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JOINT TENANCY AFFIDAVIT

STATE OF <u>ILLNOIS</u>)
) ss
COUNTY OF COOK)
J.
Lois Mayer,
hereby referred to as the Affiant, states under
oath that the Affiant resides at 2951W. 97th Place,
Evergreen Park, Illinois 60805
In the City of Evergreen Park,
State of Illinois ;
that the Aifiant was acquainted with Gerald Mayer,
(Affiant's sporse)
the decedent; at the time of death, the
decedent was one of the owners of the property,
by virtue of a properly recorded Tenancy By The
Entirety deed, said property located in
Cook County, State of
Illinois , and legally
described as follows:



Doc#: 0903757222 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 02/06/2009 04:01 PM Pg: 1 of 3

LOTS 46 AND 47 IN WILL SUBDIVISION OF LOTS 28 AND 29 IN KING ESTATE SUBDIVISION IN EVERGREEN PARK IN THE NORTH WEST 1/4 OF SECTION 12, TOWNSHIP 37 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, JULINOIS.

PERMANENT INDEX NO.: 24-12-120-001 AND 24-12-120-002

Commonly Known As: 2951 W. 97TH PLACE, EVERGREEN PARK, IL 60805

The decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

The decedent died on <u>July 1, 2007</u>, leaving a last will and testament. A copy of the decedent's death certificate is attached hereto.

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 the applicable estate tax exemption amount..

The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

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(City, State and Zip) Evergreen Park, IL (02)05 (City, State and Zip) (Address) Tinley Park, IL 60477 2951 W. 97th Place (Address) (Name) 7903 West 159th Street, Suite B Loie Mayer (Name) Kevin M. McCarthy-Attorney At Law This instrument prepared by and mail to: WA COMMISSION EXPIRES:09/24/10 MOTARY PUBLIC - STATE OF ILLINOIS KEVIN M MCCARTHY OFFICIAL SEAL Subscribed an 1 sw arm to before me this

(continued)

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PROCESSION DESCRIPTION OF VEH FRONCES (200. JULY 6, 2007	CERSE KUMBER	TAID NUMBER CHAFE Lake Villa, Illinois 24d. Jul 6, 2007	CENTENTS OF AUTOMATER (LOCATION) CHYON TOWN STATE DATE ADMINISTRATION ON VENA		1225. Jul 5, 2007	TY 1, 2007 216 NO 216 6:10 A. M. DATESIGNED MONTHLINK, YEAR	AND LAST SAMPLANDING DECEMBED PROMINON, YEARS WAS CONCRETORISED ON HOUROF DEATH WAS CONCRETORISED ATTENDING DECEMBED. WAS CONCRETORISED	TE OF OPERATION, IF ARY MAJOR PRIDINGS OF OPERATION FREE APREGUAÇOV MASET. THERE MAY THERE APPEGUAÇOV MASET. THERE MONTHS?	PAHI II. Objetitudi seediliseja aarabahy ta deeti bulasi aarabahy han eurokajany aaraa para in 1944. MO 1944. NO 1944. NO 1944.	HE COLUMNS ACCEPTAGES	WHICH GIVE FIRE TO (D)	Multi-organ Failure DUE TO, OR AS A CONSEQUENCE OF	Enter the diseased, or completations that caused the chest. Do not enter the mode of dying, aucht as cardiac or respiratory street, africations received about contract taken. List only one cause on each line.	172.Wife 174. 2951 W 97th Playe, Evergreen Park, IL 60805	15. Nicholas Matthew Mayer 16. Josephine Yosten	E LAST MOTHER-AWAY FIRST MODULE DAVIDEN LAST	05 14a White 14b DINO TYES SPECIFY	h Evergreen Park 12c. Yes 13d. Cok	CHY, TOWN, THIP, OR BOAD DISTRICT NO. (NESHIO) COV. (TY	11a Leadman 11b. Hospital 12 1	USUAL OCCUPATION (AND OF BUSINESS OF INDUSTRY EDUCATION (SPECIFICALLY INDUSTRY EN LY STATE OF THE PROPERTY OF	TON MARKED MEDITAL PROPERTY OF THE PROPERTY OF	86. Advocate - Good Shepherd Hospital 86. Inpatient	St. St. St. Sd. Uly 11, 1951	BRITHOUNY (1995) WASS. DAYS HOURS IME. DATEOF BRITH (MOKING DAY, YEAR)	Gerald Nicholas Mayer 2 Male 3 July 1, 2007	545B	MEDICAL CERTIFICATE OF DEATH									
I I	cora was eş	ERTU tablish 7	TY TH ied an	IAT (d file	he fo	regoir ny off	ig is ice ii	a in n acc	e anda orda	i com	ect o	ye br	of the	e dea ions :	th re of th	co e I	rd fo llino	r the is V	e de 'ital	ced Re	ent cor	nan ds A	ned a .ct.	at ito	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.												

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 record. The Illinois statues 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.

at Libertyville, Illinois on ____July