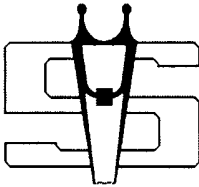




Doc#: 0628320018 Fee: \$28.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 10/10/2006 07:33 AM Pg: 1 of 3



Sanctity of Contract

Stewart Title Company of Illinois

STEWART TITLE COMPANY OF ILLINOIS  
2 N. LA SALLE STREET  
SUITE 520  
CHICAGO, IL 60602  
312-849-4243

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF Cook SS.

STCI File Number: 497096

114

JOAN M. KUKUK

being duly sworn states that she resides at 10443 S. 82<sup>ND</sup> CT in the City of PARSONS HILLS

That she was acquainted with MARTIN T. LALLY deceased who, at the time of death, was one of the sworn of the land in Cook County, Illinois, describes as:

SEE ATTACHED

That the deceased died JANUARY 15, 2003, 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 2000.

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 \_\_\_\_\_ dollars.

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

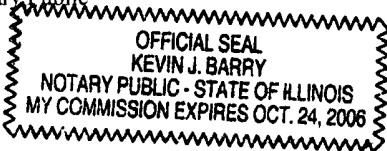
Subscribed and sworn to before me by the said

this 29 day of Sept, A.D. 2006

Kevin J. Barry

Notary Public

Joan M. Kukuk  
(Affiant's Signature)



STATE OF ILLINOIS  
County of Cook**UNOFFICIAL COPY**

DAVID ORR, County Clerk

JAN 17 2003

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	<b>MEDICAL CERTIFICATE OF DEATH</b>				
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. Martin Thomas Lally		2. Male		3. January 15, 2003		
	COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
	4. Cook		5a. 70	MOS. DAYS	HOURS MIN.	5d. February 2, 1932	
	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. Oak Lawn		6b. Advocate Christ Medical Center			6c. Inpatient	
	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. Chicago, IL		8a. Married	8b. Rosemary Caplis		9. Yes	
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
	10. 347-30-0025		11a. Streets and Sanitation	11b. City of Chicago	12. 8		
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY		
13a. 9111 S. Central Avenue		13b. Oak Lawn		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. 60453	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. Patrick J. Lally		16. Bridget Cusack					
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
17a. Rosemary Lally		17b. Wife	17c. 9111 S. Central Ave. Oak Lawn IL 60453				
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	
Immediate Cause (Final disease or condition resulting in death)		(a) CARDIOGENIC SHOCK SEVERE CHF					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) CARDIO MYOPATHY GENERALIZED					
		(c) ARTERIO-SCLEROSIS DM, CAD					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		SIT CABG					
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)		
20a.		20b.		13a. NO	19b.		
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?			
21a. 1-15-2003		21b. YES		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>			
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>Masood A Qazi</i>		22b. 1/16/03					
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER					
22c. MASOOD A QAZI 4400 W 95th St, Oak Lawn,		22d. 036-048052					
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. IL. 60453							
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)		
24a. Burial	24b. Holy Sepulchre	24c. Alsip, Illinois			24d. Jan. 18, 2003		
FUNERAL HOME	NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP		
25a. Blake-Lamb Funeral Home		4727 W. 103rd Street	Oak Lawn	Illinois	60453		
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER					
25b. <i>Denise Lamb</i>		25c. 034-011832					
LOCAL REGISTRAR (COUNTY CLERK DAVID ORR)		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
26a. REGISTRAR <i>Quessie Muste</i>		26b. Jan 17th 2003					

UNOFFICIAL COPY

ALTA COMMITMENT  
Schedule B - Exceptions Cont.  
File Number: TM222062  
Assoc. File No: "

STEWART TITLE

GUARANTY COMPANY  
HEREIN CALLED THE COMPANY

COMMITMENT - LEGAL DESCRIPTION

Lots 43 and 44 (except the West 17 feet of said Lots 43 and 44) in Block 8 in Crandall's Oak Lawn Subdivision of the West 1/2 of the Southwest 1/4 and part of the East 1/2 of the Southwest 1/4 of Section 4, Township 37 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Pin # 24-04-300-005 & 006

9111 South Central

OAK LAWN, ILL.

Property of Cook County Clerk's Office