

# UNOFFICIAL COPY

STATE OF ILLINOIS )  
  )SS.  
COUNTY OF COOK )



Doc#: 0713118041 Fee: \$28.00  
Eugene "Gene" Moore RHSP Fee:\$10.00  
Cook County Recorder of Deeds  
Date: 05/11/2007 11:28 AM Pg: 1 of 3

## JOINT TENANCY AFFIDAVIT

**JUNE S. LEWIS**, hereby referred to as the affiant, states under oath that the affiant resides at 1515 Barrington Rd., in the City of Hoffman Estates, IL; that the affiant was acquainted with **LE ROY E. LEWIS, the decedent**; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property, located in Cook County, Illinois, and legally described as per the attached:

**Address of Property:** 4660 N. Austin, #103, Chicago, IL 60630  
**P.I.N.** 13-17-107-194-1003

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on March 9, 2007, as evidenced by a certified copy of his death certificate attached hereto, leaving a last will and testament;

That the Illinois Estate Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full.

That the affiant makes this affidavit to induce Attorney's Title Guaranty Fund, Inc. to issue its policy of title insurance on the above described property.

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Attorneys' Title Guaranty Fund, Inc. harmless and to reimburse The Fund for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which The Fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

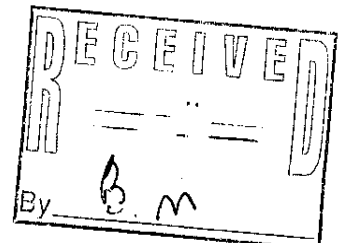
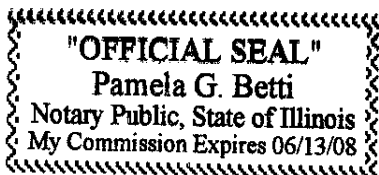
1. Claims against the estate of Le Roy E. Lewis, the decedent;
2. Illinois Estate Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

**June S. Lewis**

Subscribed & Sworn to before me this 2nd day of MAY, 2007

Notary Public

Affidavit prepared by and return to:  
**Michael J. Cornfield**  
6153 N. Milwaukee Ave.  
Chicago, IL 60646-3804



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## LEGAL DESCRIPTION:

**PARCEL 1:** Unit 103 in the Washington House Condominium as delineated on the plat of survey of the following described parcel of real estate: The North  $\frac{1}{2}$  of Lot 11, Lot 8 (except the North 166.70 feet), Lot 7 (except the North 150 feet), the East  $\frac{1}{2}$  of Lot 6 (except the North 150 feet), The East 30 feet of the West 60 feet of Lot 6 (except the North 166.70 feet) in Block 4 in Frederick H. Bartlett's Lawrence Avenue Subdivision of the North West  $\frac{1}{4}$  of Section 17, Township 40 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois, which survey is attached as exhibit "A" to the declaration of condominium recorded as document 26571458 together with its undivided percentage interest in common elements. **PARCEL 2:** The exclusive right to the use of parking space 26 and storage locker 1 limited common elements, as delineated on the survey attached to the declaration aforesaid recorded as document 26571458. **PARCEL 3:** Easement for ingress and egress for the benefit of parcel 1 as set forth in declaration of easements recorded as document 26571457, in Cook County, Illinois.

P.I.N. 13-17-107-194-1003

ADDRESS OF PROPERTY: 4660 NORTH AUSTIN, UNIT 103, CHICAGO, IL  
60630

STATE OF ILLINOIS  
County of Cook

# UNOFFICIAL COPY

DAVID ORR County Clerk

MAR 13 2007

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. <b>16.0</b>	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 1. <b>LeROY E. LEWIS</b>			SEX 2. <b>MALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>MARCH 09, 2007</b>	
	COUNTY OF DEATH 4. <b>COOK</b>		AGE - LAST BIRTHDAY (YRS) 5a. <b>89</b>	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. <b>Hoffman Estates</b>		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. <b>ALDEN-POPLAR CREEK HCC</b>		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. <b>SEPTEMBER 20, 1917</b>	
	BIRTHPLACE (CITY AND STATE OF FOREIGN COUNTRY) 7. <b>Chicago, IL</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. <b>Married</b>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. <b>June S. Jackson</b>		
	SOCIAL SECURITY NUMBER 10. <b>324-01-7306</b>		USUAL OCCUPATION 11a. <b>Spinner</b>	KIND OF BUSINESS OR INDUSTRY 11b. <b>Industrial</b>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. <b>10+</b>	
	RESIDENCE (STREET AND NUMBER) 13a. <b>1515 Barrington Rd.</b>		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. <b>Hoffman Estates</b>	INSIDE CITY (YES/NO) 13c. <b>Yes</b>	COUNTY 13d. <b>Cook</b>	
	STATE 13e. <b>Illinois</b>	ZIP CODE 13f. <b>60169</b>	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) 14a. <b>White</b>	OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
	FATHER - NAME FIRST MIDDLE LAST 15. <b>Paul Lewis</b>			MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST 16. <b>Catherine n/a</b>		
	INFORMANT'S NAME (TYPE OR PRINT) 17a. <b>June S. Lewis</b>		RELATIONSHIP 17b. <b>Wife</b>	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. <b>1515 Barrington Rd., #410 Hoffman Estates, IL</b>		
	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.					
Immediate Cause (Final disease or condition resulting in death)		(a) <b>sepsis</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF				
		(c) DUE TO, OR AS A CONSEQUENCE OF				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		AUTOPSY (YES/NO) 19a. <b>NO</b>		
				WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.		
1 (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 21a. <b>3/3/07</b>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. <b>NO</b>		OUR OF DEATH 21c. <b>2 P. M.</b>		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.						
22a. SIGNATURE <i>Warren Pierce</i>			DATE SIGNED (MONTH, DAY, YEAR) 22b. <b>03-12-2007</b>			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. <b>Warren Pierce 1555 Barrington #2300A Hoffman Estates IL 60169</b>			ILLINOIS LICENSE NUMBER 22d. <b>030-059419</b>			
23. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.						
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <b>Burial</b>	CEMETERY OR CREMATORY - NAME 24b. <b>Irving Park</b>		LOCATION CITY OR TOWN STATE 24c. <b>Chicago, Illinois</b>	DATE (MONTH, DAY, YEAR) 24d. <b>Mar 13, 07</b>		
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. <b>Severino's River Woods Funeral Chapels, 205 S. River Road, Des Plaines, IL 60016</b>						
FUNERAL DIRECTOR'S SIGNATURE 25b. <i>Warren Pierce</i>			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. <b>34-010525</b>			
LOCAL REGISTRAR'S SIGNATURE 26a. <i>David Orr</i>			DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. <b>MAR 13 2007</b>			