UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 0914208002 Fee: \$42.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 05/22/2009 09:51 AM Pg: 1 of 4

MAIL TO:

JOHN M. MORRONE JOHN M. MORRONE, P.C. 12820 South Ridgeland Av., Unit C Palos Heights, Illinois 60463 Or Cook County

REFERENCE:

PROPERTY LOCATED AT:

12620 South 90' Avenue, Palos Park, IL 60464

PERMANENT INDEX NO.:

23 27 416 008 0000, 23 27 416 010 0000 and

23 27 416 011 0000

LEGAL DESCRIPTION:

See attached "Exhibit A"

0914208002 Page: 2 of 4

UNOFFICIAL COPY

DECEASED JOINT TENANT AFFIDAVIT

STATE OF ILLINOIS	}	DATE:
COUNTY OF COOK	} SS }	FATIC NO.:
0		y sworn, for the purpose of inducing First American Title ring the land described in the above captioned commitment,
1. That he/she resides at:	12620 5	Fort Are In Comb
2. That he/she was acquainted	Win WALTER	never mos Pm (
3000117 43	as evicanced by the attach	led certified copy of the death certificate.
That said decedent was oneThat said decedent died:	of the owners of the land o	described in the above captioned commitment.
teaving no last will an	d testament	
	testament, a copy of v.nich	ı is attached
That the total value of said d	lecedent's estate for State	fullinois Inheritance Tax/Estate Tax and Federal Estate Tax
purposes does not exceed \$_	('s state fax and redeal Estate fax
		40x.
1729	erê	9
Affiant's Signature		
		1. 80
Subscribed and sworn to before	oxe me this	day of MMCC 2009
	lue	O ₂
Notapy Public		
		C
		¿mm.
		JOHN M MORRAL
	į	JOHN M MORRONE MY COMMISSION EXPIRES:07/76/00
	•	MY COMMISSION EXPIRES:07/26/09
		10.07/26/09

-
ONFR'S BEOILES
=
~
S
117
3
<u></u>
Land
UNITE AT CUSTOMIFR'S DI
=

对于1000年,1000年,1000年的1000年的1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,

