

# UNOFFICIAL COPY



Doc#: 1218450015 Fee: \$42.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 07/02/2012 09:51 AM Pg: 1 of 3

*Mauro* #12059262  
PRISM TITLE  
1011 E TOUHY AVE STE 350  
DES PLAINES IL 60018

## Deceased Joint Tenancy Affidavit

Lawyer's Title Insurance Corporation  
Commonwealth Land Title Insurance Company  
Transnation Title Insurance Company

Case No. \_\_\_\_\_  
Case No. \_\_\_\_\_  
Case No. \_\_\_\_\_

State of Illinois )  
County of )

Sally Schlewitz (Affiant) being duly sworn, states that She (he/she) resides at 269 N. Benton St. PALATINE IL (address) in the City of Palatine. That She (he/she) was acquainted with Ed Mund K. Schlewitz deceased who at the time of His (he/she) death, was one of the owners of the land in PALATINE (property county) County, Illinois described as:

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

That the deceased died 11-15-2010 (date of death) as evidenced by a certified copy of the death certificate of the deceased attached hereto

That the deceased died:

X  
(DJT left no Will "X")

Leaving no Last Will & Testament.

(DJT left will Unfiled "X")

Leaving a Will & Testament a copy of which attached The original of the unproven will, should be filed with the Clerk of the Probate Division of the Circuit Court of

\_\_\_\_\_ (property county)  
County, Illinois.

Prepared by  
Sally Schlewitz  
269 N. Benton Ave  
Palatine, IL 60067

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\_\_\_\_\_  
(DJT left will filed "x")

Leaving a Last Will & Testament which was  
filed in The Unproven Will Box of the Probate  
Division of the Circuit Court of \_\_\_\_\_  
(property county) County, Illinois about  
\_\_\_\_\_ (date of filing or probate no.)

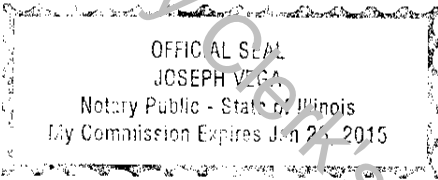
That the total value of the estate of the deceased, including both real and personal  
property owned by the deceased either individually or in joint tenancy at the time of the  
death of the deceased, does not exceed the sum of \$ \_\_\_\_\_ dollars  
(Value of Estate).

Affiant makes this affidavit for the purpose of inducing Lawyers Title Insurance  
Corporation/Commonwealth Land Title Insurance Company/Transnation Title Insurance  
Company to issue its Title Insurance Policy, describing the above-mentioned property

*Lucy Schilling 6-13-12*  
Signature of Affiant

Subscribed and sworn to before me by the said \_\_\_\_\_  
this 13 of June, 2012

*[Signature]*  
Signature of Notary



Property of Cook County Clerk's Office

## UNOFFICIAL COPY

## CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS  
CHICAGO, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 0083556

DATE ISSUED 11/18/2010

DECEDENT'S LEGAL NAME EDMUND K SCHULEWITZ			SEX MALE	DATE OF DEATH NOVEMBER 15, 2010	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 76 YEARS		DATE OF BIRTH APRIL 28, 1934	
CITY OR TOWN PALATINE			HOSPITAL OR OTHER INSTITUTION NAME 269 N BENTON STREET		
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE CHICAGO, IL		SOCIAL SECURITY NUMBER [REDACTED]	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME SALLY JOHNSTON	
RESIDENCE 269 N BENTON STREET			APT. NO.	CITY OR TOWN PALATINE	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60067	FATHER'S NAME JOHN SCHULEWITZ		MOTHER'S NAME PRIOR TO FIRST MARRIAGE EMILY CARDEMON
INFORMANT'S NAME SALLY SCHULEWITZ			RELATIONSHIP WIFE	MAILING ADDRESS 269 N BENTON STREET, PALATINE, IL 60067	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION EVERGREEN CEMETERY ASSOCIATION		LOCATION - CITY OR TOWN AND STATE BARRINGTON, IL	DATE OF DISPOSITION NOVEMBER 19, 2010
FUNERAL HOME SMITH-CORCORAN FUNERAL HOME - PALATINE, 185 E NORTHWEST HWY, PALATINE, IL, 60067					
FUNERAL DIRECTOR'S NAME ROBERT JAY SMITH JR				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012032	
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR NOVEMBER 18, 2010	
CAUSE OF DEATH PART I: LIVER CANCER					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
Due to (or as a consequence of):					
Due to (or as a consequence of):					
Due to (or as a consequence of):					
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I					
DID TOBACCO USE CONTRIBUTE TO DEATH?				WAS AN AUTOPSY PERFORMED? NO	
FEMALE PREGNANCY STATUS NOT APPLICABLE				WERE ANATOMY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DATE OF INJURY		TIME OF INJURY	PLACE OF INJURY	MANNER OF DEATH NATURAL	
LOCATION OF INJURY				INJURY AT WORK?	
DESCRIBE HOW INJURY OCCURRED				IF TRANSPORTATION INJURY, SPECIFY	
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:35 PM	
CERTIFIER PHYSICIAN				DATE CERTIFIED NOVEMBER 16, 2010	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH KATTEN, LYNN, 2050 CLAIRE COURT, GLENVIEW, ILLINOIS, 60025				PHYSICIAN'S LICENSE NUMBER 036-100993	

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.



David Orr

