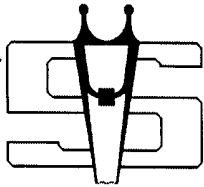


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Sanctity of Contract

Stewart Title Company of Illinois

STEWART TITLE OF ILLINOIS
2 N. LaSalle Street
Suite 625
Chicago, IL 60602
312-923-4243



Doc#: 0615302206 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 06/02/2006 01:47 PM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF COOK)

SS.

STCI File Number: 481089

1 of 3

ALEYKUTTY SIMON

being duly sworn states that I resides at 4100 SKOKIANA TER in the City of SKOKIE ILLINOIS

That I was acquainted with WILLIAM SIMON deceased who, at the time of death, was one of the sworn of the land in County, Illinois, describes as:

SEE ATTACHED EXHIBIT "A"

That the deceased died 7-12-1995 as evidenced by a certified copy of death certificate of the deceased attached hereto.

- 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 350,000 dollars.

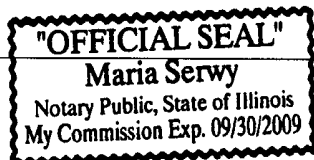
Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy., describing the above mentioned property.

Subscribed and sworn to before me by the said

ALEYKUTTY SIMON

this 2nd day of MAY, A.D. 2006.

Maria Serwy
Notary Public



ASIMON
(Affiant's Signature)

UNOFFICIAL COPY

CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JUL 24 1995

SHEILA LYNE, RSM, LOCAL
REGISTRAR OF VITAL STATISTICS OF
THE CITY OF CHICAGO, DO HEREBY
CERTIFY THAT I AM THE KEEPER OF
THE RECORDS OF BIRTHS, STILLBIRTHS
AND DEATHS FOR THE CITY OF CHICAGO
BY VIRTUE OF THE LAWS OF THE STATE
OF ILLINOIS AND THE ORDINANCES OF
THE CITY OF CHICAGO; THAT THE
ACCOMPANYING CERTIFICATE ON THIS
SHEET IS A TRUE COPY OF A RECORDED
AND KEPT BY ME IN PURSUANCE OF SAID
LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN
MULTIPLE OR SIGNATURE SEAL IS
AFFIXED.

STATE OF ILLINOIS
STATE FILE NUMBER: 0612878

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**
REGISTERED NUMBER: **223-9-95**

DECEASED-NAME: **WILLIAM SIMON** LAST: **SIMON** SEX: **Male** DATE OF DEATH: **July 12, 1995**

COUNTY OF DEATH: **Cook** UNDER 1 DAY: **5d.** DATE OF BIRTH: **July 15, 1952**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago** HOSPITAL OR OTHER INSTITUTION-NAME: **Cook County Hospital**

BIRTHPLACE, CITY AND STATE OR FOREIGN COUNTRY: **India** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married** NAME OF SURVIVING SPOUSE (MARRIED NAME, IF WIFE): **Alekutty Varkey**

7. **India** SOCIAL SECURITY NUMBER: **[REDACTED]** KIND OF BUSINESS OR INDUSTRY: **Therapist** EDUCATION (SPECIFY HIGHEST GRADE COMPLETED): **High School**

10. **[REDACTED]** RESIDENCE (STREET AND NUMBER): **11a. Therapist** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **11b. Hospital** INSIDE CITY (YES/NO): **Yes** COUNTY: **Cook**

13a. **4100 Skokiana** ZIP CODE: **131.60076** RACE: **13b. Black American** OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.): **NO**

13b. **Illinois** FATHER-NAME: **Simon** MOTHER-NAME: **Varkey** RELATIONSHIP: **17b. Wife** MAILING ADDRESS (STREET AND NO., OR P.O., CITY OR TOWN, STATE, AND ZIP): **17c. 4100 Skokiana, Skokie, IL 60076**

15. **Varghese** INFORMANT SNAME (TYPE OR PRINT) **Simon** (MARRIED) LAST: **(Not available)**

17a. **Alekutty Simon** IMMEDIATE CAUSE (Final disease or condition resulting in death): **(a) Hanging**

18. PART I. Enter the diseases, injuries, 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.

(a) **Hanging** DUE TO, OR AS CONSEQUENCE OF

(b) **[REDACTED]** DUE TO, OR AS A CONSEQUENCE OF

(c) **[REDACTED]** DUE TO, OR AS A CONSEQUENCE OF

PART II. Enter significant conditions contributing to death but not resulting in the underlying cause given in PART I.

NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY): **20a. Suicide**

DATE OF INJURY (MONTH, DAY, YEAR): **20b. July 12, 95** HOUR: **20c. 6:00 A.M.**

PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY): **20d. Hospital** LOCATION (CITY, VIL OR TOWN, COUNTY, OR RD. DIST. NO., COUNTY, STATE): **Chicago, IL**

20e. **No** I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INFORMATION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT

DATE SIGNED: **July 13, 95** AT: **Chicago, IL**

DATE SIGNED: **July 13, 95** AT: **Chicago, IL**

CORONER'S - MEDICAL EXAMINER'S SIGNATURE: **[Signature]**

CORONER'S PHYSICIAN'S NAME (Type or Print): **Dr. Euphrosyne Choi, MD**

CEMETERY OR CREMATORY-NAME: **24b. Maryhill** CITY OR TOWN: **Chicago, IL** STATE: **Illinois**

STREET AND NUMBER OR R.F.D.: **7812 Milwaukee Avenue, Chicago, IL 60618**

FUNERAL HOME: **Skaja Terrace Funeral Home** CITY OR TOWN: **Chicago, IL** STATE: **Illinois**

FUNERAL DIRECTOR'S SIGNATURE: **[Signature]** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **34-009451**

LOCAL REGISTRAR'S SIGNATURE: **[Signature]** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **JUL 14 1995**

UNOFFICIAL COPY

LEGAL DESCRIPTION

EXHIBIT "A"

Lot 1 (except the west 4.40 feet thereof) in block 1 in Bens Sears Skokie Towers being a subdivision of part of the northeast ¼ of Section 15, Township 41 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois.

Property of Cook County Clerk's Office

Prepared by and after recording mail to:
Alaykuty Simon
4100 Skokiana Terrace
Skokie, IL 60076

C/K/A: 4100 Skokiana Terrace
Skokie, IL 60076
PIN # 10-15-204-058

MAIL TO ↑