DISTRICT NO.	.0	i ja	Uden	FICA	E OF DI	ATH.	AL		O F	Υ
NUMBER						STAT	TE FILE NUMBI	EA		
1. DECEDENT'S LEGAL NAME (Inc	clude AKAs if	any) (First, Middle	. Last)			· · · · · · · · · · · · · · · · · · ·	2. SEX	3 DATE O	OF DEATH (Monu	(Day/Year) (Spell Month
WALTER		MEI	ER			••	MARE		JUNE 1	
4. COUNTY OF DEATH	5	a. AGE AT LAST	BIRTHDAY (Years)			5c UNDER 1 D			TH (Month/Day/Ye	
COOK		78		Months	Days	Hours	Minutes	Januar	ry 3, 19	30
7a. CITY OR TOWN	•						NAME (If not in either	r, give street an	no number)	4 2
PALOS HEIGH	TS			PALC	S COMMU	VITY HOS	PITAL			
					Check anly one					
IF DEATH OCCURRED IN A HOSPITA					SOMEWHERE OT					
Emergency Roo 8. BIRTHPLACE		Dead on	- de		Nursing Home/L				Other (Specify): _	
(City and State or Foreign Country)	9. SOCIA	AL SECURITY NO	* 1.786m	4.75	AT TIME OF DEA	12.12	11 SURVIVINO (II wife, give		NAME to first marriage)	12. EVER IN U.S. ARMED FORCE
Switzerland		415	, –		Married dut Separat Never Married	ed Duknowa Unknowa	*	/ Paula	•	Yes Mo
3a. RESIDENCE (Street and Number		-120	13b. APT. N		ITY OR TOWN		- Harrey		DE CITY LIMITS?	
12620 S. 90th A	venue			- 1	alos Pa	rk		1	Yes 🗀 No	•
I3e. COUNTY 13	STATE 1	3g. ZIP CODE	14. FATHER'S NAI			<u> </u>	15. MOTHER'S N	IAME PRIOR	TO FIRST MARE	IAGE (First, Middle, Las
	IL.	60464	Franz I	Meier		100	Leona			La Company Carlo
6a, INFORMANT'S NAME			166. RELATIONSH		16	c. MAILING ADDI	PESS (Street and No	D. City or Town	State, ZIP Code)	の 神神神を成る。 で異様に、できます。
Nancy Meier			Wife	e.						k,IL.60464
17. METHOD OF DISPOSITION: Gremation Donation		18 CLACE OF	DISPOSITION (Name	of complety, cre	matory other) 19	LOCATION - CIT	Y TOWN AND STA	TE 2	O DATE OF DISP	OSITION (Month/Day/Ye
Other (Specify):	Enlomoment		Crematory					1 "		
?1a. FUNERAL HOME NA	ME		REET AND NUMBER	<u> </u>		CITY OR TOW	st. Illir	IO1S Stat	06/12	/2008 ZIP
Lack & Sons Fund	eral H	lome 92	35 S. Robe	erts Ro	l Hid	kory Hi	•	llinoi	-	
16 FUNERADDIRECTOR'S SIGN		200	CAN		1120	KOLY ILL	21c. FUNERAL DE	RECTOR'S IL	S b	2457
10 J.	40	-60	- X							HONDER
		$C(T) \sqcup C$				1	03400	10450		
22. LOW PEOSTRAP'S SANA	2)	CZ\#	Y ()					10469	HAIRED DALL	nth/Day/Vosy)
ortand C	<u>>///</u>						034-0 23. DATE FILED V		2008	nth/Day/Year)
CAUSE OF DEATH (See ins 24 PART I. Enter the charn of ever respiratory arrest or ventricula Dementia Complex, indicate	structions ents - disea ar findilation	ises, injuries or : n välbout shows	complications - that			O NOT enter ten	23. DATE FILED V	N 13	2008	nih/Day/Year) ROXIMATE INTERVAL EN ONSET AND DEATI
CAUSE OF DEATH (See Ins 24 PART I. Enter the chain of evi- respiratory arrest or ventricula Dementia Complex, indicate IMMEDIATE CAUSE (Final disease	structions ents - disea ar fibrillation in Part I or	ises, injuries or : n välbout shows	complications - that	nter only on	a dem intia relati cavise on a line	O NOT enter ten led disease, Par Add additional	23. DATE FILED V	N 13	2008	ROXIMATE INTERVAL
CAUSE OF DEATH (See ina 24 PART I. Enter the chain of eve respiratory arrest or ventricula Dementia Complex, indicate IMMEDIATE CAUSE (Final disease or condition resulting in death)	structions ents - disea ar fibrillation in Part I or	ises, injuries or : n välbout shows	complications - that	ecedent na nter only on Lai	a dem initia relati cavise on a line (or as a con, eque-	O NOT enter ten led disease, Par Add additional	23. DATE FILED V	N 13	2008	ROXIMATE INTERVAL
CAUSE OF DEATH (See ins 24 PART I. Enter the chain of ew respiratory arrest or vertificul Dementia Complex, indicate immedia Complex indicate immedia Corondition resulting in death) — Sequentially list conditions, if any, eading to the cause visited on line a.	ntructions ents - disea ar fibrillation in Part I or a	ises, injuries or : n välbout shows	complications - that	nter only on Due to	a dem intia relaticarise on a line	O NOT enter ten led disease, Par Add additional	23. DATE FILED V	N 13	2008	ROXIMATE INTERVAL
