1101955104

1
Y

Deceased Joint Tenancy Affidavit

Doc#: 1101955104 Fee: $40.00
Eugene "Gene" Moore RHSP Fee:$10.00
Cook County Recorder of Deeds
Date: 01/19/2011 02:18 PM Pg: 1 of 3

Acquest Title Services, LLC
File No. 20/0/10452

State of Illinois)
)
County of Cook)

Darlyn M. White (Affiant) being first duly sworn, states that She (he/she) resides at 11 Joyce Lane, in the City of Streamwood. That She (he/she) was acquainted with Robert H White, Deceased, who at the time of his/her death, was one of the owners of the land in Cook County, Illinois, described as:

See Exhibit "A" attached hereto and made a part hereof

That the deceased died 12-1-2007, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

Leaving no Last Will and Testament _____

Leaving a Last Will and Testament X

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 death of the deceased, does not exceed the sum of $ 250,000.00 (Enter the value of the estate.)

Affiant makes this affidavit for the purpose of inducing Acquest Title Services LLC/Lawyers Title Insurance Company to issue its policy describing the above mentioned property.

X Darlyn M White

Subscribed and sworn before me this 28 day of DEC, 20 10

Notary Public

OFFICIAL SEAL
JEFF HASSELL
Notary Public - State of Illinois
My Commission Expires Jun 23, 2013

Prepared by:

Mail to:

ACQUEST TITLE SERVICES, LLC
2700 W HIGGINS RD., STE. 110
HOFFMAN ESTATES, IL 60169
PHONE (847) 252-7341
FAX (847) 252-7346

20101004452

3

County of Cook) DAVID ORR, County Clerk

DEC 04 2007

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.

COUNTY CLERK

REGISTRATION DISTRICT NO. 16.0

REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED

1. DECEASED—NAME: FIRST Robert; MIDDLE H.; LAST Whyte
2. SEX: Male
3. DATE OF DEATH (MONTH, DAY, YEAR): December 1, 2007
4. COUNTY OF DEATH: Cook
5a. AGE—LAST BIRTHDAY (YRS): 71
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
5d. DATE OF BIRTH (MONTH, DAY, YEAR): October 31, 1936
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: Hoffman Estates
6b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): St. Alexius Medical Center
6c. IF HOSP. OR INST., INDICATE D.O., OPERATIVE, R&L, INPATIENT (SPECIFY): Emer. Rm
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Waukegan, IL
8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
9a. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): Darlyne Biegler
9. WAS DECEASED EVER IN ARMED FORCES? (YES/NO): Yes
10. SOCIAL SECURITY NUMBER: [redacted]
11a. USUAL OCCUPATION: Director of Finance
11b. KIND OF BUSINESS OR INDUSTRY: Village
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): Elementary/Secondary (0-12): ; College (1-4 or 5+): 4
13a. RESIDENCE (STREET AND NUMBER): 11 Joyce Lane
13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: Streamwood
13c. INSIDE CITY (YES/NO): Yes
13d. COUNTY: Cook
13e. STATE: Illinois
13f. ZIP CODE: 60107
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.): White
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): X NO ☐ YES SPECIFY:

PARENTS

15. FATHER—NAME: FIRST Robert; MIDDLE; LAST Whyte
16. MOTHER—NAME: FIRST Blanche; MIDDLE; (MAIDEN) LAST Sherer
17a. INFORMANT'S NAME (TYPE OR PRINT): Darlyne Whyte
17b. RELATIONSHIP: Wife
17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 11 Joyce Ln, Streamwood, IL 60107

CAUSE

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. APPROXIMATE INTERVAL: ONSET TO DEATH

Immediate Cause (Final disease or condition resulting in death): (a) Acute Myocardial Infarction

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

DUE TO, OR AS A CONSEQUENCE OF: (b) Arteriosclerotic Heart Disease

DUE TO, OR AS A CONSEQUENCE OF: (c)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.: HTN, Dyslipidemia

19a. AUTOPSY (YES/NO): No

19b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? (YES/NO):

20a. DATE OF OPERATION, IF ANY:

20b. MAJOR FINDINGS OF OPERATION:

20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES ☐ NO ☐

21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): 8/10/07

21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): Yes

21c. HOUR OF DEATH: 1:15 PM

CERTIFIER

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE ▶ Edward D Tomasello

22b. DATE SIGNED (MONTH, DAY, YEAR): 12/1/07

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): 1555 N Barrington Rd. Hoffman Estates

22c. ILLINOIS LICENSE NUMBER: 036-089719

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): 160469

23. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

DISPOSITION

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

24b. CEMETERY OR CREMATORY—NAME: Bartlett Cemetery

24c. LOCATION—CITY OR TOWN: Bartlett; STATE: Illinois

24d. DATE (MONTH, DAY, YEAR): Dec. 6, 2007

25a. FUNERAL HOME—NAME, STREET AND NUMBER OR R.F.D., CITY OR TOWN, STATE, ZIP: Countryside Funeral Home 1640 Greenmeadows Blvd Streamwood, Illinois 60107

25b. FUNERAL DIRECTOR'S SIGNATURE ▶ Thomas A Tomasello

25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034-015362

26a. LOCAL REGISTRAR'S SIGNATURE ▶ David Orr

26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): DEC 04 2007

VR200 (Rev. 9/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFIC

ACQUEST TITLE SERVICES, LLC
2700 West Higgins Road, Suite 110, Hoffman Estates, IL 60169
AS AGENT FOR
Fidelity National Title Insurance Company

Commitment Number: 2010110452

SCHEDULE C
PROPERTY DESCRIPTION

The land referred to in this Commitment is described as follows:

Lot 74 in Hilltop, being a Subdivision of part of Sections 22 and 23, Township 41 North, Range 9, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 06-22-411-020

FOR INFORMATION PURPOSES ONLY:
THE SUBJECT LAND IS COMMONLY KNOWN AS:

11 Joyce Lane
Streamwood, Illinois 60107