08-204-015-0000

Property Address:

5444-46 N. Winthrop
Chicago, IL 60640



Property of Cook County Clerk's Office