CAUSE OF DEATH (See ins 24 PART I. Enter the chain of everespiratory arrest or vertificult Dementia Complex, indicate: MMEDIATE CAUSE (Final disease or condition resulting in death) — Sequentially list conditions, if any, eading to the cause tisted on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the	ntructions ents - disea ar fibrillation in Part I or a	ises, injuries or : n välbout shows	complications - that	nter only on Due to	a dem initia relati cavise on a line (or as a con, eque-	O NOT enter ten led disease, Par Add additional	23. DATE FILED V	N 13	2008	ROXIMATE INTERVAL
CAUSE OF DEATH (See ins 24. PART I. Enter the chain of evinespiratory arrest or ventricult Dermentia Complex, indicate MMEDIATE CAUSE (Final disease or condition resulting in death) — Sequentially list conditions, if any, eading to the cause listed on line a Enter the UNDERLYING CAUSE disease or injury that initiated the events resulting in death) LAST	ntructions ents - disea ar fibrillation in Part I or a b	ises, injuries or a wilhout shaws. Part II. DO NOT	complications - that no etiology, if the d T ABBREVATE. E	Due to	a dem, ntia retar carise on a line (or as a con, eque- cor as a consequen (or as a consequen	D NOT enter tented disease, Par Add additional	23. DATE FILED V	N 13	2008	ROXIMATE INTERVAL
CAUSE OF DEATH (See ins 24 PART I. Enter the chain of ew respiratory arrest or ventricult Dementia Complex, indicate: IMMEDIATE CAUSE (Final disease or condition resulting in death) — Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST PART II. Enter other significant.	structions ents - disea ents -	ises, injuries or on without shows Part II, DO NOT	complications - that mg etiology, if the d T ABBREVIATE. El T ABBREVIATE.	Due to	a dem intia retar carise on a line torias a con eque- torias a consequen torias a consequen	D NOT enter tented disease. Par Add additional	23. DATE FILED V	NTH LOCAL N as cardiac a or Parkinso	2008	ROXIMATE INTERVAL EN ONSET AND DEAT
CAUSE OF DEATH (See ins 24 PART I. Enter the chain of everespiratory arrest or vertificult Dementia Complex, indicate: IMMEDIATE CAUSE (Final disease or condition resulting in death) — Sequentially list conditions, if any, eading to the cause tisted on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST PART III. Enter other significant	structions ents - disea ents -	ises, injuries or an wilhout shows Part II. DO NOT	complications - that mg etiology, if the do T ABBREVIATE. El Private de L'Arriva de L'Arri	Due to Due to Due to Due to	a dem nita relai carise on a line tor as a con rique (or as a consequen lying cause given	D NOT enter tented disease. Par Add additional	23. DATE FILED VICTORIAL PROPERTY OF THE PROPE	n as cardiac a or Parkinso	APPI BETWE	ACXIMATE INTERVAL EN ONSET AND DEAT
CAUSE OF DEATH (See ins 24 PART I. Enter the chain of evirespiratory arrest or ventricult Dementia Complex, indicate Dementia Complex, indicate or condition resulting in death) — Sequentially list conditions, if any, eading to the cause listed on line a Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST PART II. Enter other significant	structions ents - disea ents -	sees, injuries or on without shows Part II. DO NOT	complications - that mg etiology, if the do T ABBREVIATE. El Private de L'Arriva de L'Arri	Due to Due to Due to	a dem nita relai cavise on a line for as a con, mun con as a consequen for as a consequen	D NOT enter tented disease. Par Add additional cool: The part of	23. DATE FILED VI	N S CARCHAC A CONTROL OF PARKINSO	APPI APPI BETWE	ACXIMATE INTERVAL EN ONSET AND DEAT
CAUSE OF DEATH (See ins 24 PART I. Enter the chain of ew respiratory arrest or ventinous Dementia Complex, indicate in MMEDIATE CAUSE (Final disease or condition resulting in death) — Sequentially list conditions, if any, leading to the cause tisted on line a. Enter the UNDERLY INST CAUSE (Glessas or injury that initiated the events resulting in death) LAST PART II. Enter other significant CAUSE (CONTRIBUTE TO DEATH?	tructions ents - disea ar fibrillation in Part I or a. b. c. conditions Auturn 28. IF FEA	contributing to	complications - that may eticlogy, if the d T ABBREVIATE. E. T ABBREVIATE. E. C.	Due to g in the under	a dem nita relai cavise on a line for as a con eque for as a consequen for as a consequen fying cause given for the formula for formula formul	D NOT enter tented diseases, Par Add additional Second: The part of the part	23. DATE FILED VICTORIAL PROPERTY OF THE PROPE	WAS AN AUT WERE AUTOCOMPLETE C	APPR BETWE OPSY PERFORM PSY FINDINGS L JAUSE OF DEATH	ACXIMATE INTERVAL EN ONSET AND DEATI AED? Yes Noted to the second of th
