

ISSUED BY COMMONWEALTH LAND TITLE INSURANCE COMPANY **UNOFFICIAL COPY**

DECEASED JOINT TENANCY AFFIDAVIT



Commonwealth

REC 58704 2 of 3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF COOK

ss.

Order No. _____

LINDA DILLMAN being duly sworn states that SHE resides at 5620 N. RIVERS in the City of

CHICAGO IL 60646
That SHE was acquainted with DONALD C DILLMAN deceased who, at the time of HIS death, was one of the owners of the land in COOK County, Illinois, described as:

REPUBLIC TITLE CO.

That the deceased died Feb. 18, 2002, as evidenced by a certified copy of death certificate of the deceased attached hereto.

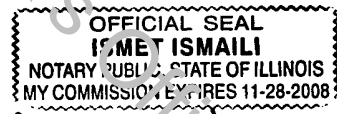
That the deceased died:

- 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 that purpose of inducing the Commonwealth Land Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said



this 30th day of NOVEMBER, 2006

Notary Public

Linda Dillman
(Affiant's Signature)

FORM 3032



Doc#: 0700926178 Fee: \$46.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 01/09/2007 12:27 PM Pg: 1 of 2

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UNOFFICIAL COPY

CITY OF CHICAGO

DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

602717

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
SEP 25 2002

I, JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

John L. Wilhelm, MD
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

REGISTRATION DISTRICT NO. 16.10	DECEASED-NAME Donald C. Dillman	MIDDLE C.	LAST Dillman	SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) February 18, 2002
REGISTERED NUMBER	COUNTY OF DEATH Cook	AGE-LAST BIRTHDAY (YRS) 56	UNDER 1 YEAR (MOS.) 5d	DATE OF BIRTH (MONTH, DAY, YEAR) December 4, 1945	
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Northernwestern Memorial	IF HOSP. OR INST. INDICATE D.O.A. OPERMER, P.M., INPATIENT (SPECIFY) 6C.119 Outpatient	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 1	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago IL	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Linda Pfister		
	SOCIAL SECURITY NUMBER 323-38-7362	USUAL OCCUPATION Electrician	KIND OF BUSINESS OR INDUSTRY City of Chicago	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (1-4 or 5-1)	
	RESIDENCE (STREET AND NUMBER) 5620 N. Rogers	CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago	INSIDE CITY (YES/NO) Yes	COUNTY Cook	
	STATE Illinois	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) White	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) No		
	FATHER-NAME FIRST Bernard MIDDLE Dillman LAST Dillman	RELATIONSHIP Med Pleads	MOTHER-NAME FIRST Florence MIDDLE Nelligan LAST Nelligan		
	INFORMANT'S NAME (TYPE OR PRINT) Jackie Smith	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) Med Pleads 2515 Huron Chicago 60611			
	17a. Jackie Smith				
	18. PART I. Immediate Cause (Final disease or condition resulting in death) hemorrhage	Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. List only one cause on each line.			
	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) ESOPHAGEAL VARICES				
	STATE THE UNDERLYING CAUSE LAST. (b) end stage liver disease				
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. (c) M.V.J.F.				
	DATE OF OPERATION, IF ANY 20b.	MAJOR FINDINGS OF OPERATION	AUTOPSY (YES/NO) No	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.	
	(1)(D) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/LIVE ON Feb. 18, 2002	(1)(A) (AS CORONER OR MEDICAL EXAMINER NOTIFIED?) (YES/NO) Yes	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
	21b. did attend Feb. 18, 2002	DATE SIGNED (MONTH, DAY, YEAR) 2.25.02	DATE OF DEATH (MONTH, DAY, YEAR) Feb 18 2002		
	22a. SIGNATURE M.V.J.F.	ILLINOIS LICENSE NUMBER 1-25-4072			
	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Mike Wjiki, 2615 Huron Chicago 60611				
	22c. Mike Wjiki, 2615 Huron Chicago 60611				
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				
	23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	CEMETERY OR CREMATORY-NAME St. Joseph	CITY OR TOWN River Grove, IL	STATE IL	DATE (MONTH, DAY, YEAR) 2-21-2002
	FUNERAL HOME Muzyka & Son Funeral Home	STREET AND NUMBER OR R.F.D. 5776 W Lawrence Ave	CITY OR TOWN Chicago	STATE IL	ZIP 60630
	FUNERAL DIRECTOR'S SIGNATURE B. Michael Wjyke	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-012251			
	25a. B. Michael Wjyke				
	LOCAL REGISTRAR'S SIGNATURE John L. Wilhelm, M.D.	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) FEB 20 2002			
	26a. John L. Wilhelm, M.D.				