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Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 08/03/2007 11:09 AM Pg: 1 of 4

Property of Cook County Clerk's Office

RECORDING COVER PAGE

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CST 0718378

DEED OTHER UCC PLAT RE-RECORD

Decedent Joint Tenancy Affidavit

Prepared by & return to:
Angelina Chmielowski & Fraccaro, PC
1626 W. Colonial Parkway
Inverness, IL 60067

***Please note - This cover page has been attached to the document for recording purposes. It is a permanent part of the document and has been included in the page count.**

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ISSUED BY
COMMONWEALTH LAND TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT



Commonwealth

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF _____

} ss.

Order No. _____

Donald E. Wilson being duly sworn
states that he resides at 110 Cliffside Place
Rockton, IL 61072 in the City of _____

That he was acquainted with Virginia A. Wilson
deceased who, at the time of her death, was one of the owners of the land in COOK
County, Illinois, described as:

1900 W. Tweed
Inverness, IL 60067

That the deceased died January 4, 2006, 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 SELLER PRICE \$1570,000 - MORTGAGE dollars.

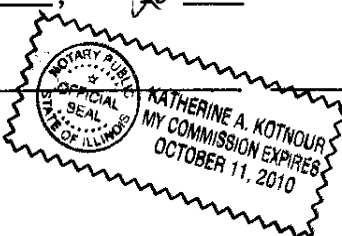
Affiant makes this affidavit for that purpose of inducing the Commonwealth Land Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Affiant

this 11th day of July, 2007

[Signature]
Notary Public



Donald E. Wilson
(Affiant's Signature)

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LEGAL DESCRIPTION:

LOT 11 IN BALDWIN HILLS, BEING A SUBDIVISION IN SECTION 8, SECTION 9, SECTION 16 AND SECTION 17, TOWNSHIP 42 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED DECEMBER 16, 1955 AS DOCUMENT 16448152, ALSO REGISTERED AS DOCUMENT 1640502, IN COOK COUNTY, ILLINOIS.

PERMANENT INDEX NUMBER:

02-08-400-005

PROPERTY ADDRESS:

1900 W. TWEED
INVERNESS, ILLINOIS 60067

Property of Cook County Clerk's Office

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY DAVID ORR, County Clerk **JAN 06 2006**

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. 16.0	STATE OF ILLINOIS				STATE FILE NUMBER
		REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	1. DECEASED—NAME FIRST MIDDLE LAST		2. SEX		3. DATE OF DEATH (MONTH, DAY, YEAR)		
	Virginia A. Wilson		Female		January 4, 2006		
	4. COUNTY OF DEATH		5a. AGE—LAST BIRTHDAY (YRS)	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MIN.	5d. DATE OF BIRTH (MONTH, DAY, YEAR)	
	Cook		77			September 3, 1928	
	6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		6b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)	
	Inverness		1900 Tweed Road				
	7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
	Detroit, MI		Married		Donald E. Wilson		No
	10. SOCIAL SECURITY NUMBER		11a. USUAL OCCUPATION		11b. KIND OF BUSINESS OR INDUSTRY		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
	368-26-8046		Homemaker		Own Home		Elementary/Secondary (0-12) College (1-4 or 5+)
13a. RESIDENCE (STREET AND NUMBER)		13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.		13c. INSIDE CITY (YES/NO)		13d. COUNTY	
1900 Tweed Road		Inverness		Yes		Cook	
13e. STATE		13f. ZIP CODE		14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
Illinois		60067		White		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
15. FATHER—NAME FIRST MIDDLE LAST			16. MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST				
Harold Marchon			Doris Stevens				
17a. INFORMANT'S NAME (TYPE OR PRINT)		17b. RELATIONSHIP		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
Donald E. Wilson		Husband		1900 Tweed Rd., Inverness, IL 60067			
18. PART I. Immediate Cause (Final disease or condition resulting in death)		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.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) Metastatic Melanoma		DUE TO, OR AS A CONSEQUENCE OF				2 years	
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.		19a. AUTOPSY (YES/NO)		19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)			
		No		No			
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		20d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)			21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		21c. HOUR OF DEATH		
December 07, 2005			No		11:15 A.M.		
22a. SIGNATURE			22b. DATE SIGNED (MONTH, DAY, YEAR)			22c. ILLINOIS LICENSE NUMBER	
<i>Bruce Brockstein</i>			January 5, 2006			036086058	
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)			22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)			23. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
Bruce Brockstein MD 2650 Ridge Ave., Evanston, IL 60201							
24a. BURIAL, CREMATION, REMOVAL (SPECIFY)		24b. CEMETERY OR CREMATORY—NAME		24c. LOCATION CITY OR TOWN STATE		24d. DATE (MONTH, DAY, YEAR)	
Cremation		Montrose Cemetery		Chicago, Illinois		Jan. 6, 2006	
25a. FUNERAL HOME NAME		25b. FUNERAL DIRECTOR'S SIGNATURE		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
Smith-Corcoran Funeral Home 185 E. Northwest Hwy., Palatine, IL 60067		<i>Michael Olmura</i>		034-010547		JAN 06 2006	
26a. LOCAL REGISTRAR'S SIGNATURE		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
<i>David Orr</i>		JAN 06 2006					