



DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
) SS.
County of Lake)

JANET I.E. SHEAFFER hereinafter called Affiant(s) being duly sworn states that he/she/they resides at: 302 N. Elmwood Lane, Palatine, Illinois 60067. That Affiant(s) was acquainted with ROBERT F. SHEAFFER, hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

LOT 82 IN PLUM GROVE ESTATES UNIT NO. 4, BEING A SUBDIVISION IN THE SOUTH 1/2 OF SECTION 35, TOWNSHIP 42 NORTH, RANGE 10 AND IN SECTIONS 1 AND 12, TOWNSHIP 41 NORTH, RANGE 10 AND SECTION 6, TOWNSHIP 41 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. Permanent Real Estate Index Number(s): 07-35-311-020-0000 Address(es) of Real Estate: 302 N. Elmwood Lane, Palatine, Illinois 60067

That the Deceased died on September 21, 2007, as evidenced by a copy of Deceased's death certificate attached hereto.

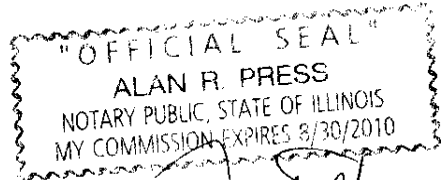
That the Deceased, at the time of his/her death, held his/her share of the above-mentioned property as a tenant by the entirety and that the Deceased died leaving no last will & testament.

That the total value of the estate of the Deceased, for estate tax purposes, including both real and personal property owned by the Deceased individually at the time of the death of the Deceased, does not exceed the sum of \$100,000.00.

Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

Subscribed and sworn before me
this 3/27 day of July 2008.

Notary Public



Affiant's Signature

This document was prepared by and MAIL TO:
Alan R. Press, Attorney At Law, P.C.
250 Parkway Drive, Suite 150, Lincolnshire, IL 60069

SEP 24 2007

UNOFFICIAL COPY

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

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.0	REGISTERED NUMBER	
DECEASED - NAME FIRST MIDDLE LAST Robert Francis Sheaffer		SEX 2 Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. September 21, 2007
COUNTY OF DEATH 4. Cook		AGE - LAST BIRTHDAY (YRS) MOS DAYS 5a. 48	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. December 17, 1958
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. Palatine		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. 302 North Elmwood	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 Pittsburgh PA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b Janet Feyerherd
SOCIAL SECURITY NUMBER 10. [REDACTED]		USUAL OCCUPATION 11a Vice President	KIND OF BUSINESS OR INDUSTRY 11b Display MFG
RESIDENCE (STREET AND NUMBER) 13a. 302 North Elmwood		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Palatine	INSIDE CITY (YES/NO) 13c. Yes
STATE 13e. Illinois		ZIP CODE 13f. 60067	COUNTY 13d. Cook
FATHER - NAME FIRST MIDDLE LAST 15. Robert M Sheaffer		MOTHER - NAME FIRST MIDDLE LAST (MAIDEN) LAST 16. Anna M (Golobic) Sheaffer	
INFORMANT'S NAME (TYPE OR PRINT) 17a. Janet Sheaffer		RELATIONSHIP 17b. Wife	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. Palatine, IL 60067
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	
(a) Lung Cancer		2 1/2 year	
(b)			
(c)			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.	AUTOPSY (YES/NO) 19a. No	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b. No
1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. 9/14/07		IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES [] NO []	HOUR OF DEATH 21c. 11:38 PM
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. No	DATE SIGNED (MONTH, DAY, YEAR) 22b. 9/24/07
22a. SIGNATURE <i>[Signature]</i>		ILLINOIS LICENSE NUMBER 22d. 036 095037	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. Dr G Gordon 3701 Algonquin Rd Rolling Meadows ill 60008		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.			
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Cremation	CEMETERY OR CREMATORY - NAME 24b. Pittsburgh Cremation Service	LOCATION CITY OR TOWN STATE 24c. Pittsburgh PA	DATE (MONTH, DAY, YEAR) 24d. 09/27/2007
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. Meadows Funeral Home 3615 Kirchoff Road Rolling Meadows, IL 60008		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034 010383	
FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. SEP 24 2007	
LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>			
26a. <i>[Signature]</i>			