## **UNOFFICIAL COPY**

Regent Title Insurance Agency, LLC

33 North Dearborn, Suite 803, Chicago, IL 60602

### **DECEASED JOINT TENANCY AFFIDAVIT**

	DECERGED	CONTRACT AND INVEST
STATI	E OF ILLINOIS) )SS	DATE: 06-30-11
COUN	ITY OF COOK)	COMMITMENT NO. ZO8488
Regent describ	That he/she resides at:  That he/she was acquainted on February 26, 2010, certificate.	being duly sworn for the purpose of inducing LC to issue its title insurance policy covering the land commitment, deposes and says:  5 Note: Lone Des Plaines, IL 60018  I with Kisharba, A. Patel who died as evidenced by the attached certified copy of the death  of the owners of land described in the above
	X	Leaving 20 Last Will and Testament Leaving a Last Will and Testament, a copy of which is attached.
5.		decedent's estate for State of Illinois Inheritance  1 Estate Tax purpose does not so ceed
		Kentelen K. Petel
		Affiant's Signature
SUBSC	RIBED AND SWORN TO BEF	DREME ON June 30 20/

[Notary Seal]

Doc#: 1121342051 Fee: \$62.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 08/01/2011 10:38 AM Pg: 1 of 3 OFFICIAL SEAL
DENISE A NICHOLSON
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:03/31/12

P B S A/ SC Y INT 1D

**BOX 441** 

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### CERTIFICATION OF DEATH RECORD

# STATE OF ILLINOIS-DIVISION OF VITAL RECORDS SPRINGFIELD, ILLINOIS MEDICAL CERTIFICATE OF DEATH

DECEDENTS LEGAL NAME KISHORBHAI AMICHANDASBHAI PATEL					SEX DATE OF DEATH MALE FEBRUARY 28, 2010				
OUNTY OF BEATH COOK		AGE AT LAS	* 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1			01, 1951			
TY OR TOWN PARK RIDGE				PITAL OR OTHER VINBOW HOS		NAME			
ACE OF DEATH HOSPICE FACILITY								EVER IN U.S. ARMED	
RTHPLACE INDIA	MARITAL STATUS AT TIME OF MARRIED			KANT	ABEN KISHO		FORCES? NO		
ESIDENCE 835 NEBEL LANE	3		APT. NO:		OR TOWN S PLAINES	1		YES	
OUNTY S		60018 AMICHANDASBHAI LUKHUDAS PATEL KU				KUNKUB	HER'S NAME PRIOR TO FIRST MARRIAGE INKUBEN AMICHANDASBHAI PATEL		
FORMANT'S NAME KANTABEN KISHORBH					L LANE, DES	NE, DES PLAINES, IL, 60018			
ETHOD OF DISPOSITION CREMATION		ACE OF DISPOS IC' ÆM AN NATION	ITION AL CEMETERY (HERITAGI			IY OR TOWN AND	. T	OF DISPOSITION CH 01, 2010	
UNERAL HOME VETERANS FUNERAL	SERVICE, P.C	BOX (1, 1)	MES, IL, 60141						
UNERAL DIRECTOR'S NAME DAVID CARL PIMM						FUNERAL DIRI 03401504	ctors illinois i 2	ICENSE TOMBER	
OCAL REGISTRAR'S NAME DAVID ORR			0			MARCH S	ITH LOCAL REGIST 3, 2010	TRAP	
AUSE OF DEATH PART IMMEDIATE CAUSE (Pinel disease or condition resulting in death)	LUNG CAN	CER	Due to (or an a	or esquen. a of):				- UNKNC	
	•		Due to (or se a	consequence ou					
PART II. Enter other significant o		برا بالمعام مع مراد		consequence of):	iven in PAR) I	i lu	A C AN AUTOGRY P	ERFORMED? NO	
ART II. Enter other aignmount o	Onorgona Contra					70 W	ERE AUTOPSY FIN	DINGS USED TO	
DID TOBACCO USE CONTRIBUTE TO DEATH?			FEMALE PREGNANCY STATUS NOT APPLICABLE			M/ANER OF DEATH			
DATE OF INJURY		TIME OF INJ	URY PL	CE OF INJURY				INJURY AT WORK	
OCATION OF INJURY						va Va 46 46			
DESCRIBE HOW INJURY OCCU	RRED						IF TRANS C	OR ATION INJURY, SPEC	
ATTENO THE DECEASED?	DATE LAST SE	N ALIVE NY 26, 2010	WAS MEDICAL EXAL CORONER CONTAC		DATE	PRONOUNCED		TIME OF DEATH	
CERTIFIER PHYSICIAN							DATE CERT	TIFIED JARY 26, 2010	
NAME, ADDRESS AND ZIP COD			SE OF DEATH AVENUE, PARK	SIDOF ILL	NAIC CASE		and Imag that	IAN'S LICENSE NUMBER -105593	

014410

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

Damen I Rush, MD, M.P. H.

Damon T. Arnold, M.D., M.P.H. STATE REGISTRAR

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## **UNOFFICIAL COPY**

Commitment Number: 208488

### **SCHEDULE C**

### PROPERTY DESCRIPTION

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

1/4 OF SEC., MERIDIAN, INC.

09-29-105-013-0000

CKA: 835 Nebel Lane, Des Plaines, IL, 60618 LOT 25 IN HOWARD-SUPERIOR SUBDIVISION IN THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 29, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL