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0908934012

Doc#: 0908934012 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 03/30/2009 08:29 AM Pg: 1 of 4

PROR TITLE INSURANCE COMPANY
DECEASED, JOINT TENANCY AFFIDAVIT

5305 N. DELPHIA # 305
CHICAGO, IL 60656

Property @ Cook County Clerk's Office

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DONE AT CUSTOMER'S REQUEST

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TICOR TITLE INSURANCE COMPANY DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois

County of COOK

} SS.

Commitment Number: A09-0199

HOPE ALVASS
5207 N. DUNGE # A CHICAGO, IL being duly sworn states that he/she resides at ,
That he/she was acquainted with LORETTA ROSE SUITZ , deceased who, at the
time of his/her death, wa one of the owners of the land in _____
County, Illinois described as follows:

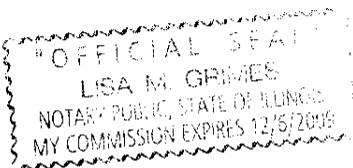
(See Attached Legal Description Rider)

That the deceased died on 11-14-2002 , as evidenced by a certified copy of the death certificate of said 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 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 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 \$
Affiant makes this affidavit for that purpose of inducing Ticor Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.



(SEAL) Hope Alvass
Notary Public

SUBSCRIBED and SWORN to before me on

Lisa M Grimes
Notary Public

A09-0199 LMH

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UNIT NO. 305 AS DELINEATED ON SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE (HEREINAFTER REFERRED TO AS "PARCEL"):
THAT PART OF LOT 4 IN ALBERT SCHORSCH SON'S CATERINE COURTS TRACT NO. 1, IN THE NORTH 1/2 OF THE SOUTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 11, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS:
COMMENCING AT THE NORTHEAST CORNER OF LOT 1 IN SAID ALBERT SCHORSCH SON'S CATHERINE COURT TRACT NO. 1 AND THENCE WEST ALONG THE NORTH LINE OF SAID LOT 1 AND THENCE SOUTH 468.26 FEET TO THE POINT OF BEGINNING OF LAND TO BE DESCRIBED AND THENCE SOUTH 159.0 FEET TO THE SOUTH LINE OF SAID LOT 4 AND THENCE NORTH 89 DEGREES, 58 MINUTES WEST 309.40 FEET TO THE SOUTHWEST CORNER OF SAID LOT 4 AND THENCE NORTH 1 DEGREE, 38 MINUTES, 10 SECONDS EAST 158.98 FEET; THENCE EAST 304.86 FEET TO THE POINT OF BEGINNING, IN COOK COUNTY, ILLINOIS; WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO DECLARATION OF CONDOMINIUM MADE BY MCNERNEY-GOSLIN, INC., A CORPORATION OF ILLINOIS RECORDED IN THE OFFICE OF THE RECORDER OF COOK COUNTY, ILLINOIS AS DOCUMENT 22199542, TOGETHER WITH AN UNDIVIDED 1.83% INTEREST IN SAID PARCEL (EXCEPTING FROM SAID PARCEL ALL THE UNITS THEREOF AS DEFINED AND AS SET FORTH IN SAID DECLARATION AND SURVEY), IN COOK COUNTY, ILLINOIS.

Property Index Number:
12-11-119-020-1015

Property Address:
5305 N. Delphia Avenue, Unit 305
Chicago, IL 60656

Alliance Title Corporation
5523 N. Cumberland Ave., Ste. 1211
Chicago, IL 60656
(773) 556-2222

(A09-0199.PFD/A09-0199/21)

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

MAR 25 2009

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.

109-0199 UMH

David Orr

COUNTY CLERK

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DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS		STATE FILE NUMBER 617331	
		REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH			
Type in PERMANENT INK See Funeral Directors, Hospital, or Physician Handbook for INSTRUCTIONS	DECEASED-NAME FIRST MIDDLE LAST 1. LORETTA ROSE SOITZ		SEX 2. FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. NOVEMBER 14, 2002		
	COUNTY OF DEATH 4. COOK		AGE-LAST BIRTHDAY (YRS) 5a. 79	UNDER 1 YEAR MOS DAYS	UNDER 1 DAY HOURS MIN	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. AUGUST 22, 1923
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. CHICAGO		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. RESURRECTION MEDICAL CENTER		IF HOSP OR INST, INDICATE DO/F OF EVER INPATIENT (SPECIFY) 6c. INPATIENT	
	BIRTH PLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. CHICAGO, ILLINOIS		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8. NEVER MARRIED		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. NONE	
	SOCIAL SECURITY NUMBER 10. 350-16-4219		USUAL OCCUPATION 11a. PACKER		KIND OF BUSINESS OR INDUSTRY 11b. BAKERY	
	RESIDENCE (STREET AND NUMBER) 13a. 5305 NORTH DELPHIA # 305		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. CHICAGO		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. UNAVAILABLE	
	STATE 13c. ILLINOIS		ZIP CODE 13f. 60650	RACE (WHITE, BLACK, AMERICAN INDIAN, OR HISPANIC) 13e. WHITE	OF HISPANIC ORIGIN? (SPECIFY MOOR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN) 14b. NO <input type="checkbox"/> YES SPECIFY:	
	FATHER-NAME FIRST MIDDLE LAST 15. CLEMENT SOITZ		MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST 16. ROSE PIEPER			
	INFORMANT'S NAME (TYPE OR PRINT) 17a. BERNICE SOITZ		RELATIONSHIP 17b. SISTER	MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 5305 N. DELPHIA # 305, CHICAGO, IL 60651		
	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. (a) END STAGE HEART DISEASE		DUE TO, OR AS A CONSEQUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 MONTH	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF		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 20a.		MAJOR FINDINGS OF OPERATION 20b.		AUTOPSY (YES/NO) 19a. NO 19b.		
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO		HOUR OF DEATH 21c. 4:00 p.m.		
(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM HER ALIVE ON 21a. DID 11/14/2002		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) 22b. 11/16/2002		
SIGNATURE <i>Ashok Sawlani</i>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. SAWLANI, ASHOK D.M.D., 7447 W TALCOTT CHICAGO IL, 60631		ILLINOIS LICENSE NUMBER 22d. 036-088986		
BURIAL CREMATION, REMOVAL (SPECIFY) 24a. BURIAL		CEMETERY OR CREMATORY-NAME 24b. ST. ADALBERT		LOCATION CITY OR TOWN STATE 24c. NILES, ILLINOIS		
FUNERAL HOME 25a. CUMBERLAND CHAPELS 8300 WEST LAWRENCE AVENUE, NORRIDGE, ILLINOIS 60706		FUNERAL DIRECTOR'S SIGNATURE <i>Lawrence Martin</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 031-008880		
LOCAL REGISTRAR'S SIGNATURE <i>John A. Wilhelm, M.D.</i>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. NOV 18 2002				

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