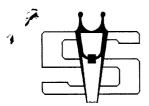
UNOFFICIAL CO





Sanctity of Contract

Doc#: 0716505099 Fee: \$28.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds

Date: 06/14/2007 11:06 AM Pg: 1 of 3

Stewart Title Company of Illinois

530288

STEWART TITLE OF ILLIHOIS 2 N. Lasair Street

Suite 623 Chicago, IL 51'502 312-849-4243	DECEASED JOINT TENA	ANCY AFFIDAVIT	
STATE OF ILLINOIS) COUNTY OF) S		STCI File Number: 530288	
Stuh	anse C. William	MS	of B
being duly sworn states that	Su	resides at Collow 95 m 51, in the City	of \triangleright
That was acquainted v sworn of the land in County, Illinois, de		deceased who, at the time of death, w	as one of the
,			
That the deceased diedattached hereto.	19-05	, as evidenced by a certified copy of death certificate	of the deceased
Probate Division of the Circuit Cour	copy of which is attached hereto. The rt ofCounty, Illinois. hich was filed in the Unproven Will B	e original of the unproven will should be filed with the sox of the Probate Division of the Circuit Court of C	
		nal property owned by the deceased either individualdolla	
Affiant makes this affidavit for the purpo property.	se of inducing Stewart Title Company	to issue its Title Insurance Policy., describing the ab	ove mentioned
Subscribed and sworn to before me by th	e said		
this day of Une A	5. No. 2007		
/ { T	TICIAL SEAL" (Affiant acy Cagala Public, State of Illinois nission Exp. 10/24/2009	's Signature)	

