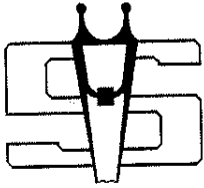


UNOFFICIAL COPY



Sanctity of Contract

Stewart Title Company of Illinois



Doc#: 0633902028 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 12/05/2006 09:46 AM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF DuPage)

STCI File Number: 505440

SS.

being duly sworn states that The undersigned Mary L Grandin resides at 4926 N Seeley Avenue in the City of Chicago, IL 60625.

That Mary was acquainted with Mae L Grandin deceased who, at the time of death, was one of the sworn of the land in DuPage County, Illinois, describes as:

SEE ATTACHED

That the deceased died 02-15-00, 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 _____ dollars.

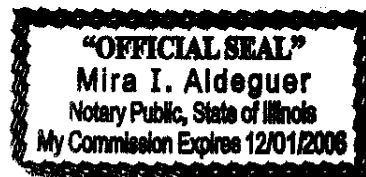
Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

this 13 day of Nov, A.D. 2006

Mira I. Aldeguer
Notary Public

Mary L Grandin
(Affiant's signature)



STEWART TITLE OF ILLINOIS
2 N. LaSalle Street
Chicago, IL 60602
312-840-4444

STATE OF ILLINOIS
County of Cook**UNOFFICIAL COPY** OCT 30 2002

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

DECEASED'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS				STATE FILE NUMBER		
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH					602175		
Type or Print in PERMANENT INK by Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
	1. MAE L. GRONDIN		2. FEMALE	3. FEBRUARY 5, 2000					
	COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)			
	4. COOK		5a. 78	MOS.	DAYS	HOURS	MIN.	5d. MAY 1, 1921	
	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. OPI/EMER. RM, INPATIENT (SPECIFY)		
	6a. CHICAGO		6b. RAVENSWOOD HOSPITAL				6c. D.O.A.		
	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. MANISTIQUE MICHIGAN		8a. WIDOWED	8b.			9. NO		
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)				
	10. 378-18-2956		11a. SURGICAL TECHNICIAN	11b. HOSPITAL	12. 8		3		
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.			INSIDE CITY (YES/NO)	COUNTY			
13a. 4926 N. SEELEY AVE.		13b. CHICAGO			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. 60625	14a. WHITE	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:					
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—NAME		FIRST	MIDDLE	LAST
15. JOHN		JIM			16. OLIVE		M. BOURBEAW		
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)						
17a. MARY L. GRONDIN		17b. DAUGHTER	17c. 4926 N. SEELEY AVE. CHICAGO IL. 60625						
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) CONGESTIVE HEART FAILURE					MONTHS		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF							
		(c)							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		HYPERTENSION, DEMENTIA							
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.			19a. NO		19b.		
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
1 (DID) (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. 1 10 2000		21b. YES			21c. 7:35		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		22b. 2 7 00							
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER							
22c. TOH-HOAI LIM M.D. 5131 N. LINCOLN AVE. CHICAGO IL. 60625		22d. 036-044030							
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. BURIAL		24b. ST. BONIFACE CEMETERY	24c. CHICAGO	ILLINOIS	24d. 02-09-2000				
FUNERAL HOME		NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP			
25a. HERDEGEN-BRIESKE FUNERAL HOME 1356 W. WELLINGTON AVE. CHICAGO ILLINOIS 60657									
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER							
25b. Joseph M. Herdegen		25c. 034-014227							
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)							
26a. Sheila RSM		26b. FEB 08 2000							

File Number: TM227609

UNOFFICIAL COPY
LEGAL DESCRIPTION

Lot 13 in block 4 in Culver's Park being E. H. Gammon's subdivision of lots 1 and 2 in Marbach and others subdivision of the southeast 1/4 of the southwest 1/4 of Section 7, Township 40 North, Range 14 East of the Third Principal Meridian in Cook County, Illinois

Commonly known as: 4926 North Seeley Avenue
Chicago IL 60625

Property of Cook County Clerk's Office