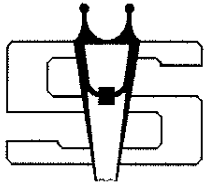


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Sanctity of Contract

Stewart Title Company of Illinois



0617705144

Doc#: 0617705144 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 06/26/2006 12:10 PM Pg: 1 of 3

STEWART TITLE OF ILLINOIS
2 N. LaSalle Street
Suite 925
Chicago, IL 60602
312-849-1243

DECEASED JOINT TENANCY AFFIDAVIT

483815 1014
STATE OF ILLINOIS)
COUNTY OF Cook) SS.

STCI File Number: 483815

Joseph Diamond

being duly sworn states that HE resides at 139 S. Floyd in the City of Chicago Heights, IL 60411

That HE was acquainted with HELEN DIAMOND deceased who, at the time of death, was one of the sworn of the land in County, Illinois, describes as:

That the deceased died March 28, 2006, as evidenced by a certified copy of death certificate of the deceased attached hereto.

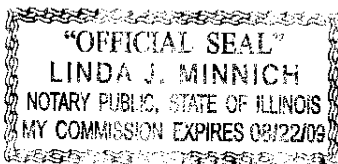
- That the deceased died: Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament 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 75,000.00 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

this 13th day of June, A.D. 2006



Linda J Minnich
Notary Public

Joseph M. Diamond
(Affiant's Signature)

STATE OF ILLINOIS
County of Cook**UNOFFICIAL COPY** APR 03 2006
DAVID ORR, County Clerk

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.



COUNTY CLERK

DECEASED'S BIRTH NO.		REGISTRATION DISTRICT NO. 18.0		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH					
DECEASED—NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)			
1. HELEN R. DIAMOND		2. FEMALE		3. MARCH 28, 2006			
COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)		UNDER 1 YEAR		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. COOK		5a. 74		5b. 5c.		5d. DECEMBER 17, 1931	
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. OP/EMER. RM, INPATIENT (SPECIFY)	
6a. HAZEL CREST		6b. 3505 LAKEVIEW UNIT 207				6c.	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
7. PLATTEVILLE WISCONSIN		8a. MARRIED		8b. JOSEPH DIAMOND		9. NO	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10.		11a. TEACHER		11b. ELEMENTARY		12. 7	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
13a. 3505 LAKEVIEW UNIT 207		13b. HAZEL CREST		13c. YES		13d. COOK	
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
13e. ILLINOIS		13f. 60429		14a. WHITE		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST					
15. CLAYTON SCOTT		16. LEONA STILES					
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. JOSEPH DIAMOND		17b. HUSBAND		17c. 3505 LAKEVIEW UNIT 207 HAZEL CREST, ILL.			
18. PART I. Immediate Cause (Final disease or condition resulting in death)		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
(a) <i>Pancreatic Cancer</i>		DUE TO, OR AS A CONSEQUENCE OF					14 YEAR
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF					
		(c) DUE TO, OR AS A CONSEQUENCE OF					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)			
19a. NO		19b. NO					
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?			
20a.		20b.		20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
DID (OR DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH			
21a. 3-28-2006		21b. YES		21c. 7:46 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 <i>David J. Wilk</i>		22b. 3.31.2006					
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER					
22c. DAVID J. WILK, MD 3330 W. 177th ST HAZEL CREST, IL 60429		22d. 036-070423					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.					
23.							
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)	
24a. CREMATION		24b. SKYLINE MEM. PARK		24c. MONEE, ILLINOIS		24d. APRIL 3, 2006	
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE		ZIP	
25a. RYAN FUNERAL HOME		18022 DIXIE HWY.		HOMEWOOD, ILLINOIS		60430	
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER					
25b. <i>Michael Ryan</i>		25c. 034-011800					
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
26a. <i>David Orr</i>		26b. APR 03 2006					

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LEGAL DESCRIPTION

EXHIBIT "A"

File No.: 483815

LOT 68 IN NORMANDY VILLA, A SUBDIVISION OF PART OF THE WEST HALF OF THE
SOUTHEAST QUARTER AND PART OF THE EAST HALF OF THE SOUTHWEST QUARTER OF
SECTION 8, TOWNSHIP 35 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING
TO THE PLAT RECORDED JUNE 28, 1956 AS DOCUMENT NO. 16623829, IN COOK COUNTY, ILLINOIS..

139 South Floyd
Chicago Heights, IL. 60411
32-08-410-011

Property of Cook County Clerk's Office