

DECEASED JOINT TENANCY AFFIDAVIT



John R. Meyers, being duly sworn states that he resides at 170 Timber View, Oak Brook, Illinois 60523, in the County of, DuPage, State of Illinois.

That he was acquainted with Robert F. Meyers, deceased who at the time of his death, was one of the owners of the land in, Cook County, Illinois, and legally described as follows:

Lot 21 in Block 4 in Beacon Hills, a Subdivision of part of Sections 19, 20, 29 and 30, Township 35 North, Range 14, East of the Third Principal Meridian, according to the plat thereof recorded January 9, 1960, as Document Number 17748392, in Cook County, Illinois.

That the deceased died 1/25/94, as evidenced by a certified copy of death certificate of the deceased attached hereto.

X 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 on or about \_\_\_\_\_

That the total value of 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 \$50,000.00.

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

PROPERTY INDEX NUMBERS

32 - 30 - 109 - 021 - 0000  
A SA BLK PCL UNIT

John R. Meyers (Seal)  
John R. Meyers

STATE OF ILLINOIS )  
COUNTY OF Cook ) SS

Subscribed and Sworn to before me by the said  
John R. Meyers this 9th day of Sept, 1999.

Carol Blank  
Notary Public



Kenneth J. Donkel  
9697W. 191st St.  
Suite 2NW  
Mokena, IL 60448

I, DAVID D. 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 WHEREOF, 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 D. Orr*  
County Clerk

NO. 16.0	STATE OF ILLINOIS	STATE FILE NUMBER
REGISTRATION DISTRICT NO.	<b>MEDICAL CERTIFICATE OF DEATH</b> 94-006087	
REGISTERED NUMBER		
DECEASED NAME FIRST MIDDLE LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. ROBERT F. MEYERS	2. MALE	3. JANUARY 25, 1994
COUNTY OF DEATH	AGE-LAST BIRTHDAY (YRS)	DATE OF BIRTH (MONTH, DAY, YEAR)
4. COOK	5a. 37	5d. JULY 17, 1956
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN CITY, GIVE STREET AND NUMBER)	IF HOSP. OR INST. INDICATE D.C.A. OP-EMER. RM. INPATIENT (SPECIFY)
6a. HAZEL CREST	6b. SOUTH SUBURBAN HOSPITAL	6c. INPATIENT
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)
7. CHICAGO, IL	8a. MARRIED	8b. JACQUYLN FARREN
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. 357-48-5427	11a. OWNER-OPERATOR	12. College (1 - or 5 - 1)
RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)
13a. 116 SOUTH CHESTNUT LANE	13b. GLENWOOD	13c. YES
STATE	ZIP CODE	OF HISPANIC ORIGIN? (SPECIFY NO OR YES IF YES SPECIFY CUBAN MEXICAN PORTO RICAN etc.)
13e. ILLINOIS	60425	14b. NO
FATHER-NAME FIRST MIDDLE LAST	MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST	
15. JOHN F. MEYERS	16. LILLIAN LARSON	
INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN STATE ZIP)
17a. MRS. JACKIE MEYERS	17b. WIFE	17c. 116 S. CHESTNUT LANE, GLENWOOD, IL 60425
18. PART I. Enter the disease, or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arr. et., shock, or heart failure. List only one cause on each line.		
Immediate Cause (Final disease or condition resulting in death)	(a) <i>Heart unresponsive to treatment</i>	APPROXIMATE INTERVAL OF TIME BETWEEN CAUSE AND DEATH
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	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	IF FEASIBLE WAS THERE A PREGNANCY (IF LAST THREE MONTHS)
20a.	20b.	20c. YES ( ) NO (X)
(I) (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH DAY YEAR)	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH
21a. 1/24/94	21b. No	21c. 2:20 P.M.
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	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	ILLINOIS LICENSE NUMBER
<i>[Signature]</i>	Y. NOMANBHAY, M.D. 17901 Greenway Hwy, Homewood, IL 60437	22c. 364236
23.	BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY NAME
24a. BURIAL	24b. HOMEWOOD MEMORIAL GARDENS	LOCATION CITY OR TOWN STATE
FUNERAL HOME NAME	STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE	DATE (MONTH DAY YEAR)
25a. HIRSCH FUNERAL HOMES WEST END CHAPEL, 1740 OTTO BOULEVARD, CHICAGO HEIGHTS, ILLINOIS 60641		24d. JAN. 28, 1994
FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S LICENSE NUMBER	
25b. <i>[Signature]</i>	25c. 034-012192	
LOCAL REGISTRAR'S SIGNATURE	DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)	
26a. <i>[Signature]</i>	26b. 1/29/94	