

Doc#: 0808640066 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 03/26/2008 11:43 AM Pg: 1 of 3

**Counselors' Title
Company, L.L.C.**
Deceased Joint Tenant
Affidavit

COUNSELORS TITLE CO., LLC
1500 BUTTERFIELD RD.
SUITE 101
EVANSTON, IL 60149

0808640066

Now comes **Rosetta Custer**, being duly sworn and for the purposes of inducing Counselors' Title Company, L.L.C. to delete all title exceptions caused by the death of **Donald E Custer**, states:

1. That the Affiant resides at **11525 Settlers Pond Way, Unit 1C, Orland Park, IL 60462;**
2. That the Affiant was acquainted with said decedent who died on 7/25/02 as evidenced by the certified copy of death certificate attached hereto;
3. That said decedent was one of the owners of land;

_____ described in the subject file, or;

_____ legally described as follows:

Parcel 1:

Unit 1-C of the Preserve at Marley Creek Condominium Building Seven, recorded March 6, 2001 as document number 0010173073 and as amended by document recorded July 2, 2001 as document number 10582665, as delineated on the survey of the following described real estate:

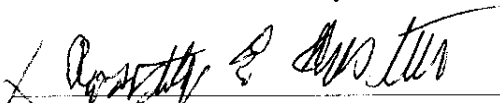
Lot 250 in the Preserve at Marley Creek-Phase 5, a planned unit development recorded as document number 99897433, being a resubdivision of part of the Southwest 1/4 and Southeast 1/4 of Section 31, Township 36 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois, together with its undivided percentage interest in the common elements.

Parcel 2:

The exclusive right to the use of garage unit 75, a limited common element as delineated on the survey attached to the Declaration aforesaid, recorded as document number 0010173073 and as amended by document recorded July 2, 2001 as document number 0010582665.

PIN: 27-31-404-019-1015

4. That said decedent died:
 - ___ leaving no Last Will and Testament;
 - ___ leaving a Last Will and Testament, a copy of which is attached hereto;
 - ___ leaving a last Will and Testament, which was filed in the unproven will box of the Probate Division of the circuit Court of Cook County, IL on _____.
5. That the total value of the estate of said decedent, including both real and personal property owned by said decedent either individually or in joint tenancy at the date of death, does not exceed \$ _____.
6. Affiant further sayeth not.



Affiant Signature

UNOFFICIAL COPY

STATE OF IL
COUNTY OF COOK

Subscribed and sworn to before me a Notary Public, by the said Affiant this 14 day of

Maria, 2009

Notary Public (Seal)



