

17540314



Doc#: 0803105001 Fee: \$26.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 01/31/2008 09:52 AM Pg: 1 of 2

AFFIDAVIT REGARDING OWNERSHIP

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

Deborah Sceles, being first duly sworn, deposes and says:

1. That she is familiar with the ownership of the property located at 3433 Oak Park Avenue, Berwyn, IL;
2. That she was acquainted with Dorothy Tauchen, who died on September 1, 2001, as evidenced by the attached copy of the death certificate;
3. That at the time of her death, Dorothy Tauchen was the primary beneficiary of Land Trust Number 89-03-5745, with Midwest Bank and Trust Company as Trustee ("Land Trust No. 89-03-5745") and that Deborah Sceles was the contingent beneficiary of Land Trust No. 89-03-5745;
4. That the real estate tax records for the property located at 3433 Oak Park Avenue, Berwyn, IL were in the name of Dorothy Tauchen and to this date, they have not been updated;
5. That Deborah Sceles is the current beneficiary of Land Trust No. 89-03-5745.

Signed under the pains and penalties of perjury this 23rd day of January, 2008.

Deborah by Magu R. Dur PAT
Deborah Sceles

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, CERTIFY THAT Deborah Sceles, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act.

Given under my hand and official seal this 23rd day of January, 2008.

Frank Salerno (Notary Public)



2008

UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statues relating to the registrar of birth, stillbirth and death.

Date SEP 04 2001

Signed Madeline Mc Curry

At Cook County Department of Public Health Official Title Deputy Registrar
1010 Lake Street Suite 300 Oak Park, Illinois 60301

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE #ILE
NUMBER

REGISTRATION DISTRICT NO. <u>16.0</u>		REGISTERED NUMBER		DECEASED-NAME 1. Dorothea Rauchen		FIRST MIDDLE LAST		SEX 2. Female		DATE OF DEATH (MONTH, DAY, YEAR) 3. September 1, 2001	
COUNTRY OF DEATH 4. Cook		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		AGE - LAST BIRTHDAY (YRS) 5a. 6		MONTHS 5b. DAYS 5c. HOURS 5d. MIN.		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. March 23, 1925		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6a. LaGrange Memorial Hospital	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chicago IL.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Widowed		NAME OF SURVIVING SPOUSE (IF ALIVE AND NAME, IF WIFE) 8b. None		KIND OF BUSINESS OR INDUSTRY 11b. Homebased		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. High School		IF HOSP. OR INST. INDICATE D.O.A. OPENER, PM, INPATIENT (SPECIFY) 9. Inpatient	
SOCIAL SECURITY NUMBER 10. 344-14-5944		USUAL OCCUPATION 11a. Homemaker		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Berwyn		INSIDE CITY (YES/NO) 13c. Yes		COUNTY 13d. Cook		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
RESIDENCE (STREET AND NUMBER) 13a. 3433 S Oak Park Ave		ZIP CODE 13f. 60402		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White		OF HISPANIC ORIGIN? (SPECIFY NO OR YES; IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		SPECIFY: MOTHER-NAME FIRST MIDDLE LAST 16. Anne Reed		FATHER-NAME FIRST MIDDLE LAST 15. Merton Ohnstein	
INFORMANT NAME (TYPE OR PRINT) 17a. Diane Carson		RELATIONSHIP 17b. Records Hospital		MAILING ADDRESS (STREET AND NO. OR P.O. BOX) 17c. 5101 W. Lawrence St. Chicago, IL 60652		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		DATE OF OPERATION, IF ANY 20b.		MAJOR FINDINGS OF OPERATION 20c.	
18. PART I: Immediate Cause (Final disease or condition resulting in death) (a) Multiple Aortic Aneurysm Rupture		Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. (b) Hypertensive Aneurysm of the Aorta		DUE TO, OR AS A CONSEQUENCE OF (c) Unknown Cause of the Death		AUTOPSY (YES/NO) 19a. Yes		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b. Yes		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES [X] NO	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		DUE TO, OR AS A CONSEQUENCE OF (b)		DUE TO, OR AS A CONSEQUENCE OF (c)		DATE SIGNED 21c. 3:26 A M.		DATE SIGNED 22b. 9 2 01		ILLINOIS LICENSE NUMBER 22d. 352050	
PART II. Other significant conditions or contributory causes of death but not resulting in the underlying cause given in PART I.		DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20c.		AUTOPSY (YES/NO) 19a.		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c.	
20d. (DID NOT ATTEND) THE DECEASED AND LAST SAW HIM, HER, ALIVE ON 21a. 8 31 01		TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE OF CERTIFIER <i>Madeline Mc Curry</i>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. 11234 Odessa Boulevard IL.		DATE SIGNED 21c.		DATE SIGNED 22b.		ILLINOIS LICENSE NUMBER 22d.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.		BURIAL, CREMATION, REMOVAL, (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY-NAME 24b. Accacia Cemetery		LOCATION 24c. Chicago IL.		CITY OR TOWN 24d. Chicago IL.		STATE 24e. IL.	
FURNERAL HOME 25a. Dham & Son		STREET AND NUMBER OR R.F.D. 6910 Wendson Ave.		CITY OR TOWN Berwyn		STATE IL.		ZIP 60402		FURNERAL DIRECTOR'S SIGNATURE <i>Charles</i>	
LOCAL REGISTRAR'S SIGNATURE <i>Madeline Mc Curry</i>		LOCAL REGISTRAR'S OFFICE 25b.		DATE FILED BY LOCAL REGISTRAR 25c. 010193		DATE FILED BY LOCAL REGISTRAR 26a. SEP 04 2001		YEAR 2001		YEAR 2001	