CAUSE OF DEATH (See ins 24 PART I. Enter the chain of evirespiratory arrest or ventricult Dementia Complex, indicate Dementia Complex, indicate or condition resulting in death) — Sequentially list conditions, if any, eading to the cause listed on line a Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST PART II. Enter other significant	tructions ents - disea ar fibrillation in Part I or a b conditions conditions 28. IF FEN Not pre	seas, injuries or or without shows Part II. DO NOT CONTROL OF CONT	death but not resultin	Due to	a dem nita relai carise on a line for as a consequen for as a consequent for	D NOT enter tented disease. Par Add additional continues of: The page of the	23. DATE FILED VI	WAS AN AUT WERE AUTO COMPLETE C Me 'NINER OF	APPI BETWEEN OPSY PERFORM PSY FINDINGS LAUSE OF DEAT DEATH DEATH CLAUSE OF DEATH DEATH CLAUSE OF DEATH CLAUSE	ACXIMATE INTERVAL EN ONSET AND DEATI AED? Yes N N SED TO H? Yes N Could not be determine
CAUSE OF DEATH (See ins 24 PART I. Enter the chain of evirespiratory arrest or ventricult Dementia Complex, indicate or condition resulting in death) — Sequentially list conditions, if any, eading to the cause listed on line a there the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST PART II. Enter other significant CAUSE (CONTRIBUTE TO DEATH? 27. DID TOBACCO USE CONTRIBUTE TO DEATH? GY YES Probebby No Unknown	b	contributing to a contributing	complications - that may eticlogy, if the d T ABBREVIATE. E. T ABBREVIATE. E. C.	Due to Due to Due to Lore g in the ynder	a dem rita relai carise on a line for as a con reque for as a consequen (or as a conseque	D NOT enter tented disease. Par Add additional according to the part of the pa	23. DATE FILED VIOLENTIAL PROPERTY OF THE PROP	WAS AN AUT WERE AUTO COMPLETE COMPLIENT COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLIENT COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLIENT COMPLETE COMPLIENT COMPLETE COMPLIENT COMPLETE COMPLIENT COMPLETE COMPLIENT	APPI BETWE	ACXIMATE INTERVAL EN ONSET AND DEATI AED? Yes Note Note of the No
CAUSE OF DEATH (See ins 24 PART I. Enter the chain of evirespiratory arrest or ventricult Dementia Complex, indicate or condition resulting in death) — Sequentially list conditions, if any, eading to the cause listed on line a there the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST PART II. Enter other significant CAUSE (CONTRIBUTE TO DEATH? 27. DID TOBACCO USE CONTRIBUTE TO DEATH? GY YES Probebby No Unknown	b	contributing to a contributing	complications - that may eticlogy, if the d T ABBREVIATE, E T	Due to Du	a dem rita relai carise on a line for as a con reque for as a consequen (or as a conseque	D NOT enter tented disease. Par Add additional according to the part of the pa	23. DATE FILED VICTORIAN CONTROL OF SUCCESSION CONTROL OF SUCCESSI	WAS AN AUT WERE AUTO COMPLETE COMPLIENT COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLIENT COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLIENT COMPLETE COMPLIENT COMPLETE COMPLIENT COMPLETE COMPLIENT COMPLETE COMPLIENT	APPI BETWE	ACXIMATE INTERVAL EN ONSET AND DEATI AED? Yes N N SED TO H? Yes N Could not be determine
CAUSE OF DEATH (See ins 24 PART I. Enter the chain of ever respiratory arrest or ventricult Dementia Complex, indicate: IMMEDIATE CAUSE (Final disease or condition resulting in death) — Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST PART II. Enter other significant 27. OID TOBACCO USE CONTRIBUTE TO DEATH? Sey yes — Probably	b conditions conditio	contributing to Contributing t	complications - that may eticlogy, if the d T ABBREVIATE, E T	Due to Du	a dom nita relations on a line for as a consequent for as a consequent	D NOT enter tented disease. Par Add additional according to the part of the pa	23. DATE FILED VIOLENTIAL PROPERTY OF THE PROP	WAS AN AUT WERE AUTO COMPLETE COMPLIENT COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLIENT COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLIENT COMPLETE COMPLIENT COMPLETE COMPLIENT COMPLETE COMPLIENT COMPLETE COMPLIENT	APPI BETWE OPSY PERFORM PSY FINDINGS LAUSE OF DEATH Swedde OF DEATH OF THE PSY FINDINGS LAUSE OF THE PSY FINDI	ACXIMATE INTERVAL EN ONSET AND DEATI MED? Yes N ISED TO Yes N Could not be determine Panding Investigation 33 INJURY AT WORK
