



Doc#: 0614649124 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 05/26/2006 11:36 AM Pg: 1 of 3

DECEASED JOINT
TENANCY AFFIDAVIT

STATE OF ILLINOIS }
COUNTY OF COOK }

HAMEED U. BAIG being duly
sworn states that Hameed U. Baig resides at 1446 Della Drive
IL - 60195 in the City of Hoffman Estates

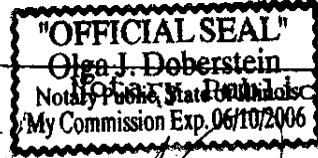
That Ahmed A. Baig was acquainted _____
deceased who, at the time of _____
death, was one of the owners of the land in 1446 Della Drive
COOK County, Illinois, described as: Hoffman Estates

1446 Della Drive
Hoffman Estates - 60195

P.I.N. 07-08-200-051-0000

That the deceased died 1-31-05
as evidenced by a certified copy of death certificate of the
deceased attached hereto.

Subscribed and sworn to before me by the said
Hameed U. Baig
this 25 day of May, A.D. 19 2006



Olga J. Doberstein

Hameed U. Baig
(affiant signature)

UNOFFICIAL COPY

Parcel 1:
Lot 39 in Hilldale Green, being a subdivision of part of Section 8, Town
41 North, Range 10, East of the Third Principal Meridian, According to
Plat thereof recorded October 24, 1994 as Document 94906285 and Certificate
of Correction recorded from time to time, in Cook County, Illinois.

Parcel 2:
Non-exclusive easement for ingress and egress for the benefit of parcel
shown on the plat and set forth in the certificate of the plat of Hill
Green planned unit development, aforesaid.
hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

SUBJECT TO: covenants, conditions, and restrictions of record, Public/utility easements/lot line agreements; zoning/building laws/ordinances; P
mortgage, if any & acts of Purchasers.
Document No.(s) _____;

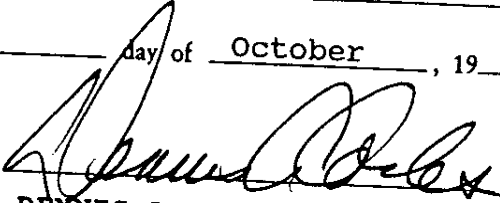
_____ ; and to General Taxes for 1996 and subsequent years. including taxes which may accrue by
new/additional improvements in the year of closing.

Permanent Real Estate Index Number(s): 07-08-200-051

Address(s) of Real Estate: 1446 Della Drive, Hoffman Estates, IL 60195

Dated this 23rd day of October, 1996

PLEASE
PRINT OR
TYPE NAME(S)
BELOW
SIGNATURE(S)

(SEAL) _____

DENNIS A. CORTESI
President
(SEAL) _____

Property of Cook County Clerk's Office

FEBRUARY 3, 2005

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY
DAVID ORR, County Clerk

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)			
1. HAAMED		BAIG		2. Male		3. JANUARY 31, 2005			
4. COUNTY OF DEATH		AGE LAST BIRTHDAY (YRS.)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)	
5. Cook		5a. 68		5b. 00		5c. 00		5d. JUNE 2, 1936	
6a. CITY, TOWN, VILL., OR ROAD DISTRICT NUMBER		6b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)						6c. IF HOSP. OR INST., INDICATE D.O.A. (OPENER, RM, INPATIENT (SPECIFY))	
A. TARKENTON		6b. LUTHERAN GENERAL						6c. D.O.A.	
DECEASED		7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
B. INDIA		8. MARRIED		8b. HAMEED UNNISA		9. NO			
C. 358-50-6269		11a. ENGINEER		11b. GENERAL		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		13. 4	
D. 1446 Della Drive		13a. CITY, TOWN, TWP. OR ROAD DISTRICT NO.		13b. Hoffman Estate		13c. YES		13d. Cook	
E. FL.		13f. 60195		14a. ASIAN		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
PARENTS		15. FATHER NAME FIRST MIDDLE LAST		16. MOTHER NAME FIRST MIDDLE (MAIDEN) LAST					
1. Abdulla		BAIG		SHABBIK KHANAM					
2. HAMEED BAIG		17a. INFORMANT'S NAME (TYPE OR PRINT)		17b. RELATIONSHIP		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
3. HAMEED BAIG		17b. Wife		17c. 1446 Della Drive Hoffman Estate					
CAUSE		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.						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
4. (a) Coronary artery disease		DUE TO, OR AS A CONSEQUENCE OF							
5. (b) Peripheral vascular disease		DUE TO, OR AS A CONSEQUENCE OF							
6. (c) End stage renal disease, diabetes									
N. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.									
P. 20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		20c. AUTOPSY (YES/NO)		20d. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)			
20a. 8-05-04				20c. NO		20d. NO			
CERTIFIER		21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		21c. TIME OF DEATH			
21a. 8-05-04		21b. NO		21c. 1p					
22a. SIGNATURE		22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		22d. ILLINOIS LICENSE NUMBER			
22a. Radha Sumejani		22b. 2114 N. McHenry Road Buffalo Grove IL 60089		22c. Radha Soundarajan MD		22d. 336-048836			
DISPOSITION		24a. BURIAL, CREMATION, REMOVAL (SPECIFY)		24b. CEMETERY OR CREMATORY NAME		24c. LOCATION CITY OR TOWN STATE		24d. DATE (MONTH, DAY, YEAR)	
24a. Funeral		24b. Rose Hill		24c. Chicago IL		24d. 2-2-05			
25. FUNERAL DIRECTOR'S SIGNATURE		25b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		26a. LOCAL REGISTRAR'S SIGNATURE					
25. Tougen Bustin		25b. 034-015220		26a. David Orr					
26a. David Orr		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		26b. FEB 03 2005					