UNOFFICIAL CO

Doc#: 1202047083 Fee: \$42.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 01/20/2012 02:41 PM Pg: 1 of 3

2011-02600

Mail To: Carrington Title Partners, LL.C 1919 S. Highland Ave., Ste 315-B Lombard, IL 60148

(630)317-0049 Deceased Joint Tenancy Affidavit STATE OF ILLING COUNTY OF COOP Commitment/File Number: 2011-02600DB \_, the affiant, being duly sworn states that PATRICIA A. BACNETI (the deceased) resided at 1945 MAllard LN. Hoffman Estato, Illa 192 (address of deceased) in the City of Har Email Estate. I was acquainted with deceased, who at the time of death, was or \_\_\_\_\_ deceased, who at the time of death, was one of the owners of the land in <u>COOK</u> County, Illinois. Frozerty address and description as follows: See Attached That the deceased died on February 19, 2010 (date), at Friend Stip Village Schaundung, II (location), as evidenced by a certified copy of the death certificate of the deceased is attached. That the deceased died: Leaving no Last Will and Testament. \_ Leaving a Last Will and Testament, a copy of which is at ached hereto. The original of the unproven Will should be filed with the Clerk of the Probate Division of the Circuit Court of County, Illinois. PATCICIAA. BY LEaving a Last Will and Testament which was filed in the Unprove Will Box of the Probate Division of the Circuit Court of Conk County, Illinois on 3-19-20/0 (date). 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 <u>2.50,000.00</u> dollars.

Affiant makes this affidavit for the purposes of inducing Carrington Title Partners, LC, a policy issuing Agent for Fidelity National Title Insurance Company, to issue its title insurance commitment(s) and policy(ies) describing the above mentioned property. Prepared By: Gary P. Schoolder 1445 Mailard Lane Hopfman Estates, IL Subscribed and sworn to me by the said affiant, GACY Chroeder for the uses and Notary Public OFFICIAL SEAL MARK BISHOP Notary Public - State of Illinois

My Commission Expires October 22, 2013

## CERTIFICATION OF DEATH RECORD

## CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

TATE FILE NUMBER 2010 901	3736				DATE ISSUED 02/24/201	
DECEDENTS LEGAL NAME PATRICIA A BARNETT					OF DEATH BRUARY 19, 2010	
COUNTY OF DEATH	AGE AT LAST BIRTHDAY 57 YEARS		DECE	DATE OF BIRTH DECEMBER 16, 1952		
CITY OR TOWN SCHAUMBURG			LOROTHER MISTRUTION NDSHIP VILLAGE-SO			
PLACE OF DEATH NURSING HOME / LONG	TERM CARE FACILI	ΠY				
BIRTHPLACE SOCIAL SECURITY NUM DEFIANCE OH 271-46-27.10		BER MARITAL STATUS AT TIME OF DEATH SURVIVING SPOUSE'S NA MARIRIED GARY SCHROED			FORCES? NO	
RESIDENCE 1445 MALLARD LA'16		APT. NO	CITY OR TOWN	TY OR TOWN HISTORY CHAITS? HOFFMAN ESTATES NO		
COUNTY STA	192520202020	FATHER'S NAME WILLIAM R BARNETT		MOTHERS NAME PRIC SARA MAX	OR TO FIRST MARRIAGE	
INFORMANTS NAME GARY SCHROEDER		RELATIONSHIP HUSBAND	MAILING ADDR	RESS LARD HOFFMAN ES		
METHOD OF DISPOSITION BURIAL	PLACE OF D	- TO MORE ASSET TO AN ASSET	, LOCATION - C LEIPSIC	ITY OR TOWN AND STATE OH	DATE OF DISPOSITION FEBRUARY 25, 2010	
FUNERAL HOME MRAZEK & RUSS FUNER	AL SERVICE, J601	W. DIVERSEY AVE., CH	ICAGO, IL, 60647			
FUNERAL DIRECTOR'S NAME MICHAEL JOHN RUSS				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014579		
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCA FEBRUARY 24,		
CAUSE OF DEATH RART I	METASTATIC NON	SMALE CELLI JNG CANCE	R		18 MONTHS	
IMMEDIATE CAUSE & (Final disease or condition resulting it death)		Que to (or 49 1-payleng	uence (f):			
		Due to lot as a conseto	luen a (VI)			
PART II, Enter other algorithment conc	itions contributing to de-	One to for as a consecution to but not resulting in the underly		WAS AN AU	TOPSY PERFORMED? NO	
					OPSY FINDINGS USED TO CAUSE OF DEATH? N/A	
DID TORACCO USE CONTRIBUTE T		E PREGNANCY STATUS	ST YEAR	MANNER O NATURA	F DEATH AL	
DATE OF INJURY			F INJURY		INJURY AT WORK?	
LOCATION OF INJURY						
DESCRIBE HOW INJURY OCCURRE	<b>:</b> 0			iF:	T VANSP JAYATION INJURY, SPECIFY:	
ATTEND THE DECEASED? D	ATE LAST SEEN ALIVE FEBRUARY 08, 20	WAS MEDICAL EXAMINER		PRONOUNCED	(ime of Death 0):28 PM	
CERTIFIER PHYSICIAN					TE CERTIFIED FEBRUARY 22, 2010	
NAME, ADDRESS AND ZIP CODE OF MONICA ROLEK, 800 W			80007		PHYSICIAN'S LICENSE NUMBER 036099839	
MONIORIO						



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





ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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## UNOFFICIAL COPY

Carrington Title Partners, LLC 1919 S. Highland Ave., Building B, Suite 315 Lombard, IL 60148 A Policy Issuing Agent for Fidelity National Title Insurance Company

## **LEGAL DESCRIPTION**

LOT 8 IN THE FINAL PLAT OF SUBDIVISION OF PASQUINELLI'S HUNTERS RIDGE-UNIT 1 BEING A SUBDIVISION OF SECTION 9, TOWNSHIP 41 NORTH, RANGE 9, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN THE VILLAGE OF HOFFMAN ESTATES RECORDED DECEMBER 30, 1994 AS DOCUMENT NUMBER 04084103, IN COOK COUNTY, ILLINOIS.

144.
402-001
ODERATOR COOK COUNTY CLERK'S OFFICE Commonly known as: 1445 Mallard Lane; Hoffman Estates, IL 60192

PIN Number: 06-09 402-001

ALTA LoanPolicy Schedule A (6/17/06)