

UNOFFICIAL COPY



Doc#: 0816904170 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 06/17/2008 02:04 PM Pg: 1 of 3

Stewart Title of Illinois
2 North LaSalle # 625
Chicago, Illinois 60602
312-849-4243
STCIL _____

DECEASED JOINT TENANT AFFIDAVIT

File Number: TM265167

LEGAL DESCRIPTION

Lot 23 in Block 3 in Roosevelt Park, a subdivision of the West 448.4 feet of the East 1385.1 feet lying South of center line of road of tract of land described as the West 1/2 of the Northeast 1/4 and the East 1/2 of the Northwest 1/4, South of Ogden Avenue of Section 3, Township 38 North, Range 12, East of the Third Principal Meridian, according to the plat recorded February 20, 1920 as Document 6731694, in Cook County, Illinois.

Commonly known as: 4245 ElmStreet
Brookfield IL 60513
PIN/Tax Code: 18-03-224-018

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Law Title

Insurance Company, Inc.

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF Illinois

PROPERTY ADDRESS 4245 Elm Street
Brookfield, Illinois 60513
Land Described in Title Commitment / Policy # TM265167

COUNTY OF Du Page

The undersigned affiant being first duly sworn and under penalty of perjury on oath states that he or she resides at the address below.

That (he) or (she) was acquainted with Robert James Kantor deceased who, at the time of (his or her) death, was one of the owners of the land described in the above Title Commitment and described as:

- See legal description in the above referenced Title Commitment / Policy and / or
- Address of the said land and / or
- Legal description attached or typed below and / or on reverse side hereof for additional or complete legal description.

That the deceased died 8/4/07 (Date) as evidenced by a certified copy of the 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 is to be filed with the Clerk of the Probate Division or 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, on about _____ (date)
- Leaving a Last Will & Testament which was probated in the Probate Division of the Circuit Court of _____ County, State of _____, on about _____ as Case # _____ (date)

That from the Estate of the deceased:

- All State Inheritance and / or Federal Estate Taxes which were due have been paid and evidence thereof is attached hereto.
- No State Inheritance and / or Federal Estate Taxes were due.

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 (\$ 225,000.00) dollars.

Affiant makes this affidavit for the purpose of inducing the Law Title Insurance Company, Inc., to issue a Title Insurance Policy(s), describing the above mentioned property and / or referenced in the above Title Commitment / Policy and agrees to indemnify said company or its assigns against any false statement(s) willfully made herein.

Subscribed and sworn to before me by the said

Dated: 5/28/08

Phillip D Kantor
(name of affiant)

[Signature] (Seal)
(affiant's signature)

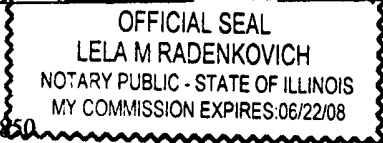
this 28 day of May, A.D. 2008

Affiant's Address: 709 W. 79th St #404

Lela M. Radenkovich
(Notary Public)

Brookfield IL 60561

Law Title Insurance Company, Inc.
2000 West Galena Ave., Suite 305
Phone: (630) 897-0903 Fax: (630) 897-1850



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DuPage County Health Department

Central Office

111 North County Farm Road

Wheaton, Illinois 60187

STATE OF ILLINOIS

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 22.0
REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

DECEASED-NAME FIRST MIDDLE LAST 1. ROBERT JAMES KANTOR	SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. AUGUST 4, 2007
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COUNTY OF DEATH 4. DUPAGE	AGE-LAST BIRTHDAY (YRS) 5a. 84	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. MARCH 21, 1923
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CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. HINSDALE	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. HINSDALE HOSPITAL	IF HOSP. OR INST. INDICATE EVER OP/EMER. SM. INPATIENT (SPECIFY) 6c. INPATIENT
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BIRTHPLACE (CITY, STATE OR FOREIGN COUNTRY) 7. CICERO, IL	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. MILDRED A. PREPEJCHAL	WAS DECEASED EVER ARMED FORCES? (YES/NO) 9. YES
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SOCIAL SECURITY NUMBER 10.	USUAL OCCUPATION 11a. PRESS TECHNICIAN	KIND OF BUSINESS OR INDUSTRY 11b. HEAVY MFG. CO.	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+) 12. 12 0
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RESIDENCE (STREET AND NUMBER) 13a. 4245 ELM AVENUE	CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. BROOKFIELD	INSIDE CITY (YES/NO) 13c. YES	COUNTY 13d. COOK
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STATE 13e. ILLINOIS	ZIP CODE 13f. 60513	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14e. WHITE	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN) 14b. NO <input type="checkbox"/> YES SPECIFY:
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FATHER-NAME FIRST MIDDLE LAST 15. ROBERT KANTOR	MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. ANNA VIRGL
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INFORMANT'S NAME (TYPE OR PRINT) 17a. PHIL KANTOR	RELATIONSHIP 17b. SON	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 709 WEST 79TH ST/#404/DARIEN, IL 60561
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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 of death.

Immediate Cause (Final disease or condition resulting in death) (a) Congestive Heart Failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 month
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) Coronary Artery Disease	7 years
(c)	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

18a. Adenocarcinoma of colon, anemia, malnutrition

DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.	AUTOPSY (YES/NO) 19a. NO	WERE AUTOPSY FINDINGS AVAILABLE FOR COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.
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(101) (DO NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a. Aug 3, 2007	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO	HOUR OF DEATH 21c. 4:15 A.M.
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TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE: [Signature] MD JOEL BROWN, MD	DATE SIGNED (MONTH, DAY, YEAR) 22b. 8/8/2007
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NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. 94 N. Elm St. #301 Hinsdale, IL 60521	ILLINOIS LICENSE NUMBER 22d. 028-057083
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NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
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BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL	CEMETERY OR CREMATORY-NAME 24b. QUEEN OF HEAVEN	LOCATION CITY OR TOWN STATE 24c. HILLSIDE, ILLINOIS	DATE (MONTH, DAY, YEAR) 24d. AUG 8, 2007
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FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. JOHNSON FUNERAL HOME, LTD. 3845-47 PRAIRIE AVENUE BROOKFIELD, IL 60513
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FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature]	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-011197
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LOCAL REGISTRAR'S SIGNATURE 26a. [Signature]	DATE FILED IN ILLINOIS DEATH REGISTER (MONTH, DAY, YEAR) 26b. AUG 08 2007
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This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

Not valid without the embossed seal of DuPage County Health Department

Maureen T. McHugh Local Registrar