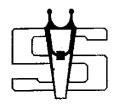
UNOFFICIAL COPY



Sanctity of Contract

Stewart Title Company of Illinois

Notary Public



Doc#: 1002940062 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds
Date: 01/29/2010 11:38 AM Pg: 1 of 2

(05369 ² / ₄) DECEAS	SED JOINT TENANCY AFFIDAVIT
STATE OF ILLINOIS	STCI File Number:
COUNTY OF) SS.	Si Ci File Nullmei.
COUNTY)	
AN 1811 - AA 1810 O	10010
MUHAMMAD A	MHDIK
being duly swom states that CHICAGO ILL #8 60659	resides at 5836 N BERNARD in the City of
CHICAGO ILL #8 60659	-
That HE was acquainted with MARNA	M L SHEIKH deceased who, at the time of death, was one of the
sworn of the land in County, Illinois, describes as:	
	0,
11311 C mchice	AN ANE STEWART TITLE COMPANY
11346 S. MICHIGI	2016 6 101 August 7 11 50
CHICAGO ILL 601	2055 W. Army Trail Road, Suite 110
COOK COUNTY	~~Qison, IL 60101
COOK COUNTY	630-889-4000
	667
111111111111111111111111111111111111111	, as evidenced by a certified copy of death certificate of the deceased
attached hereto.	0,0
(8) That the deceased died: Leaving no Last Will & Testan	nent.
♦ Leaving a Last Will & Testament a copy of which is at	tached 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	e Unproven Will Box of the Probate Division of the Circuit Court of County, Illinois
about	
That the total unive of the enters 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 ex	specification of $10.600 \cdot 00$ dollars.
·	•
Affiant makes this affidavit for the purpose of inducing Ste	wart Title Company to issue its Title Insurance Policy., describing the above mentioned
property.	CONTRACTAL CEAL"
	"OFFICIAL SEAL" BARBARA K. RENIK
Subscribed and sworn to before me by the said	X - Lie State Ci Illitois A
<i>IL</i> 0 4	My Commission Expression
this 15 th day of Occember, A.D. 49 2009	()
Barlera K. Renik	M-Borm Noac

(Affiant's Signature)

CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

LOCAL REGISTRAR

THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF AND DEATHS FOR THE CITY OF CHICAGO REGISTRAR OF VITAL STATISTICS OF SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID ACCOMPANYING CERTIFICATE ON THIS THE CITY OF CHICAGO; THAT THE THE RECORDS OF BIRTHS, STILLBIRTHS LAW AND ORDINANCES. I, TERRY MASON M.D., LOCAL

STATE OF ILLINOIS COUNTY OF CHICAGO

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26a. > VR200 (Rev. 5/89)	25b. I OCAL REGISTRAPISSIGNATURE	Funeral	REMOVAL (SPECIFY) 24a. Burial 24b. FUNERAL HOME	23.	220.		(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIMHER ALIVE ON 21a.	LATE OF OPERATION, IF ANY 20a.	ART II. Other significant conditions contribu	Les ¥ e ≤	$\overrightarrow{\downarrow}$	TTI. Enterthe	TSNAME (TYPEORPRIN	Mohammed Latif	Linois 13t.	135534 North Linder	10. RESIDENCE (STREET AND NUMBER)	7. Pakistan SOCIAL SECURITY NUMBER	ITHPLACE (CITY AND STATE OR BEGIN COUNTRY)	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER	ny of deat	DECEASED-NAME M	REGISTERED NUMBER	DISTRICT NO. 16,10
Illing I Anna All	was died	vices 163	24b. Rosehill Cemetery 24c.			Tryk / Well	EASED (MONTH, DAY, YEAR) DEATH OCCUBRED AT THE TIME DATE AND	, Š	Other significant conditions contributing to death but not resulting in the underlying cause given in PART t	PR-BCEK OLLINE TO, OHAS ACCUSEQUENCE OF	10.0F	diseases, or complications that caused the death heart failure. List only one cause on each line	MATACISCI MEDICO	Sheikh LAST	30 NOWN #6.)(SI	Avenue 13b.	11a. Sonagrapher 11b.	Ba MATTIES KIN	ARIED, D (SPECIFY)	HOSPITAL OROI	AGE-LAST BITTHEAY (YRS)	HILL HOUSE	MEDICAL CER	U A
-Division of Vital Records	Haroon Firdausi 25c.	nue, Tinley H	24c. Chicago Illino:				WAS CORONER OR MINER NOTIFIED? 21b. 21b. 325 AND DUE TO THE CAUSE(S) STATED.	0)	enii:PARTt	Jumphacy 3	Hemonhaq	h. Do not enter the mode of dying, such as cardia e.	MAILING ADDRESS (STHEET	MOTHER-NAME FIRST	14b. NO □ YES	icago	TWP OR ROAD DISTRICT NO.	STRY	OF SURVIVING SPOUSE (MAIDENNAME,	JUTION NAME (IF NOT METTHER, GIVE ST		HISIKH STEVNALES	ERTIFICATE OF DEATH	IE OT ILLINOIS
0 3 2007 ->	25c. O34-O16-060	[111nois 60477	s 24dApril 2, 2007	NOTE: IF AN HAURTY WAS INVOLVED IN THIS DEATH THE COMOMEN OR MEDICAL EXAMINER IN "Y BE NOTIFIED.	22d.	Dark Nacht	77 (TESNO) 21c. DATE SIGNED NOTE OF DEATH NOTE O	THREE MC	(YESMO) COMPLETION OF CAUSE OF DEATH (YESMO) 198. 196.	\$		_ m.⊾	HEW ON Chemy of Defry	heikh		3c Yes 13c Cro.	NSIDE CITY COUNTY 2	ONLY HIGHEST GR	ָרָ, Tָּ	TREET AND ILLINGER OF HOSE OR HIST ANDICATE D.O.A. OPPENER, BY MATTENT (SPECIF). CONTRACT OF A TOTAL OF THE CONTRACT OF THE	MONTH, DAY,	EOFDEATH MAR	_ M	STATE FILE NUMBER
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