DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
) ss.
County of Cook)

BARRY R. DIEDEN, being duly sworn states that she resides at 5048 N. Tripp Ave., Chicago, IL 60630

That she was acquainted with MARIA E. DIEDEN, who, at the time of her death, was the owner of the land in Cook County, Illinois, described as:

LOT 24 IN DR. PRICE'S RIVER PARK SUBDIVISION OF THE WEST 3/4 OF THE NORTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 10, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

13-10-407-024-0000

That the deceased died July 15, 2008, as evidenced by a copy of death certificate of the deceased attached hereto.

That the deceased died:

☒ Leaving no Last Will and Testament

☐ Leaving a Last Will and 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 and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois, 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 $_____ dollars.

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

Subscribed and Sworn to before me this 3rd day of September, 2009

Notary Public

BARRY E. DIEDEN

"OFFICIAL SEAL"
John H. Ciprian, Jr.
Notary Public, State of Illinois
My Commission Exp. 02/09/2010

0924655074

Doc#: 0924655074 Fee: $58.00
Eugene "Gene" Moore RHSP Fee:$10.00
Cook County Recorder of Deeds
Date: 09/03/2009 04:03 PM Pg: 1 of 2

CERTIFICATION OF VITAL RECORD

STATE OF ILLINOIS
CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.360
LOCAL FILE NUMBER 2-61-08
STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last): MARIA E. DIEDEN
2. SEX: Female
3. DATE OF DEATH (Month/Day/Year) (Spell Month): July 15, 2008
4. COUNTY OF DEATH: Cook
5a. AGE AT LAST BIRTHDAY (Years): 60
5b. UNDER 1 YEAR — Months / Days
5c. UNDER 1 DAY — Hours / Minutes
6. DATE OF BIRTH (Month/Day/Year): March 23, 1948
7a. CITY OR TOWN: Skokie
7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number): Midwest Palliative Hospice Care Center
7c. PLACE OF DEATH (Check only one; see instructions)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☒ Hospice facility ☐ Nursing Home/Long-term care facility ☐ Decedent's home ☐ Other (Specify):
8. BIRTHPLACE (City and State or Foreign Country): Chicago, Illinois
9. SOCIAL SECURITY NUMBER: [redacted]-5395
10. MARITAL STATUS AT TIME OF DEATH: ☒ Married ☐ Married but separated ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown
11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage): Barry Dieden
12. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
13a. RESIDENCE (Street and Number): 5048 N. Tripp
13b. APT. NO.:
13c. CITY OR TOWN: Chicago
13d. INSIDE CITY LIMITS? ☒ Yes ☐ No
13e. COUNTY: Cook
13f. STATE: IL
13g. ZIP CODE: 60630
14. FATHER'S NAME (First, Middle, Last): George Toledo
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Maria Hernadez Toledo
16a. INFORMANT'S NAME: Barry Dieden
16b. RELATIONSHIP: Husband
16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code): 5048 N. Tripp, Chicago, IL. 60630
17. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Other (Specify):
18. PLACE OF DISPOSITION (Name of cemetery, crematory, other): Glen Oaks
19. LOCATION - CITY, TOWN AND STATE: Hillside, Illinois
20. DATE OF DISPOSITION (Month/Day/Year): July 18, 2008
21a. FUNERAL HOME NAME: Malec & Sons Funeral Home
STREET AND NUMBER: 6000 N. Milwaukee Avenue
CITY OR TOWN: Chicago, Illinois
STATE: 60646
ZIP
21b. FUNERAL DIRECTOR'S SIGNATURE: Wesley A. Stinich
Wesley A. Stinich
21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034-011619
22. LOCAL REGISTRAR'S SIGNATURE: Lowell Huckleberry
23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year): JUL 18 2008

CAUSE OF DEATH (See instructions and examples)

PART I. Enter the *chain of events* - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a fetal/neonatal related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

		Approximate Interval: Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Gastric Malignancy	unknown
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	b. Due to (or as a consequence of):	
	Due to (or as a consequence of):	

PART II. Enter other *significant conditions contributing to death* but not resulting in the underlying cause given in PART I.

25. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? ☐ Yes ☐ No
27. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown
28. IF FEMALE: ☒ Not pregnant within past 12 months ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Pregnant within one year of death but time unknown ☐ Unknown if pregnant within the past 12 months
29. MANNER OF DEATH: ☒ Natural ☐ Suicide ☐ Could not be determined ☐ Accident ☐ Homicide ☐ Pending Investigation
30. DATE OF INJURY (Month/Day/Year)
31. TIME OF INJURY ☐ A.M. ☐ P.M.
32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area)
33. INJURY AT WORK? ☐ Yes ☐ No
34. LOCATION OF INJURY: Street and Number / Apartment Number / City or Town / State / ZIP Code
35. DESCRIBE HOW INJURY OCCURRED:
36. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)
37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON: 7-15-08
38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? ☐ Yes ☒ No
39. DATE PRONOUNCED (Month/Day/Year): July 15, 2008
40. TIME OF DEATH: 6:50 ☐ A.M. ☐ P.M.
41. CERTIFIER (Check only one):
☒ Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ Physician (other than above) at time of death - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.
☐ Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24): Nancy C. Malley MD 1205 Claire Ct. Glenview, IL. 60025
43. PHYSICIAN'S LICENSE NUMBER: 036099073
44. TITLE OF CERTIFIER: M.D.
45. DATE CERTIFIED (Month/Day/Year): July 15, 2008
46. SIGNATURE OF CERTIFIER: Nancy C Malley MD

(Based on the 2003 U.S. Standard Certificate)
Illinois Department of Public Health - Division of Vital Records
VR200 (Rev. 1/08)

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

JUL 18 2008

Lowell Huckleberry