CAUSE OF DEATH (See ins 24 PART I. Enter the chain of evirespiratory arrest or ventricult Dementia Complex, indicate or condition resulting in death) — Sequentially list conditions, if any, eading to the cause fisted on line a Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST PART II. Enter other significant 27. DID TOBACCO USE CONTRIBUTE TO DEATH? See Probably No Unknown 30. DATE OF INJURY (Monit/Day/N	b 28. IF FEA Not pre-	contributing to Contributing t	complications - that may eticlogy, if the d T ABBREVIATE, E T	Due to Due to Due to Due to Due to Due to Service death	a dom nita relations on a line for as a consequent for as a consequent	D NOT enter tented disease. Par Add additional Additi	23. DATE FILED VICTORIAN CONTROL CONTR	WAS AN AUT WERE AUTO COMPLETE CORPATATION IN OORTATION IN	OPSY PERFORM PSY FINDINGS L AUSE OF DEATH 1 Swide C 1 Homicide C 1 Hom	ACXIMATE INTERVAL EN ONSET AND DEATI AED?
CAUSE OF DEATH (See ins 24 PART I. Enter the chain of evirespiratory arrest or ventricult Dementia Complex, indicate or condition and indicate or condition resulting in death) — Sequentially list conditions, if any, eading to the cause listed on line a Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST PART II. Enter other significant CAUSE CONTRIBUTE TO DEATH? See Press Probadco USE CONTRIBUTE TO DEATH? See Probadco USE CONTRIBUTE TO DEATH?	b Conditions Condition	contributing to Contributing t	complications - that may eticlogy, if the d T ABBREVIATE, E T	Due to Apartment Apartment	a dem ritis relai cause on a line for as a consequen for as a consequent fo	D NOT enter tented disease. Par Add additional Additi	23. DATE FILED VICTORIAN CONTROL OF THE PROPERTY OF THE PROPER	WAS AN AUT WERE AUTO COMPLETE C Me 'NINER OF start Complete C Me 'NINER OF complete C Me 'NINER C Me '	APPI BETWE OF DEATH OF THE PROPERTY OF THE PRO	ACXIMATE INTERVAL EN ONSET AND DEATI AED?
CAUSE OF DEATH (See ins 24. PART I. Enter the chain of evirespiratory arrest or ventricult Dementia Complex, indicate or condition resulting in death) — Sequentially list conditions, if any, leading to the cause fisted on line a Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST PART III. Enter other significant 27. OID TOBACCO USE CONTRIBUTE TO DEATH? See Probably No Unknown 30. DATE OF INJURY (Monity/Day/) 34. LOCATION OF INJURY Street 35. DESCRIBE HOW INJURY OCC	tructions ents - disea ar fiorillation in Part I or a a b c conditions c l Not pre l Not pre load t and Numba UARED:	contributing to contributing the contribution of contributing the contribution of contributing the contribution of contributio	complications - that may eticlogy, if the d T ABBREVIATE, E T	Due to Apartment Apartment	a dem ritis relai cavise on a line for as a con reque- for as a consequen ying pause given Lying pause	D NOT enter tented disease. Par Add additional Additi	23. DATE FILED VICTORIAN CONTROL OF THE CONTROL OF	WAS AN AUT WERE AUTO COMPLETE C Me' NINER OF store Content of the content of th	APPI SETWE OF DEATH Switch Set I Section Switch Section Switch Set I Section Switch Set I Section Switch Section Swit	ACXIMATE INTERVAL EN ONSET AND DEAT AED? Yes
CAUSE OF DEATH (See ins 24 PART I. Enter the chain of ew respiratory arrest or ventinous Dementia Complex, indicate: IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on time at Enter the UNDERLYING CAUSE (Resease or injury that initiated the events resulting in death) LAST PART II. Enter other significant 27. OID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably No Unknown 30. DATE OF INJURY (Monity/Day/N 34. LOCATION OF INJURY Street 35. DESCRIBE HOW INJURY OCC 37. I (DID)(DID NOT) ATTEND THE AND LAST SAW HIMMER ALIV 41. CERTIFIER (Check only one): 18. Physician in a charge of patier 19. Physician in a charge of patier 10. Physician in a standance at the control of	tructions ents - disea ar fiorillation in Part I or a a b. conditions cuture Conditions	contributing to a contributing	complications - that may eticlogy, if the d of ABBREVIATE, E or ABBREVIATE	Due to Du	a dem ritis relai cause on a line for as a consequen for as a consequent fo	D NOT enter tented disease, Par Add additional Add additional Add additional PART I Would Add additional Addit	23. DATE FILETOW minal events such tunson's Disease lines if necessary 25. 