0716505099 Page: 2 of 3

NOFFICIAL

1 REMOVALISPECIFY
248. BUILT A CONDITIONS, IF ANY WHICH GIVE RISE TO AMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. Cage Memorial Chapel జ NAME OF ATTENDING PHYSICIAN IF OTHER THAN (ERY IFIER FUNERAL DIF NAME AND ADDRESS OF CERTIFIER 22a. SIGNATURE TO THE BEST OF MYKNOWLEDGE, DEATH OCCURRED AT THE TIME GOTE AND PLACE AND DUE TO THE CAUSE(S) STATED DATE OF OPERATION, IF ANY 132,616 AND LAST SAW HIMHER ALIVE ON PART II. One segrificam conditions contributing to bean but not resulting in the underlying cause given in PART STATE RESIDENCE ISTREET AND HUMBERS 7.Little Rock Ax SOCIAL SECURITY NUMBER COOK
CITY TOWN TWP OF ROAD DISTRICT NUMBER INFORMANT S NAME (TYPE OR PHINT 13e Illinois 10. 324-18-7603 COUNTY OF DEATH FATHER NAME BIRTHIPLACE (CITY AND STATE OR DECEASED-NAME DISTRICT NO. REGISTRATION REGISTERED resulting in clean) Assesse or condition mmediale Cause (Final MORTON ARNSDORF, MD NORINE MCGRATH, MD MAYBLEINE GIGGERS CHICAGO TOALS SIGNATURE Oliver 95th. JOSEPH Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as car `au or respiratory arrest, shock, or heart failure. List crity one cause on each line. im 60628 21P CODE 24bMt. CEMETERY OR CHEMATORY-MANE DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF 9 (a) JANUARY 19, 2005 SHI MAJOR FINDINGS OF OPERATION st. & Married WIDOWED, DIVORCED ISPE USUAL OCCUPATION (TYPE OR PRINT) (MONTH DAY, YEAR) CARDIOGENIC SHOCK Hope Maldred 5841 SOUTH MARYLAND Doorman MEDICAL CERTIFICATE OF DEATH 14a. 14a. Black HOSPITAL OR OTHER INSTITUTION-NAME IF NOT IN EITHER, GIVE STREET AND NUMBER! AGE-LAST BIRTHDAY (YAS) 5a. 87 Williams Cemetery (WHITE, BLACK, AMERICAN 76551 Mg. megerfery Bl, Chicago, THE UNIVERSITY OF CHICAGO HOSPITALS **HIDDLE** Wilkelm (SPECIFY) CHICAGO, LIMBE ON BALL မှ CITY, TOWN TWP. OR ROAD DISTRICT NO HOSPITAIDS Chicago UNDER : YEAR STATE OF ILLINOIS NAME OF SURVIVING SPOUSE (MAIDEN NAME FWIFE) KIND OF BUSINESS OF MOUSTRY & Mattie Claybrook WILLIAMS 24c. COCATION ILLINOIS 60637 Hotel LAST OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IFYES, SPECIFY OL AN, MEXICAN, PLERTO RICAN, INC.) MOTHER-WAME 4 Chicago, HOURS MAY NAME IN SOUTH SOUTH STATE 200 CITY CHICAGO, TELLINO IS 10637 G< SR. NWO! BOALD WAS CORONER OR MEDICAL EXAMENER NOT FIED? (YESMO) 215 Estell 2 MALE FIRST □ YES DATE OF BIRTH I MONTH, DAY, YEAR, sa January Illinois 2 EDIJCATION (SPECIFY ONLY HIGHEST GRADEC WIFLE: EDI ENMANTERY SECONDARY ID 12) Contege (1)4 or 5 1 DATE FREDBYLOCAL REGISTRAS 28 **EUNERAL DIREC** (MESNO) SPECIFY: INSIDE CITY STATE NOOL DATE OF DEATH OBLESM II.60649 ۲. 2 JANAURY 19, MINIS ALMOIS LICENSE NUMBE IF FEMALE, WASTHERE A PREGNANCY IN PAST THERE A PREGNANCY IN PAST NOTE: IF AN INJUSTY WAS BRYOLVED AFTHIS DEATH THE CORDINER OR NEDICAL EXAMINER MUST BE NOTIFIED. HOUR OF DEATH 22d 125-047704 ILLINOIS LICENSE NUMBER 226JANUARY 19, DATE SIGNED YES | NO | STATE FILE 3 COUNTY F HOSP, OR INST, INDICATE DO A OP:EMER. RM, HAPATIENT (SPECIFY) ğ COMPLETENCY CAUSE OF DEATH FOR SHOOL AND ALL BRICH SHOOL STANDARDS AVAILABLE PRICE AND A SHOOL S 24d. Jan. 24, 2005 DATE BLONTH, DAY, YEAR) 2005 Phillips INPATIENT COOK 1917 WAS DECEASE, TOURS AND ARMED FOR TES (YES NO.)

9. YES PALE BANGE I SENO HE BALLE DAY YEAR! IMONTH DAY, YEAR) ž 2005 z

MULTICOLOR SIGNATURE SEAL IS THIS CERTIFICATE COPY VALID WHEN

R200 (Rev. 5-89)

Minors Department of Public Health-Division of Vital Records

(BASEDON 1989U S STANDARD CERTIFICATE)

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

COUNTY OF COOK STATE OF ILLINOIS CITY OF CHICAGO

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DEPARTMENT OF PUBLIC HEALTH

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0716505099 Page: 3 of 3

LTA COMMITMENT
Schedule B - Exceptions Cont.
File Number: TM243192

530288

Assoc. File No:

UNOFFICIALICOPY

GUARANTY COMPANY HEREIN CALLED THE COMPANY

COMMITMENT - LEGAL DESCRIPTION

Lot 26 and the west 6 feet of lot 25 in block 8 in Walden and Mulvane's subdivision of the south 3/4 of the southwest 1/4 of the southwest 1/4 of Section 4, Township 37 North, Range 14 East of the Third Principal Meridian (except from said · lots that part lying south of a line 54 feet north of and parallel to the south line of the southwest 1/4 of section 4 aforesaid) in Cook County, Illinois

25-64-326-067

616 368th 95th Street

Maggi, T. 60238