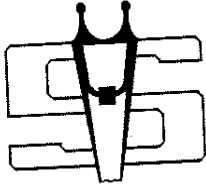


# UNOFFICIAL COPY



Doc#: 0628320047 Fee: \$28.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 10/10/2008 07:56 AM Pg: 1 of 3



Sanctity of Contract

Stewart Title Company of Illinois

499131 1/5

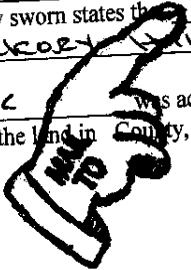
## DECEASED JOINT TENANCY AFFIDAVIT

STCI File Number: 499131

STATE OF ILLINOIS )  
COUNTY OF ) SS.

JAMES T. SOLTES  
being duly sworn states that JAMES F. SOLTES resides at 8260 W. 95<sup>th</sup> ST in the City of  
HICKORY HILLS IL 60457.

That he was acquainted with FRANCIS J. SOLTES deceased who, at the time of death, was one of the  
sworn of the land in Cook County, Illinois, describes as:



That the deceased died 2/9/05, as evidenced by a certified copy of death certificate of the deceased  
attached hereto. 3ll

- ◇ 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 Cook 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 \$1,000,000 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

JAMES F. SOLTES

this 28 day of September, A.D. 192006

[Signature]  
Notary Public



[Signature]  
(Affiant's Signature) 9/28/06

STEWART TITLE OF ILLINOIS  
2 N. LaSalle Street  
Suite 625  
Chicago, IL 60602  
312-849-4243

FEB 14 2005

**UNOFFICIAL COPY**

I, David Crk, County Clerk of the County of Cook, in the State of Illinois, 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 Crk*  
COUNTY CLERK

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

DECEDENT'S BIRTH NO. \_\_\_\_\_

REGISTRATION DISTRICT NO. **1160**

REGISTERED NUMBER \_\_\_\_\_

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER \_\_\_\_\_

Type or Print in PERMANENT INK See Funeral Directors Handbook for Hospital or Physicians INSTRUCTIONS

A. DECEASED

1. DECEASED-NAME: FRANCIS, MIDDLE LAST: SOLTES, M.D. DATE OF DEATH: February 9, 2005

2. COUNTY OF DEATH: Cook

3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Cook

4. AGE-LAST BIRTHDAY (YRS): 87

5. UNDERLYING YEAR: 2005

6. DATE OF BIRTH (MONTH, DAY, YEAR): AUGUST 21, 1917

7. HOSPITAL OR OTHER INSTITUTION-NAME: Advocate Christ Medical Center

8. NAME OF SURVIVOR(S) SPOUSE (MAIDEN NAME, IF WIFE): ANN SMARTZ

9. IF HOSP. OR INST. INDICATE D.O.A. OPENER, RM, INFANTRY (SPECIFY): Inpatient

10. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): YES

6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): CHICAGO, ILLINOIS

6b. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED

8a. MARRIED (SPECIFY): MARRIED

8b. ANN SMARTZ

10. SOCIAL SECURITY NUMBER: 336-36-7639

11a. USUAL OCCUPATION: PHYSICIAN

11b. KIND OF BUSINESS OR INDUSTRY: MEDICAL

12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): Elementary/Secondary (12)

13a. RESIDENCE (STREET AND NUMBER): 7707 ARQUILLA DRIVE

13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: PALOS HEIGHTS

13c. INSIDE CITY (YES/NO): YES

13d. COUNTY: COOK

19a. ILLINOIS

19b. ZIP CODE: 60463

19c. RACE (WHITE, BL, CK, AN, HISPANIC ORIGIN?) (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): WHITE

19d. ETHNICITY (SPECIFY): WHITE

14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): NO

14c. YES  NO  SPECIFY:

15. FATHER-NAME: JOHN SOLTES

16. MOTHER-NAME: ROSE SRAMEK

17a. DR. DR. JIM SOLTES

17b. RELATIONSHIP: SON

17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 23 FOX LANE, PALOS PARK, IL 60464

18. PART I. IMMEDIATE CAUSE (Final disease or condition resulting in death)

18a. METABOLIC - HYPOXIC ENCEPHALOPATHY

18b. DIRECT OR AS A CONSEQUENCE OF: HYPOTENSIVE

18c. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST:

18d. SUBDUIN, HENRIETTA ATRIAL FIBRILLATION, Resp. Failure

19a. AUTOPSY (YES/NO): NO

19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO): NO

19c. IF FEMALE, WAS THERE A PREGNANCY (IN/PAST THREE MONTHS)? YES  NO

20a. DATE OF OPERATION, IF ANY: \_\_\_\_\_

20b. MAJOR FINDINGS OF OPERATION: \_\_\_\_\_

21. (I) (DID) (HE) (SHE) ATTEND THE DECEASED AND AS A SURVIVOR SAW HIM/HER ALIVE ON: \_\_\_\_\_

21a. THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: \_\_\_\_\_

21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): NO

21c. HOUR OF DEATH: 2:00 P.M.

21d. DATE SIGNED: 2-10-05

22a. SIGNATURE: Thomas J. Quinn, MD

22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): Thomas J. Quinn, MD

22c. 2850 W. 95 ST. EVERGREEN PARK, IL 60805

22d. ILLINOIS LICENSE NUMBER: 036-069520

22e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): \_\_\_\_\_

23. BURIAL CREMATION, REMOVAL (SPECIFY): BURIAL

24a. CEMETERY OR CREMATORY-NAME: JUSTICE, ILLINOIS

24b. RESURRECTION CEMETERY

24c. LOCATION: CITY OR TOWN: ILLINOIS

24d. CITY OR TOWN: ILLINOIS

25a. FUNERAL HOME: ROBERT J. SHEEHY & SONS, 9000 W. 151ST STREET, ORLAND PARK, ILLINOIS 60462

25b. FUNERAL DIRECTOR'S SIGNATURE: Robert J. Sheehy

25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034 011841

25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): FEBRUARY 14, 2005

26a. LOCAL REGISTRAR SIGNATURE: David Crk

26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): FEBRUARY 14, 2005

DISPOSITION

26a. LOCAL REGISTRAR SIGNATURE: David Crk

26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): FEBRUARY 14, 2005

# UNOFFICIAL COPY

## EXHIBIT A

### LEGAL DESCRIPTION

#### Parcel 1:

Unit Number 7707 in Oak Hills Condominium II as delineated on survey of certain lots of parts thereof in Burnside's Oak Hills County Club Subdivision in the South West 1/4 of Section 36, Township 37 North, Range 12, East of the Third Principal Meridian, which survey is attached as Exhibit "A" to the Declaration of Condominium ownership made by Burnside Construction Company, as Illinois Corporation, recorded in the office of the Recorder of Deeds, as document number 23771002; together with a percentage of the common elements appurtenant to said unit as set forth in said Declaration as amended from time to time

#### Parcel 2:

Easement appurtenant to and for the benefit of Parcel 1 as set forth in the Declaration of Easements made by Burnside Construction Company and recorded October 25, 1976 as document number 23684698 and as created by deed from Burnside Construction Company to Marshall G. Dazey and Geraldine L. Dazey, his wife dated November 13, 1979 and recorded January 13, 1980 as document 25326054 for ingress and egress in Cook County, Illinois.

**Commonly known as:** 7707 West Arquilla Drive  
Palos Heights IL

23 - 36 - 303 - 1024 - 1086

Cook County Clerk's Office