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PRISM TITLE

1011 E.Touhy Ave, #350 Des Plaines, IL 60018

DECEASED JOINT TENANCY AFFIDAVIT

7777710017

Doc#: 1227718012 Fee: \$42.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 10/03/2012 12:19 PM Pg: 1 of 3

STATE OF ILLINOIS }
COUNTY OF }
being duly sworn states that resides at S459 _w CORTEZ_ S7 in the City of CHICAGO LUNCIS (_CCC.5]. That was acquainted with E HUTCHINS deceased who, at the time of death, was one of the owners of the land in COUNTY, Illinois, described as:
That the deceased died $\frac{AuGus7/0, 2008}{}$, 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 uncoven will should be filed with the Clerk of Probate Division of the Circuit Court ofCounty, Illinois.
Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court ofCounty, 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, Lawyers, National Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.
Subscribed and sworn to before me by the said Patricia Hutchins - Jockson this 23 day of Aug, AD 2012 Mary Waples Notary Public, State of Onio My Commission Expires 01-14-2017
this 23 day of Mig , AD 1012 Phythrolly

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APPROXIMATE INTER 24. PART I. Enter the chain of events - diseases, juries in complications - that directly caused the death, DO NOT enter terminal events such as cardiac arrest restrictual timilation with a thorough citingry. If the decident had a demential related disease, Parkinson's Diseases or Parkinson Dementia Complex. Indicate in Part I or Part II DO 1 of 98REVIATE. Enter only one cause on a time. Add additional lines if necessary. MMEDIATE CAUSE (Final disease) a. CORON RY ATHEROSCLEROSTS Due to (or as a consequence of): Sequentially list conditions, if any eaching in the transfer in the INDERTING CAUSE (Final disease) a. CORON RY ATHEROSCLEROSTS Due to (or as a consequence of): Sequentially list conditions, if any eaching in the transfer in the INDERTING CAUSE (Final disease) The final disease is led on line a increase in the conditions contributing to death but not resulting in the method of cause given in PART I. Enter other significant conditions contributing to death but not resulting in the method of cause given in PART I. Enter other significant conditions contributing to death but not resulting in the method of cause given in PART I. 25. WAS AN AUTOPSY PERFORMED? We very very result of cause given in PART I. 26. WERE AUTOPSY PERFORMED? We very result of cause given in PART I. 27. (DID TOBACCO USE COTEATH) Preparative in and clearly preparative in one many of death but time unknown. 28. If FEMALE PRODUCE AND PROPORTING AUGUSTS IN AUTOPSY PERFORMED? We very result of death but fine unknown. 29. (Preparative in the disease) Automated and the preparative interpretation of death but fine unknown. 20. OATE OF INJURY (Month/Cay/var) Representation of preparative interpretation and the preparative interpretation of the cause (s) and manner stated. 29.	P.2 TOCAL REGISTAAR'S AGNAT	UAr	~ ~	ery M.	ason up		23. DATÉ FIL	ED WITH LOC.		onth/Day/Year)
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Pass 6 Content (Specify) 7. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? Yes No DATE PRONOUNCED (Month/Day/Year) 40. TIME OF DEATH AND LAST SAW HIMMER ALIVE ON 39. DATE PRONOUNCED (Month/Day/Year) 6 5 4 28 A M. 1. CERTIFIER (Check only one) Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. 1. Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. 2. