



Sanctity of Contract

5.4/001 49 001 Page 1 of 3 1998-12-18 09:42:40 Cook County Recorder 47.50



Stewart Title Company of Illinois

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS) COUNTY OF (())	SS.	STCI F	ile Number: 54783
Deing duly sworn states that the Hoffman Cotal	Jensen Jensen	resides at <u>370</u> ,	
Thatwas acquai sworn of the land in County, Illin	inted with <u>Charles Dea</u> ois, descrives as:	n Jenser dec	eased who, at the time of death, was one of the
That the deceased died	y 7, 1996	as evidenced by a	certified copy of death certificate of the deceased
Probate Division of the Circui	nent a copy of which is attached he it Court ofCounty nent which was filed in the Unpro	, Illinois.	roven will should be filed with the Clerk of the Division of the Circuit Court of County, Illinois
That the total value of the estate of tenancy at the time of the death of			by the deceased e ther individually or in joint dollars.
Affiant makes this affidavit for the property.	purpose of inducing Stewart Titl	e Company to issue its Title In	nsurance Policy., describing the above mentioned
Subscribed and sworp to before me Kathleen knslm			
this day of December Notary Public "	OFFICIAL SEAL" JSAN JANE IVENS	Kathlen (Affiant's Signature)	Jensen
\ Not	ary Public, State of Illinois Commission Exp. 10/30/2002		

08150173.*

NOFFIC MEDE IL LINGUP DECEDENT'S BIRTH NO. REGISTRATION DISTRICT NO.

REGISTERED

MEDICAL CERTIFICATE OF DEATH

••	NUMBER								·
Type or Print in	DECEASED-NAME	IRST	MIDDLE	LAST	SI	EX	DATEOF	DEATH (MONT	H, DAY, YEAR)
PERMANENT INK ee Funeral Directors,	1. CHARL	ES DE	AN JEN:	SEN	2	MALE	3. MA	Y 7, 199	96
ospital, or Physicians	COUNTY OF DEATH		AGE-LAST	UNDER 1 YEAR	UNDER 1 DAY		INTH (MON	TH, DAY, YEAR)	
Handbook for INSTRUCTIONS	4 COOK		BIRTHDAY (YRS)	1 1 1	HOURS MIN 5c.	5a J/	NUARY	27, 193	36
	CITY, TOWN, TWP, OR BOAD DISTRIC	TNUMBER		HER INSTITUTION-NA				IE MOSP	OR INST, INDICATE D.O.A.
	6a. HOFFMAN ESTAT	FS	6b. 370	5 WINSTON	ne .			6c	
A	BIRTHPLACE (CITYAND STATEOR	MARRIED, NEVE	441	NAME OF SURVIV		(MAIDEN NAME, I	WIFE)	[00.	WAS DECEASED EVER IN U.S.
DECEASED	FOREIGN COUNTRY)	WIDOWED, DIV	DACED (SPECIFY)	,	LEEN	BECKER			9. NO
	7. ATHENS, IL	USUAL OCCUPA	RIED	8b. KATH				FYONLY HIGHEST	9. NU
В	**	1				Elementa	y/Secondary (0		lege (1-4 or 5 +)
C	10. 351-28-7940	11a. IEA	CHER	11b. EUUU , TOWN, TWP, OR R	ATION	1	L2	Y COUNT	<u>6</u>
D	RESIDENCE (STREET AND NUMBER)		l cuit				(YES/NO)		
E	13a. 3705 WINSTON D		135.		ESTATES	3012	13c. YE		N, MEXICAN, PUERTO RICAN, MC.)
	STATE	INC	CE (WHITE, BLACK, A HAN, etc.) (SPECIFY)			AIN! (SPECIFYN	JURTESHETI	ES, SPECIFT CUBA	M, MEXICAN, POEM I O NICAN, MIC.)
ł	13e. ILLINOIS 13f.6	0195 14			XXV0	C) YES	SPECIFY		THE STATE OF THE S
	FATHER-NAME F'RST	MIDDLE	LAST	мот	HER-NAME	FIRST	MIDDLE	•	(MAIDEN) LAST
PARENTS	15. CHAPLES	OSCAR	JENSEN	16.	<u> 1</u>	MILDRED	BE	RNICE	BUSHONG
	INFORMANT'S NAME (TY) FOR PORT	7	Ľ.	RELATIONSHIP	1			R.F.D., CITY OR TO	
1	17a. KATHLEEN 5.	JENSEN		_{17b.} WIFE	17c. 370	05 WINS	TON DR	R. HOFFM	AN ESTATES, IL
2	18 PARTI. Entran	diseases, or comp	lications that caused	the death. Do not enter	the mode of dy	ring, such as care	liac or respire	atory arrest,	BETWEEN CHE LAND DEVIN
2		r heranditure. Usi	only one cause on	each line.	,	/	,		
3	Immediate Cause (Final disease or condition	March	inma c	of bladd	g will	4 met	asta	se,	Syears
	resulting in death)	JE TO, OR AS A CO	NSEQUENCE OF	/	·	. 3		·	
	CONDITIONS, IF ANY								
CAUSE			ONSF QUENCTOF						
CAUSE	STATING THE UNDERLYING	۸	4						
	PART II. Other significant conditions contri		esutting in the under /ng	CEL LE DIVERTIR PARTI.			AUTO	PSY WERE	AUTOPSY FINDINGS AVAILABLE PRIOR TO
4	1 7 (1 1) Care agreement services	,					(YESAN		LETION OF CAUSE OF DEATHT (YES NO)
5				()				110 1130	
	DATE OF OPERATION IF ANY	MAJOR FINDIN	GS OF OPERATION						HERE A PREGNANCY IN PAST
N	DATE OF OPERATION, IF ANY		GS OF OPERATION	40				THREE MONTHS?	
	20a.	20b.	GS OF OPERATION	40%	[WA	AS CORONER C	R MEDICAL	THREE MONTHS? 20c. YES [THOUR OF DE] NO[]
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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 thall be prima facle evidence in all courts and places of the facts therein stated.

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UNOFFICIAL COPY

SCHEDULE À
ALTA Commitment
File No.: 98/83

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.

Da Property of Coot County Clert's Office 02-29-106-030-