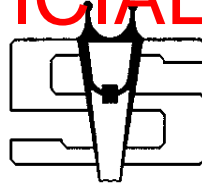


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08150173

05/04/001 49 001 Page 1 of 3
1998-12-18 09:42:40
Cook County Recorder 47.50



Sanctity of Contract



08150173

Stewart Title Company of Illinois

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF COOK) SS.

STCI File Number: 54783

Kathleen Jensen
being duly sworn states that Kathleen Jensen resides at 3705 Winston in the City of Hoffman Estates

That I was acquainted with Charles Dean Jensen deceased who, at the time of death, was one of the sworn of the land in County, Illinois, describes as:

That the deceased died May 7, 1996 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 _____ dollars.

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

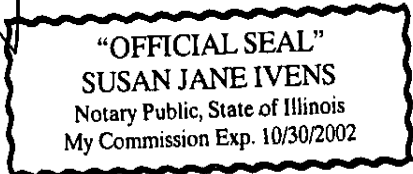
Subscribed and sworn to before me by the said

Kathleen Jensen

this 2nd day of December, A.D. 1998.

Susan Jane Ivens
Notary Public

Kathleen Jensen
(Affiant's Signature)



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DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>16.025</u>	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	DECEASED—NAME FIRST MIDDLE LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
	1. CHARLES DEAN JENSEN	2. MALE	3. MAY 7, 1996
A	COUNTY OF DEATH	AGE—LAST BIRTHDAY (YRS) 5a. 60	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. JANUARY 27, 1936
	4. COOK	UNDER 1 YEAR MOS. 5b. DAYS 5c. HOURS MIN.	
B	CITY, TOWN, TWP. 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. HOFFMAN ESTATES	6b. 3705 WINSTON DR.	6c. —
C	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
	7. ATHENS, IL	8a. MARRIED	8b. KATHLEEN BECKER
D	SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY
	10. 351-28-7940	11a. TEACHER	11b. EDUCATION
E	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (9-12) College (1-4 or 5+)	RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP. OR ROAD DISTRICT NO.
	12. 12 6	13a. 3705 WINSTON DR.	13b. HOFFMAN ESTATES
PARENTS	INSIDE CITY (YES/NO)	COUNTY	OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
	13c. YES	13d. COOK	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:
1	STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
	13e. ILLINOIS	13f. 60195	14a. WHITE
2	FATHER—NAME FIRST MIDDLE LAST	MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST	INFORMANT'S NAME (TYPE OR PRINT)
	15. CHARLES OSCAR JENSEN	16. MILDRED BERNICE BUSHONG	17a. KATHLEEN B. JENSEN
3	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	17b. WIFE
	17c. 3705 WINSTON DR. HOFFMAN ESTATES, IL		
4	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 hemorrhage. List only one cause on each line.	APPROXIMATE INTERVAL BETWEEN ONSET OF DISEASE AND DEATH	
	Immediate Cause (Final disease or condition resulting in death) (a) Carcinoma of bladder with metastases	5 years	
5	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		
6	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)
		19a. NO	19b.
7	DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
	20a.	20b.	20c. YES <input type="checkbox"/> NO <input type="checkbox"/>
8	(DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH
	21a. April 18 th 1996	21b. YES	21c. 2:30 P. M.
9	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 <i>[Signature]</i>	22b. MAY 7, 1996	ILLINOIS LICENSE NUMBER
10	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	22c. LUIS PLANAS M.D. 363 N. MAIN ST. WAUCONDA, IL. 60084	22d. 36-54198
	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.
11	BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION CITY OR TOWN STATE
	24a. CREMATION	24b. LAKEWOOD	24c. LAKE BLUFF ILLINOIS
12	FUNERAL HOME NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN STATE ZIP
	25a. WAUCONDA FUNERAL HOME	235 N. MAIN ST.	WAUCONDA, IL. 60084
13	FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
	25b. <i>[Signature]</i> CRAIG A. WISSELBURG	25c. 034-011200	26b. May 8, 1996
14	LOCAL REGISTRAR'S SIGNATURE	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
	26a. <i>[Signature]</i> REGISTRAR		

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 at 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 MAY 8, 1996 SIGNED *[Signature]*

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.

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SCHEDULE A
ALTA Commitment
File No.: 98183

08150173

LEGAL DESCRIPTION

Lot 30 in block 17 in Winston Knolls unit 3, being a subdivision of parts of sections 19, 20, 29 and 30, township 42 north, range 10, east of the third principal meridian, according to the plat thereof recorded January 23, 1970 as document 21065060.

02-29-106-030

Property of Cook County Clerk's Office

STEWART TITLE GUARANTY
COMPANY