Property of Cook County Clerk's Office

UNOFFICIAL COPY

MAR 13 2007

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. 16.0 | | STATE OF ILLINOIS | | STATE FILE NUMBER | |
| MEDICAL CERTIFICATE OF DEATH | | | | | |
| DECEASED NAME: DONALD CUSTER | | SEX: 2. MALE | DATE OF DEATH: (MONTH-DAY-YEAR) 3. JULY 25, 2002 | | |
| COUNTY OF DEATH: 4. COOK | | AGE LAST BIRTHDAY (YRS): 5a. 78 | UNDER 1 YEAR: (MOS. DAYS) 5b. | UNDER 30 DAY: (HOURS MIN.) 5c. | DATE OF BIRTH: (MONTH-DAY-YEAR) 5d. APRIL 5, 1932 |
| CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: 6a. LAGRANGE | | HOSPITAL OR OTHER INSTITUTION: NAME (OR NO.) IN THE CITY (STREET AND NUMBER): 6b. LAGRANGE MEMORIAL HOSPITAL | | IF HOSPITAL INDICATED, DOA OPER. (INPATIENT) (SPECIFY): 6c. INPATIENT | |
| BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): CHICAGO, IL | | MARRIED/NEVER MARRIED, WIDOWED/DIVORCED (SPECIFY): 8a. MARRIED | NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE): 8b. ROSETTA SHIMMUS | | WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): 8. YES |
| SOCIAL SECURITY NUMBER: 10. 338-26-8198 | | USUAL OCCUPATION: 11a. TRUCK DRIVER | KIND OF BUSINESS OR INDUSTRY: 11b. TRUCKING | EDUCATION: (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12 Elementary (Secondary (0-12) College (1-4 or 6+)) | |
| RESIDENCE (STREET AND NUMBER): 10a. 11525 SETTLERS POND WAY | | CITY, TOWN, TWP. OR ROAD DISTRICT NO.: 13b. ORLAND PARK | INSIDED BY (YES/NO): 13c. U.S. | COUNTY: 13d. COOK | |
| STATE: 13a. ILLINOIS | | ZIP CODE: 13c. 60462 | RACE (WHITE, BLACK, AMERICAN INDIAN, SPECIFY): 14a. WHITE | ORIGIN (SPANISH ORIGIN? (SPECIFY NO. OR YES; SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.): 14b. NO YES SPECIFY: | |
| FATHER NAME: FIRST MIDDLE LAST: 15. CLARENCE CUSTER | | MOTHER NAME: FIRST MIDDLE LAST (MAIDEN) LAST: 16. VIOLA LANZ | | INFORMANT'S NAME (TYPE OR PRINT): 17a. ROSETTA CUSTER | |
| RELATIONSHIP: 17b. WIFE | | MAILING ADDRESS: (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 11525 SETTLERS POND WAY, ORLAND PARK, IL 60462 | | APPROXIMATE INTERVAL BETWEEN DEATH AND DEATH: | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death): (a) Respiratory failure due to metastatic Lymphoma | | DISEASE OR AS CONSEQUENCE OF: U.S. - Hodgkin's Lymphoma | | 6 m | |
| CONDITIONS (IF ANY) WHICH GIVE RISE TO IMMEDIATE CAUSE (a): (b) Non-Hodgkin's Lymphoma | | DISEASE OR AS CONSEQUENCE OF: U.S. - Hodgkin's Lymphoma | | 3 y | |
| CAUSE (c): | | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE IMMEDIATE CAUSE (IF ANY): Dilated Cardiomyopathy | | A.U.O. BY (YES/NO): 18a. YES | |
| DATE OF DEATH: 7/25/02 | | WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): 21b. YES | | HOURS OF DAY: 21c. 2:50 P. | |
| SIGNATURE: Kathleen A. Ward MD | | DATE SIGNED: 7/26/02 | | ILLINOIS LICENSE NUMBER: 036-071078 | |
| MEAN AND ADDRESS OF CERTIFIER: KATHLEEN A. WARD MD 1146 West 64th St Oak Park | | NAME OF ATTENDING PHYSICIAN OR OTHER HEALTH CARE PROVIDER (TYPE OR PRINT): KATHLEEN A. WARD MD 1146 West 64th St Oak Park | | NOTE: IF AN INQUIRY WAS INVOLVED IN HIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED: | |
| BURIAL, CREMATION: (REMOVABLE RECORD): 24a. CREMATION | | CEMETERY OR CREMATORY NAME: 24b. TRI-COUNTY CREMATORY | | LOCATION: CITY OR TOWN STATE: 24c. CHANNAHON, ILLINOIS | |
| FUNERAL HOME: 25a. LACK FUNERAL HOME | | STREET AND NUMBER OR R.F.D.: 9236 S. ROBERTS RD. | | CITY OR TOWN STATE ZIP: HICKORY HILLS, ILLINOIS 60457 | |
| FUNERAL DIRECTOR'S SIGNATURE: James J. Lack | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 25c. 034-070469 | | DATE PREPARED BY LOCAL REGISTRAR (MONTH-DAY-YEAR): 26b. July 30 2002 | |
| LOCAL REGISTRAR'S SIGNATURE: Carol R. ... | | DATE PREPARED BY LOCAL REGISTRAR (MONTH-DAY-YEAR): 26b. July 30 2002 | | ILLINOIS DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS | |