AFFIDAVIT RE DECEASED OFFICIAL COPY JOINT TENANT

STATE OF ILLINOIS)
) SS:
COUNTY OF COOK)

Doc#: 1203955055 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 02/08/2012 01:53 PM Pg: 1 of 2

Benjamin G. Baldwin III, being duly

sworn for the purpose of recording a transfer of

real estate described below states as follows:

- 1. That he resides at 1518 W. Suffield Court, Arlington Heights, IL 60004
- 2. That he was married to Rosemary Clare Baldwin who died on June 8, 2010 as evidenced by the attached certified copy of death certificate;
- 3. That said decedent was a partial owner of land and the legal description is as follows:

Lot 62 in Block 115 in Berkley Ridge Subdivision of part of Lot 8 in George Kirchoff Estate Subdivision of Parts of Section 12 and Section 13, Township 42 North, Range 10 East of the Third Principal Meridian, and Section 7 and Section 18, Township 42 North, Range 11 East of the Third Principal Meridian, in Cook County, Illinois.

Property Address:1518 W. Suffield Court, Arlington Heights, IL 6000.4 PIN #03-18-115-008-0000

Benjamin G. Baldwin III

SUBSCRIBED AND SWORN to before

me this 22 day of December, 2011.

OFFICIAL SEAL
BRUCE KISELSTEIN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES CARRIES

Notary Public

Prepared By: Bruce Kiselstein, Esq., 930 East Northwest Highway, Mount Prospect, IL 60056

MAIL TO: Law Offices of Bruce Kiselstein, Ltd., 930 East Northwest Highway, Mount Prospect, IL 60056

MAIL TAX BILLS TO: Mr. Benjamin G. Baldwin III, 1518 W. Suffield Court, Arlington Heights, IL 60004

1203955055 Page: 2 of 2

CHICAGO, ILLINOIS **MEDICAL CERTIFICATE OF DEATH**

DECEDENT'S LEGAL NAME			·····				SEX		OF DEATH		
ROSEMARY CLARE BA	LDWIN				— т		FEMALE	JUN	E 08, 2010		
COOK	AST BIRTHDAY EARS	NOVEMBER 12, 1				0					
CITY OR TOWN ARLINGTON HEIGHTS				HOSPITAL OF 1518 WE							
PLACE OF DEATH DECEDENT'S HOME											
BIRTHPLACE SPRING VALLEY, IL	SOCIAL SECU	RITY NUMBER	MARRIES MARRIES	ATUS AT TIME O	F DEATH		SPOUSE'S NAME		EVE	RINUS.	
RESIDENCE 15:8 WEST SUFFIELD	COURT		APT	. NO.	CITY OR 1 ARLIN	TOWN IGTON H	EIGHTS		- 1	E CITY LI	
COUNTY CCOK						MOTHER'S NAME PRIQR TO FIRST MARRIAGE CHARLOTTE SAFRANSKE					
INFORMANT'S NAME BENJAMIN G BALDWIN	N III		ATIONSHIP SPOUSE			NG ADDRE	SS FFIELD COURT, A	ARLINGTO	ON HEIGHTS, IL	, 60004	
METHOD OF DISPOSITION CREMATION TV/IN PINES CREMATORY						LOCATION - CITY OR TOWN AND ST EAST DUNDEE, IL			DATE OF DISPOSITION JUNE 10, 2010		
FUNERAL HOME GLUECKERT FUNERAL	L HOME LTD,	520 N. AF.	INGTON HE	EIGHTS ROA	D, ARLIN	IGTON H	EIGHTS, IL, 6	0004			
FUNERAL DIRECTOR'S NAME THOMAS GOTLUND						FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014754					
LOCAL REGISTRAR'S NAME DAVID ORR							DATE FILED WITH LOCAL REGISTRAR JUNE 9, 2010				
(Final disease or condition resulting in death)	b. c.			(or as a consequence			·	Ğ	ONSET AND		
PART II. Enter other significant c	onditions contribu	ting to death		or as a consequence in the underlying o		n PAhī i	WA	S AN AUT	TOPSY PERFOR	MED? N	
						· *(PSY FINDINGS CAUSE OF DEA		
DID TOBACCO USE CONTRIBUT		FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR					MANNER OF DEATH NATURAL				
DATE OF INJURY		TIME OF INJURY PLACE OF INJUR			JURY	Y			Ca I	NJURY AT	
LOCATION OF INJURY	· · · · · · · · · · · · · · · · · · ·					1 1	· · · · · · · · · · · · · · · · · · ·		6		
DESCRIBE HOW INJURY OCCUI	RRED:		= = = = = = = = = = = = = = = = =	····				IFŤI	RANSP J.RT ATIO	YRULNI M	
ATTEND THE DECEASED? YES	DATE LAST SEED JUNE 04, 2		WAS MEDICA CORONER CO	L EXAMINER OR	VO	DATE P	RONOUNCED			ME OF DEA 07:15 AI	
CERTIFIER PHYSICIAN				· · · · · · · · · · · · · · · · · · ·					TE CERTIFIED JUNE 08, 20	10	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PHILIP BONOMI, 1725 WEST HARRISON, SUITE 321, CHICAGO, ILLINOIS, 60612							PHYSICIAN'S LICENSE NUMI 036-052056				
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