26. 27. 28. 29. 29. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20	WAS AN AUT WERE AUTO COMPLETE C MANUEL OF AUTO ORTATION IN OR ORTATION IN ORTATION IN ORTATION IN ORTATION IN ORTATION IN ORTA	OPSY PERFORM OPSY FINDINGS L AUSE OF DEAT DEATH Sucide 1 Homicide Suite Suite Suite Suite (Specify) (1) 40. Till	ACCIMATE INTERVAL EN ONSET AND DEAT MED? Yes N SED TO Yes N Could not be determine frequency investigation ZIP Code
CAUSE OF DEATH (See ins 24 PART I. Enter the chain of ew respiratory arrest or ventinous Dementia Complex, indicate: IMMEDIATE CAUSE (Final disease or condition resulting in death) — Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (Mesease or injury that initiated the events resulting in death) LAST PART II. Enter other significant CONTERIOR TO DEATH? Yes — Probably — No — Unknown 30. DATE OF INJURY (Monity/Day/No. 10 — Unknown 34. LOCATION OF INJURY Street 35. DESCRIBE HOW INJURY OCC 37. I (DID) (DID NOT) ATTEND THE AND LAST SAW HIMMER ALLY 41. CERTIFIER (Check only one): Mentical Examiner/Coroner	tructions ents - disea ar fiorillation in Part I or a b conditions cuture Not pre- Not pre- Not pre- Not pre- Not pre- Tand Number Not pre- Tand Number Not pre- Not pr	contributing to a contributing	complications - that may eticlogy, if the d of ABBREVIATE, E or ABBREVIATE	Due to Du	a dem ritis relai carise on a line for as a consequen for as a consequent fo	D NOT enter tented disease, Par Add additional Add add additional Add add add additional Add add add additional Add	23. DATE FILETOW minal events such kinson's Disease lines if necessary 25. 26. 26. 27. 28. 29. 29. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20	WAS AN AUT WERE AUTO COMPLETE OF AUTO ORTATION IN 101 ORTATION	OPSY PERFORM PSY FINDINGS L AUSE OF DEATH 1 Swide C 1 Homicole 1 Homicole 1 Homicole 2 Homicole 3 Homicole 4 Homicole 4 Homicole 5 He Stran 6 (Specify) 40 Till 10 Homicole 10 Homicole 11 Homicole 12 Homicole 13 Homicole 14 Homicole 15 Homicole 16 Homicole 17 Homicole 18 Homicole 18 Homicole 18 Homicole 18 Homicole 19 Homicole 19 Homicole 19 Homicole 10 Homicole 10 Homicole 10 Homicole 10 Homicole 10 Homicole 10 Homicole 11 Homicole 12 Homicole 13 Homicole 14 Homicole 15 Homicole 16 Homicole 17 Homicole 18	ACXIMATE INTERVAL EN ONSET AND DEAT AED? Yes N ISED TO N ISED TO N Could not be determine Pending Investigation ZIP Code ME OF DEA H NO LIFA IN P
CAUSE OF DEATH (See ins 24 PART I. Enter the chain of ew respiratory arrest or ventinous Dementia Complex, indicate: IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on time at Enter the UNDERLYING CAUSE (Resease or injury that initiated the events resulting in death) LAST PART II. Enter other significant 27. OID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably No Unknown 30. DATE OF INJURY (Monity/Day/N 34. LOCATION OF INJURY Street 35. DESCRIBE HOW INJURY OCC 37. I (DID)(DID NOT) ATTEND THE AND LAST SAW HIMMER ALIV 41. CERTIFIER (Check only one): 18. Physician in a charge of patier 19. Physician in a charge of patier 10. Physician in a standance at the control of	b	contributing to contributing t	complications - that may eticlogy, if the d of ABBREVIATE, E or ABBREVIATE	Due to Du	a dem ritis relations of the control	D NOT enter tented disease, Par Add additional Add add additional Add add add additional Add add add additional Add	23. DATE FILETOW minal events such tunson's Disease lines if necessary 25. 26. 27. 28. 29. 29. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20	WAS AN AUT WERE AUTO COMPLETE OF AUTO ORTATION IN 101 ORTATION	APPI BETWE OPSY PERFORM PSY FINDINGS L AUSE OF DEATH Swicide C I Homicide C I Homi	ACCIMATE INTERVAL EN ONSET AND DEAT MED? Yes N SED TO Yes N Could not be determine frequency investigation ZIP Code

