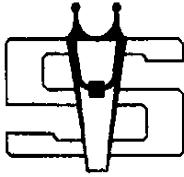


# UNOFFICIAL COPY



Sanctity of Contract

Stewart Title Company of Illinois



1113926115

Doc#: 1113926115 Fee: \$40.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 05/19/2011 11:33 AM Pg: 1 of 3

### DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
COUNTY OF Cook )

SS.

STCI File Number: 629849 <sup>1/2</sup>

being duly sworn states that YOLANDA NAJAS FLADER resides at 300 N. STATE ST. in the City of Chicago

That She was acquainted with Richard L. Flader deceased who, at the time of death, was one of the sworn of the land in Cook County, Illinois, describes as:

SEE ATTACHED LEGAL

STEWART TITLE COMPANY  
2955 West Army Trail Road, Suite 110  
Addison, IL 60101  
630-889-4000

That the deceased died May 15, 2007, 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 Last 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 \_\_\_\_\_ dollars.

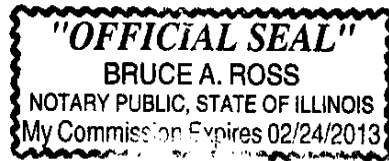
Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

this 9 day of May, A.D. 19 2011

Bruce A. Ross  
Notary Public

Yolanda Najas Flader  
(Affiant's Signature)



1113926115  
STCI  
kelly

# UNOFFICIAL COPY

## LEGAL DESCRIPTION

### EXHIBIT "A"

**File No.: 629849**

Unit 4105 together with its undivided percentage interest in the common elements in Marina Towers Condominium, as delineated and defined in the Declaration recorded as document number 24238692, in Section 09, Township 39 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index Number: 17-09-410-014-1289

Prop: 300 N. State St. #4105  
Chicago, IL. 60654

Prep. by \$MT:

Yolanda Haces Flade  
300 N. State St. #4105  
Chicago, IL. 60654

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

04/22/2011 12:10 3123210088

#0353 P.003/003

## CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

MAY 16 2007

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



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS APPLIED.

### MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

606683

DISTRICT NO. 808811

REGISTRED NUMBER

1. DECEASED NAME FIRST MIDDLE LAST LUIS RICHARD FLADER	2. SEX Male	3. DATE OF BIRTH (MONTH, DAY, YEAR) May 15, 1907	4. DATE OF DEATH (MONTH, DAY, YEAR) May 15, 2007
5. COUNTY OF DEATH Cook	6. CITY, TOWN, THRP. OR ROAD DISTRICT NUMBER Chicago	7. RESIDENCE (STREET AND NUMBER) 300 N. State #4511	8. RESIDENCE (CITY, TOWN, THRP. OR ROAD DISTRICT NO.) Chicago
9. AGE AT DEATH (MONTHS, YEARS) 71	10. MARITAL STATUS Married	11. OCCUPATION LAWYER	12. EDUCATION Legal
13. RACE White	14. SEX Male	15. MOTHER'S NAME (FIRST MIDDLE LAST) Edwin	16. FATHER'S NAME (FIRST MIDDLE LAST) Jackie Smith
17. PLACE OF BIRTH (CITY, STATE OR COUNTRY) Chicago, Illinois	18. MAIN ADDRESS (STREET AND CITY OR TOWN) 1700 S. Dearborn & Helen City Park	19. FLORENCE MARCOLE	20. CHICAGO MARCOLE
18. PART I. Enter the disease, or group of conditions, that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. (a) Sepsis (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF			
19. DATE OF OPERATION, IF ANY 20. MAJOR FINDINGS OF OPERATION 21. TOXIC DO NOT ATTEND THE DECEASED AND LIST ALL TOXIC ALTIMES 22. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED 23. SIGNATURE OF DECEASED 24. SIGNATURE OF DECEASED 25. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)			
26. NAME OF FUNERAL HOME Rosehill Cemetery	27. CITY OR TOWN Chicago	28. STATE Illinois	29. DATE May 18, 2007
30. NAME OF FUNERAL HOME Brake & Son Funeral Home	31. STREET AND CITY OR TOWN 5303 N. Western Ave. Chicago, Illinois	32. STATE Illinois	33. CITY OR TOWN Chicago
34. SIGNATURE OF REGISTRAR Terry Lagan M.D.	35. NAME OF REGISTRAR Terry Lagan M.D.	36. LOCAL REGISTRAR NUMBER 034-014367	37. DATE MAY 16 2007

ILLINOIS (REV. 9/05) LOCAL REGISTRAR