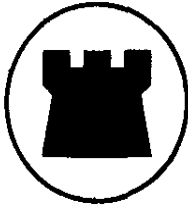


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3001/0131 51 001 Page 1 of 2
1998-12-10 16:13:27
Cook County Recorder 23.50



CHICAGO TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

} ss.

Order No. _____

_____ ANNE MARIE G. CARLOS _____ being duly sworn
states that she resides at 2226 Washington _____ in the City of
_____ Wilmette, IL 60091

That she was acquainted with Pedro F. Carlos _____
deceased who, at the time of his death, was one of the owners of the land in Cook
County, Illinois, described as:

Lot Twenty-five (25) of Hlavacek and Stupka's Addition to
Wilmette, a Subdivision in the North West Quarter (1/4) of
the North West Quarter (1/4) of Section 33, Township 42 North,
Range 13, East of the Third Principal Meridian, in Cook County,
Illinois, according to the Plat thereof recorded August 1, 1929,
as Document Number 10444112, in Book 277 of Plats, Page 42.

PIN: 05-33-107-061-0000

Address: 2226 Washington, Wilmette, IL 60091

That the deceased died June 7, 1995 _____, 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 500,000.00 _____ dollars.

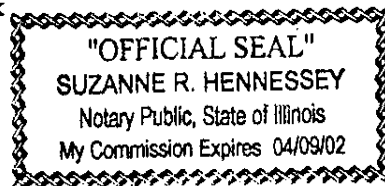
~~Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.~~

Subscribed and sworn to before me by the said

ANNE MARIE G. CARLOS

this 23 day of Oct, A.D. 1998

Suzanne R. Hennessey
Notary Public



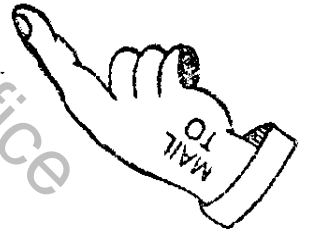
AMGC Run - Man of Luck
(affiant's signature)

UNOFFICIAL COPY

Property of Cook County

MARY RUTH KABALA
LAWRENCE KAMIN et al.
208 S. LA Salle SUITE 1750
CHICAGO, ILL. 60604

Office



MA Government Expires 04/08/05
Notary Public, State of Illinois
RUSVINE R. HENNINGER
"OFFICIAL SEAL"

REGISTRATION DISTRICT NO. 16.23

STATE OF ILLINOIS

STATE FILE NUMBER

REGISTERED NUMBER 6666 5-36

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Pedro F. Carlos Jr. 2. Male 3. June 7, 1995

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)

4. Cook 5a. 50 5b. 5c. June 29, 1944

CITY, TOWN, OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY)

6a. Evanston 6b. St. Francis Hospital 6c. Inpatient

DECEASED

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)

7. Philippines 8a. Married 8b. Anne-Marie Gustilo 9. No

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

10. 188-58-9804 11a. Auditing 11b. Bank 12. 5+

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP, OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY

13a. 2226 Washington Avenue 13b. Wilmette 13c. Yes 13d. Cook

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)

13e. Illinois 13f. 60091 14a. White 14b. X NO YES SPECIFY:

PARENTS

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST

15. Pedro Q. Carlos Sr. 16. Natalia Francia

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

17a. Anne-Marie Carlos 17b. Wife 17c. 2226 Washington St Wilmette, IL 60091

CAUSE

18. PART I. 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

Immediate Cause (Final disease or condition resulting in death) (a) Acute Hemorrhage Pancreatitis

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF (c)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)

Disseminated intravascular coagulation 19a. Yes 19b. Yes

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?

20a. 20b. 20c. YES NO

I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH

21a. June 6, 1995 21b. YES 21c. 3:36 A. M.

CERTIFIER

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR)

22a. SIGNATURE Pandelis D. Banias M.D. 800 Austin St. Evanston, IL 60202 22b. June 8, 1995

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER

22c. 036-072697

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

DISPOSITION

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

24a. Burial 24b. Memorial Park 24c. Skokie, Illinois 24d. June 10, 1995

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP

25a. Donnellan Family Funeral Services 10045 Skokie Blvd Skokie, Illinois 60077

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25b. Edward J. Donnellan 25c. 036-008260

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26a. 26b. June 8, 1995

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named as Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE OCTOBER 13, 1998 SIGNED C. Lucia Brown

AT EVANSTON, Illinois OFFICIAL TITLE LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.