This is to certify that this is a true and correct copy of the official death record filed with the litinois Dep

STATE OF ILLINOIS) County of Cook)

VR200 (Rev. 1/08)

DAVID ORR, County Clerk

JUN 13 2008

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Fass of saitached is a true and correct copy of the original Record on file, all of which appears from the records and files on my or

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 Chic

COUNTY CLERK

Parcel I: UNOFFICIAL COPY

Lots 5 and 6 in Sansone's Subdivision of Block 9 in Monson and Smith's 2nd Addition to Palos Park in the Southwest 1 of the Southeast 1 of Section 27, Township 37 North, Range 12, East of the Third Principal Heridian, Cook County, Illinois; also the North & of Vacated 127th Street, lying South of said Lots 5 and 6; also that part of the West 1 of Vacated 90th Avenue lying East of said Lot 6; also that part of Lot 7 in Sansone's Subdivision lying Westerly of a line described as beginning at a point on the North line of said Lot 6 that is 75.25 feet South Westerly of the Northeasterly corner thereof and running thence Southerly to a point on the South line of said Lot 7 that is 87.00 feet West of the Southeast corner thereof. Excepting therefrom that part of said Lot 6 lying Easterly of a line described as beginning at a point on the North line of said Lot 6 that is 75.25 feet Southwesterly of the Northeasterly corner thereof and running thence Southerly to a point on the South line of said Lot 7 that is 87.00 feet West of the Southeast corner thereof; alos excepting therefron that part of said lot 6 and that part of said vacated 90th Avenue and 127th Street, described as follows: Beginning at the intersection of the center line of said 90th Avenue with the South line of Lot 7 in said Sansone's Subidvision extended Easterly, thence South along the said center line of 90th Avenue 153.47 feet to the Center line of said 127th Street, thence West along the said center line of 27th Street, 370.06 feet, thence North along a line forming an angle of 91 degrees 00 rinutes to the right with the prolongation of the last described line 74.46 feet, Easterly along a line forming an angle of 88 degrees 44 minute 30 seconds to the right with the precongation of the last described line 89.19 feet, thence Northeasterly along a ling forming an angle of 27 degrees 10 minutes to the left with the prolongation of the last described line 167.73 feet to a point of the said South line of Lot 7 that is 130.00 Feet West of the point of beginning thence East along tha said South line of Lot 7 and the Said South line extended Easterly, 130.00 feet to the point of beginning.

Parcel II:

Easement for the benefit of Parcel I, (and other property), as created by an agreement between Kenneth B. Cecil and Thara G. Cecil, his wife (grantors), and Standard Bank and Trust Company of Chicago, as Trustee under Trust No. 3346 (granters), dated September 16, 1969, and recorded September 19, 1969 as Document No. 20,964,289° being an easement 12.00 feet wide extending through said Lots 5 and 6 in Sansone's Subdivision, the center line of said easement being described as, beginning at a point that is 6.00 feet West and 12.00 feet South of the Northwestern corner of the above described property, thence North along a line 6.00 feet West of and parallel with the West line (projected North) of the above described property 26.06 feet, thence Northeasterly along a line forming an angle of 56 degrees 4. Junutes to the right with the prolongation of the last described line 109.29 feet, thence Northeasterly along a line forming an angle of 12 degrees 52 minutes to the left with the prolongation of the last described line 151.12 feet to a point on the North line of said Lot 6 that is 75.25 Southwesterly of the Northeasterly corner of the said Lot 6.

Parcel III:

That part of Lot 7 in Sansone's Subdivision of Block 9 in Monson and Smith's 2nd Addition to Palos Park in the Southwest 1 of the Southeast 1 of Section 27, Township 37 North, Range 12, East of the Third Principal Meridian, Cook County, Illinois, lying Westerly of a line drawn from a point on the South line of said Lot 7 that is 87.00 feet West of the Southeast corner of said Lot 7 and running thence Northwesterly to a point on the Northerly line of Lot 6 in said Sansone's Subdivision that is 75.25 feet Southwesterly to the Northeasterly corner of said Lot 6.

86422252

L 6369-14