



Doc#: 0807535471 Fee: \$40.50  
Eugene "Gene" Moore RHSP Fee:\$10.00  
Cook County Recorder of Deeds  
Date: 03/17/2008 01:39 PM Pg: 1 of 3

**AFFIDAVIT AS TO JOINT TENANCY**

3/19/08  
State of Illinois  
County of Cook

)  
) ss.  
)

Return To:  
New Millennium Title Group  
400 N. Executive Dr., Ste 102  
Brookfield, WI 53005

On this 22<sup>nd</sup> day of January, 2008, Affiant Irene Jacobson being duly sworn on oath swears that the following statements are true and are within the personal knowledge of Affiant:

Affiant Irene Jacobson is the owner of the following property:

**Legal Description**

LOT 11 (EXCEPT THE WEST 13 FEET THEREOF) IN BLOCK 2 IN LENZIES FIRST ADDITION TO HODGKINS, A SUBDIVISION OF PART OF THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 15, TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, AND PART OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF SECTION 15, TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING SOUTHEASTERLY OF THE CHICAGO AND JOLIET RAILROAD, IN COOK COUNTY, ILLINOIS.

**TAX ID NUMBER: 18-15-301-009-0000**

**COMMONLY KNOWN AS: 5907 EAST AVE. HODGKINS, IL 60525-4123**

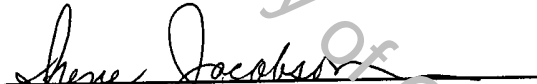
And that said property was formerly owned as joint tenants, not as tenants by the entireties or as tenants in common by Irene T. Slabenek & Irene Jacobson and that said: Irene T. Slabenek died on the March 24, 2000. A copy of the death certificate is attached.

That the value of the estate of the deceased was less than \$600,000.00 including joint tenancies, tenancies by the entireties, individual ownerships and insurance, and that the joint tenancies had not been severed prior to the death of said deceased.

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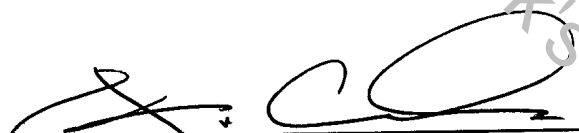
# UNOFFICIAL COPY

IN WITNESS WHEREOF, Affiant Irene Jacobson executed and caused these presents to be signed as of the day and year first above written.

  
Irene Jacobson

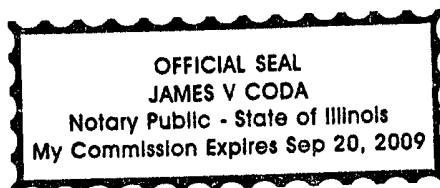
State of Illinois )  
County of Cook ) ss  
)

Subscribed and sworn to before me the day and year above written.

  
Notary Public JAMES V. CODA

My Commission Expires: 9/20/09

This instrument was prepared (without an examination of title) by: Patrick W. Walsh, P.C., 625 Plainfield Road, Suite 330, Willowbrook, IL 60527.



UNOFFICIAL COPY

MARCH 16, 2006

STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

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

REGISTRATION DISTRICT NO <b>16.0</b>		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH			
DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH DAY YEAR)		
1. IRENE SLABENAK		2. FEMALE	3. MARCH 24, 2000		
COUNTY OF DEATH	AGE-LAST BIRTHDAY (YRS) 5a. 85	UNDER 1 YEAR 5b. HRS DAYS	UNDER 1 DAY 5c. HRS MIN	DATE OF BIRTH (MONTH DAY YEAR) 5d. MAY 1, 1914	
4. COOK	6a. LA GRANGE		6b. LA GRANGE COMMUNITY HOSPITAL		6c. EMER. ROOM
7. CHICAGO, ILLINOIS		8a. WIDOWED		9. NO	
10. 343 03 4717		11a. INSPECTOR		12. 10	
13a. 5905 EAST AVENUE		13b. HODGKINS		13d. COOK	
13c. ILLINOIS		14a. WHITE		14b. NO	
15. JOSEPH PSENKO		16. ANTONIA PECHO			
17a. IRENE JACOBSON		17b. DAUGHTER		17c. 5905 EAST AVENUE, HODGKINS, IL. 60525	
18. PART I		PART II			
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			
(a) MI (myocardial infarction)		Hypertension, anemia			
(b) CAD (coronary artery disease)					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		19a. AUTOPSY (YES/NO)	
				19b. NO	
21a. (I/DID/DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON Dec, 16, 1999		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) YES		21c. HOUR OF DEATH 10:45 A. M.	
22a. SIGNATURE <i>Steven Hung</i>		22c. STEVEN HUNG, M.D. 135 NORTH OAK STREET, HINSDALE, IL. 60521		22b. MARCH 26, 2000	
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22d. ILLINOIS LICENSE NUMBER 036 100531		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		24a. QUEEN OF HEAVEN		24c. HILLSIDE, ILLINOIS	
24b. BURIAL		24d. MAR. 27, 2000			
25a. SVEC & SONS FUNERAL HOME 6227 WEST CERMAK ROAD, BERWYN, ILLINOIS 60402		25b. FUNERAL DIRECTOR'S SIGNATURE <i>James J. Svec</i>		25c. 034 011620	
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		25d. LOCAL REGISTRAR'S SIGNATURE <i>Karen L. Scott, M.D.</i>		25e. DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)	
25e. LOCAL REGISTRAR'S SIGNATURE		25f. REGISTRAR <i>Monica Charles</i>		25g. MAR 30 2000	

CLOSED

PARENTS

CAUSE

CERTIFIER

DISPOSITION

20