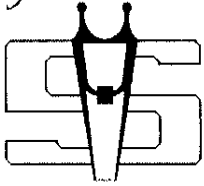


10F4
5-36632



Sanctity of Contract

Stewart Title Company of Illinois

STEWART TITLE COMPANY
10000 North Halsted Road, Suite 110
Chicago, IL 60610
708-889-4000

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF Cook) SS

STCI File Number: 536632

CYNTHIA ANDERSON
being duly sworn states that she resides at 2612 N 75th Ave in the City of Elmhurst, IL 60120

That she was acquainted with AGNES WROBEL deceased who, at the time of death, was one of the sworn of the land in Cook County, Illinois, describes as:

SEE ATTACHED

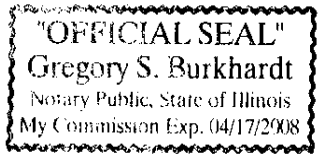
That the deceased died JULY 20, 1984, as evidenced by a certified copy of death certificate of the deceased attached hereto.

- 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 Cook County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook 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 125,000.00 dollars.

Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said
Cynthia Anderson
AFFIANT SIGNATURE
this 13 day of July, A.D. 2007
Gregory S. Burkhardt
Notary Public



(Affiant's Signature)

UNOFFICIAL COPY

LEGAL DESCRIPTION

EXHIBIT "A"

File No.: 536632

Lot 3 in Resubdivision of Lots 15, 16 17, 18 and 19 in Block 6 in Ellsworth Subdivision of part of the Chicago Heights Subdivision of part of the West half of the Southeast quarter of Section 25, Township 40 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

PIN 12-25-409-051-0000

Property of Cook County Clerk's Office

REGISTRATION NO. **18.10** STATE OF ILLINOIS

REGISTERED NUMBER **614384** MEDICAL CERTIFICATE OF DEATH

RECEIVED - NAME **Chicago** FIRST **AGNES** MIDDLE **WROBEL** LAST **COOK** SEX **FEMALE** DATE OF DEATH **JULY 20, 1984** (MONTH, DAY, YEAR)

1. NAME (LAST, FIRST, MIDDLE) **AGNES WROBEL COOK** DATE OF BIRTH (MONTH, DAY, YEAR) **JULY 20, 1924** RESIDENCY OF DEATH **CHICAGO**

2. RACE **White** POLISH **Polish** HOSPITAL OR OTHER INSTITUTION **RESURRECTION HOSPITAL** (NAME AND ADDRESS) **1732 P. O. INST. ROAD, CHICAGO, ILL.**

3. CITY, TOWN, VILL. OR RFD. **Chicago** COUNTY **Polish** HOSPITAL OR OTHER INSTITUTION **RESURRECTION HOSPITAL** (NAME AND ADDRESS) **1732 P. O. INST. ROAD, CHICAGO, ILL.**

4. CITIZEN OF WHAT COUNTRY **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (DATE) **19. MARRIED**

5. POLAND **U.S.A.** USUAL OCCUPATION **Housewife** KIND OF BUSINESS OR INDUSTRY **At Home**

6. SOCIAL SECURITY NUMBER **[REDACTED]** NAME OF SURVIVING SPOUSE (NAME AND MARITAL STATUS) **EDWIN WROBEL**

7. **Chicago** CITY, TOWN, VILL. OR RFD. **Chicago** COUNTY **COOK** STATE **ILLINOIS**

8. STREET AND NUMBER **2612 N. 75TH, AVENUE** CITY, TOWN, VILL. OR RFD. **ELMWOOD PARK** COUNTY **COOK** STATE **ILLINOIS**

9. DEATH WAS CAUSED BY, (LIST ONLY ONE CAUSE ON LINE FOR (a), (b), AND (c)) **SEVERE ANOXIC BRAIN DAMAGE**

10. DEATH WAS CAUSED BY, (LIST ONLY ONE CAUSE ON LINE FOR (a), (b), AND (c)) **CARDIORESPIRATORY ARREST**

11. DEATH WAS CAUSED BY, (LIST ONLY ONE CAUSE ON LINE FOR (a), (b), AND (c)) **ACUTE MYOCARDIAL INFARCTION**

12. PART I. OTHER SIGNIFICANT CONDITIONS, (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH) **ACUTE MYOCARDIAL INFARCTION**

13. PART II. OTHER SIGNIFICANT CONDITIONS, (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH) **CEREBELLAR HEMORRHAGE**

14. DATE OF OPERATION, IF ANY **JULY 20, 1984** MAJOR FINDINGS OF OPERATION **ACUTE MYOCARDIAL INFARCTION**

15. SIGNATURE **[Signature]** DATE SIGNED (MO., DAY, YR.) **JULY 21, 1984**

16. NAME AND ADDRESS OF CERTIFIER **E.H. FORKOS MD 132 S PROSPECT PARK RIDGE, IL 60068** ILLINOIS LICENSE NUMBER **36-44681**

17. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE ON SEPARATE PAGE)

18. FUNERAL HOME **7120 West Belmont Chicago, Illinois 60634**

19. FUNERAL DIRECTOR'S SIGNATURE **[Signature]** DATE **JULY 25, 1984**

20. LOCAL REGISTRAR'S SIGNATURE **[Signature]** DATE REC'D. BY LOCAL REGISTRAR **JUL 23 1984**

21. LOCAL REGISTRAR'S SIGNATURE **[Signature]** DATE REC'D. BY LOCAL REGISTRAR **JUL 23 1984**

22. LOCAL REGISTRAR'S SIGNATURE **[Signature]** DATE REC'D. BY LOCAL REGISTRAR **JUL 23 1984**

23. LOCAL REGISTRAR'S SIGNATURE **[Signature]** DATE REC'D. BY LOCAL REGISTRAR **JUL 23 1984**

July 24, 1984

STATE OF ILLINOIS
COUNTY OF COOK SS
CITY OF CHICAGO

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