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AMERICAN TITLE

AMERICAN TITLE CORP.
1540 N. OLD RAND ROAD
WAUCONDA, IL 60084
847-487-9200



Doc#: 0710055015 Fee: \$30.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 04/10/2007 09:39 AM Pg: 1 of 4

American Title Corporation

Cover Sheet

For Recording Purposes

Property of Cook County Clerk's Office

2001133
JTA

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DECEASED JOINT TENANCY AFFIDAVIT

STATE OF IL
COUNTY OF COOK ss.

Order No.

SANDRA L. MAC LAUGHLIN being duly sworn states that he/she resides at 3432 OCONTO AVE N,
CHICAGO, IL 60634-3501.

That he/she was acquainted with CHARLES D. MAC LAUGHLIN deceased who, at the time of his/her death, was one of the owners of the land in COOK County, IL, described as:

SEE ATTACHED LEGAL DESCRIPTION

That the deceased died 03/18/1985 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 unproved will should be filed with the Clerk of the Probate Division of the Circuit Court of COOK County, IL.
- Leaving a Last Will & Testament which was filed in the Unproved Will Box of the Probate Division of the Circuit Court of COOK County, IL 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.

Affiants make this affidavit for the purpose of inducing CITIBANK, F.S.B to extend a loan/line of credit to SANDRA L. MAC LAUGHLIN, secured by a mortgage/deed of trust executed by the said SANDRA L. MAC LAUGHLIN alone, covering the above-mentioned property.

(Outside of California)

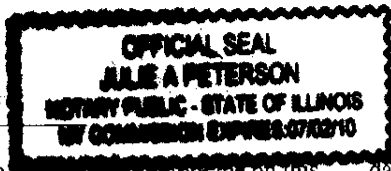
Subscribed and sworn to before me by the said SANDRA L. MAC LAUGHLIN this 16 day of March, A.D. 2007

Julie A Peterson
Notary Public

Sandra L Mac Laughlin
SANDRA L. MAC LAUGHLIN Date
(Affiant's Signature)

(Within California)

STATE OF CALIFORNIA
COUNTY OF _____



Subscribed and sworn to _____ before me on this _____ day of _____, 20____, by [living titleholder] _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

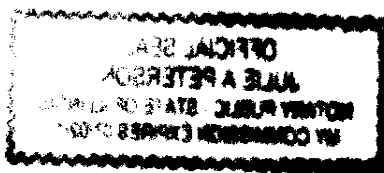
Seal _____

Signature _____

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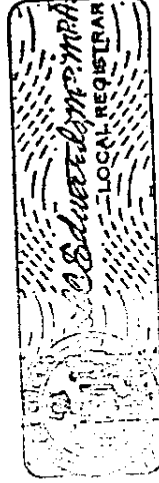
2001133

MAR 20 1985

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

SS

I, LONNIE C. EDWARDS M.D. M.P.A.,
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 OF 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 AS A
RECORD KEPT BY ME IN PURSUANCE OF
SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID
WHEN MULTICOLOR SEAL AND
BLUE SIGNATURE ARE AFFIXED

605821

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

REGISTRATION DISTRICT NO. 16-10
REGISTERED NUMBER

DECEASED—NAME FIRST MIDDLE LAST D. MacLaughlin		SEX 2. MALE	DATE OF BIRTH (MO., DAY, YEAR) 3. MARCH 18, 1905	DATE OF DEATH (MONTH, DAY, YEAR) 18, 1985
RACE (WHITE, NEGRO, ORIGIN OR DESCENT) 4a. AMERICAN		AGE (MONTHS, YEARS) 5b. 43	DATE OF BIRTH (MO., DAY, YEAR) 6. NOV. 19, 1941	COUNTY OF DEATH 7a. COOK
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 7b. CHICAGO		CITIZENSHIP 9. U.S.A.	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN ELDER, GIVE STREET AND NUMBER) 7c. NORTHVEST HOSPITAL	IF HOSP. OR INST. INDICATED DO NOT CHECK THIS BOX. INPATIENT 7d. EMERGENCY
CITIZEN OF WHAT COUNTRY 10. MARRIED		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 11. SAUDRA SWAGGERTY	WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 13c. YES	WAR OR DATES OF SERVICE 13d. VIET NAM
USUAL OCCUPATION 13b. DRIVER		KIND OF BUSINESS OR INDUSTRY 13c. TRUCKING	INSIDE CITY (YES/NO) 14c. YES	STATE 14d. ILLINOIS
RESIDENCE STREET AND NUMBER 1338-34-0229		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 14b. CHICAGO	MOTHER—MAIDEN NAME 14c. COOK	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
FATHER—NAME 13. CHARLES MAC LAUGHLIN		RELATIONSHIP 17b. WIFE	MAILING ADDRESS 17c. 3432 N. OCONTO, CHICAGO, ILLINOIS 60634	
INFORMANT NAME (TYPE OR PRINT) 17a. SANDRA MAC LAUGHLIN		DEATH WAS CAUSED BY: IMMEDIATE CAUSE 18. PULMONARY EDEMA		
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		19. PROBABLE CAUSE: ARRHYTHMIA		
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		19. AUTOPSY (YES/NO) YES		
DATE OF OPERATION, IF ANY 20b. 3-18/85		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
MAJOR FINDINGS OF OPERATION 20b. 3-18/85		HOUR OF DEATH 21c. 6:54 P.M.		
NAME AND ADDRESS OF CERTIFIER 22a. MARIA A. WENLAND, M.D.		DATE SIGNED (MO., DAY, YR.) 22b. 3/19/85		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22c. MARIA A. WENLAND, M.D.		ILLINOIS LICENSE NUMBER 22d. 036-062393-1		
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
FUNERAL HOME 25a. Schielka Addison Street Funeral Home, 7710 W. Addison St., Chicago, Illinois 60634		DATE (MONTH, DAY, YEAR) 24d. March 22, 1985		
FUNERAL DIRECTOR'S SIGNATURE 25b. Robert E. Silvington		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 6411		
LOCAL REGISTRAR'S SIGNATURE 26a. Lonnie C. Edwards, M.D., M.P.A.		DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. MAR 20 1985		

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ACAPS #: 107011813060000

ATC FILE #: 2001133

Customer Name: Sandra MacLaughlin

LEGAL DESCRIPTION

THE SOUTH 31 FEET OF NORTH 62 FEET OF LOT 62 IN COLLIN'S AND GAUNTLETT'S FIRST GARDEN SUBDIVISION, IN THE EAST 1/2 OF FRACTIONAL SECTION 24, TOWNSHIP 40 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN SOUTH OF INDIAN BOUNDARY LINE IN COOK COUNTY, ILLINOIS.

PIN #: 12-24-414-024

Property of Cook County Clerk's Office

AMERICAN TITLE CORPORATION

1540 N Old Rand Rd, Wauconda, IL. 60084 ♦ Phone: (847) 487-9200 Fax: (847) 487-9753

www.americantitlecorp.com