

UNOFFICIAL COPY

Prepared by:

Protect Title inc.

Title & Escrow Services
7222 W. Cermak Road, Suite 701
North Riverside, IL 60546
Phone: (708) 443-2000
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Doc#: 0700548081 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 01/05/2007 01:53 PM Pg: 1 of 3

BP-0610108

Above space is for recorders use only

Deceased Joint Tenancy Affidavit

To wit:

LOT 9 IN KIRCHMAN'S RESUBDIVISION OF LOTS 35 TO 44 BOTH INCLUSIVE, IN THE SUBDIVISION OF BLOCKS 8 AND 9 IN THE SUPERIOR COURT COMMISSIONER'S PARTITION OF THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 25, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 16-25-303-014-0000

COMMONLY KNOWN AS: 2737 S. Kedzie Ave., Chicago, IL 60623

Return To:

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North Riverside IL. 60546

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FAX. (708) ~~401-0085~~ 443-2011

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }
COUNTY OF COOK }

Order No.: BP-0610108

Martin Rodriguez being duly sworn states that he resides at
1737 S. Kedzie Ave in the City of Chicago.

That he was acquainted with Sandra Suthanes deceased who, at the time of death,
Was one of the owners of the land in Cook County, Illinois, described as:

That the deceased died October 21, 2005, as evidence by 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 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 Protect 1 Title to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Martin Rodriguez

this 18th day of Nov, A.D. 2006

[Signature]
Notary Public

Martin Rodriguez
Affiant's signature



CERTIFICATE OF VITAL RECORD

STATE OF IOWA County Record

STATE OF IOWA IOWA DEPARTMENT OF PUBLIC HEALTH CERTIFICATE OF DEATH 114

Form with sections: DECEASED, PARENTS, INFORMANT, BURIAL, REGISTRAR, CERTIFIER, CAUSE OF DEATH. Includes fields for name (Susana Santibanes), date of death (October 21, 2005), sex (Female), age (53), birth date (May 24, 1952), place of death (Mercy Medical Center), and cause of death (Sepsis).

This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Chapter 144, Code of Iowa.



NOV 08 2005 DATE ISSUED 01522632

BY Timothy J. Brian OF POLK COUNTY REGISTER OF VITAL RECORDS

POLK COUNTY

