



UNOFFICIAL COPY CHICAGO TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT



Ord.

STATE OF ILLINOIS }
COUNTY OF Cook } ss.

Doc#: 1035156012 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 12/17/2010 10:19 AM Pg: 1 of 3

William M. Plath
being duly sworn states that he resides at 511 Blue Jay Court
in the City of Mt. Prospect.

That he was acquainted with Denise Diane Plath deceased who, at the time of death,
was one of the owners of the land in Cook County, Illinois, described as:

SEE LEGAL DESCRIPTION ATTACHED HERETO AS EX.A

That the deceased died June 6, 2010, as evidenced by a certified copy of death
certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament
- Leaving a 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 about _____.

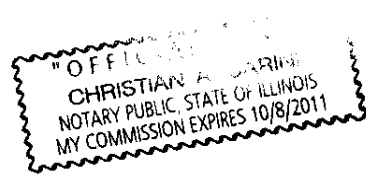
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of 750,000 dollars.

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

Subscribed and sworn to before me by the said

Surviving joint tenant
this 10th day of December, A.D. 2010
[Signature]
Notary Public

[Signature]
(Affiant's Signature)



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EXHIBIT A

THE EAST 38.21 FEET OF LOT 5 IN PLAT OF CORRECTION OF ORCHARD
FIELD TOWNHOMES SUBDIVISION, BEING A SUBDIVISION OF PART OF THE
SOUTHEAST $\frac{1}{4}$ OF THE NORTHEAST $\frac{1}{4}$ OF SECTION 34, TOWNSHIP 42 NORTH,
RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY,
ILLINOIS

Property of Cook County Clerk's Office

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CERTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 0041293

DATE ISSUED 06/09/2010

DECEDENT'S LEGAL NAME DENISE DIANE PLATH		SEX FEMALE	DATE OF DEATH JUNE 06, 2010	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 74 YEARS	DATE OF BIRTH JUNE 28, 1935		
CITY OR TOWN ARLINGTON HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME LUTHERAN HOME FOR THE AGED		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED] 6322	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME WILLIAM M PLATH	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 511 BLUE JAY COURT		APT. NO.	CITY OR TOWN MT PROSPECT	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60056	FATHER'S NAME EDWARD GANSHIRT	MOTHER'S NAME PRIOR TO FIRST MARRIAGE ALTHEA PAUWELS
INFORMANT'S NAME WILLIAM M PLATH		RELATIONSHIP HUSBAND	MAILING ADDRESS 511 BLUE JAY COURT, MT PROSPECT, IL, 60056	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION SAINT PETER'S UNITED CHURCH OF CHRIST CEMETERY	LOCATION - CITY OR TOWN AND STATE SKOKIE, IL	DATE OF DISPOSITION JUNE 10, 2010	
FUNERAL HOME MATZ FUNERAL HOME, 410 E RAND ROAD, MT PROSPECT, IL, 60056				
FUNERAL DIRECTOR'S NAME ALAN G ZAGORSKI			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011366	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JUNE 8, 2010	
CAUSE OF DEATH		PART I. JAKOB CREAT FELDT DISEASE		MONTHS
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of)		
		b. _____ Due to (or as a consequence of)		
		c. _____ 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.			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DID TOBACCO USE CONTRIBUTE TO DEATH?	FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR		MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:				IF TRANSPORTATION INJURY, SPECIFY:
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JUNE 04, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 10:50 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JUNE 07, 2010	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH THEODORE M. HOMA MD, 800 WEST OAKTON, ARLINGTON HEIGHTS, ILLINOIS, 60004				PHYSICIAN'S LICENSE NUMBER 036050063



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

David Orr
David Orr
Cook County Clerk