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) MICHEL JOSEPH HUMILIER, M.D. 2121 W. HARRISON ST., CHICAGO, ILLINOIS 60612-3705	prodution resulting in death) Sequentially list conditions, if any, sading to the cause listed on line a cause inter the UNDERLYING CAUSE disease or injury that initiated the vents resulting in death) LAST PART II. Enter other significant 7. DID TOBACCO USE CONTRIBUTE TO DEATH? ON DEATH PORADOW ON DEATH OF INJURY (Month/Day/Y) ON DATE OF INJURY (Month/Day/Y)	conditions control 28. IF FEMALE Not pregnant Not pregnant	within gast 12 months, but pregnant within 43 day	Ut not resulting in the	THE ROSC Oue to (or as a consequence to (or as a consequence) Director (or as a consequence) Oricitor (i) as a consequence to (or as a consequence) Immediately cause given the consequence (or as a consequence) Immediately cause given the consequence (or as a consequence) Immediately cause given the consequence (or as a consequence) Immediately cause given the consequence (or as a consequence) Immediately cause on a filtre Rosc (or as a consequence) Immediately cause on a filtre Rosc (or as a consequence) Immediately cause on a filtre Rosc (or as a consequence) Immediately cause on a filtre Rosc (or as a consequence) Immediately cause on a filtre Rosc (or as a consequence) Immediately cause of the consequence (or as a consequence) Immediately cause of the consequence (or as a consequence) Immediately cause given the consequ	ne. Add additional LEROS ence of): ence of): ence of): of death one run of death but in it in the past (2) (e.g. Leceder).	I S	25. WAS AN A 26. WERE AL COMPLET 29. MANNER Matural Accident	JTOPSY FIND(NGS FE CAUSE OF DEATH Suicide Homicide Jant; wooded area)	USED TO TH? Yes Yes Could not be dete Panding Investigat 33 INJURY AT W
AND LAST SAW HIMMHER ALIVE ON CORONER CONTACTED? Yes \(\text{ No } \) A U G 45 T \(\text{ 10 } \) 2 *** of 6 5 4 \(\text{ MA M.} \) 1. CERTIFIER (Check only one) 1. Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. 2. Physician in attendance at line of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. 3. Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 3. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) MICHEL JOSEPH HUMILIER, M.D. 2121 W. HARRISON ST., CHICAGO, ILLINOIS 60612-3705	Pequentally list conditions, if any, adding to the cause listed on line a, inter the UNDERLYING CAUSE disease or injury that initiated the vents resulting in death) LAST. PART II. Enter other significant. 7. DID TOBACCO USE CONTRIBUTE TO DEATH? Q vs. Probably Q No. Details 0. DATE OF INJURY (Month/Day/Y) 4. LOCATION OF INJURY. Street.	conditions control 28. IF FEMALE Not pregnant Not pregnant and Number	within gast 12 months, but pregnant within 43 day	Ut not resulting in the	THE ROSC Oue to (or as a consequence to (or as a consequence) Director (or as a consequence) Oricitor (i) as a consequence to (or as a consequence) Immediately cause given the consequence (or as a consequence) Immediately cause given the consequence (or as a consequence) Immediately cause given the consequence (or as a consequence) Immediately cause given the consequence (or as a consequence) Immediately cause on a filtre Rosc (or as a consequence) Immediately cause on a filtre Rosc (or as a consequence) Immediately cause on a filtre Rosc (or as a consequence) Immediately cause on a filtre Rosc (or as a consequence) Immediately cause on a filtre Rosc (or as a consequence) Immediately cause of the consequence (or as a consequence) Immediately cause of the consequence (or as a consequence) Immediately cause given the consequ	ne. Add additional LEROS ence of): ence of): ence of): of death one run of death but in it in the past (2) (e.g. Leceder).	I S ime unknown months me, construction 36 r TA	25. WAS AN 26. WERE AL COMPLET 29 MANNER TO 29. MANNER TO Accident To sire, restaurc	JTOPSY FINDINGS FE CAUSE OF DEATH Suicide Homicide Tan; wooded area) State	USED TO TH? Yes Yes Could not be dete Panding Investiga 33 INJURY AT W Yes ZIP Code
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UNOFFICIAL COPY

EXHIBIT A

Commitment Number: 12070524

THE WEST 30 FEET OF LOT 12 IN BLOCK 10 IN THE SUBDIVISION OF PART OF THE SOUTH HALF OF THE NORTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 4, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, AS PER PLAT RECORDED JULY 11, 1890 AS DOCUMENT NUMBER 1,301,230 IN BOOK 44 OF PLATS, PAGE 13, IN COOK COUNTY, ILLINOIS.

Permanent Index Number: 16-04-311-004-0000

Th.

\$459 WE.

OPCOOK COUNTY CLORES OFFICE Property Address: 5459 WEST CORTEZ STREET, CHICAGO, IL 60651

> Prism Title 1011 E. Touhy Ave., Ste. 350 Des Plaines, IL 60018 A Policy Issuing Agent for First American Title Insurance Company