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Doc#: 1229615000 Fee: \$46.25 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds
Date: 10/22/2012 08:18 AM Pg: 1 of 4

After Recording Return to MORTGAGE CONNECT LP Attn: KELLY STIEFEL 200 CORPORATE CENTER DELVE SUITE 200 MOON TOWNSHIP, PA 15108 File No. 541294

This document prepared by:

FRANK P. DEC, ESQ. 8940 MAIN STREET CLARENCE, NY 14031 716-634-3405

Tax ID No.: 12-16-412-011-0000

AFFIDAVIT - DECEASED JOINT TENANT

STATE OF ILLINOIS COUNTY OF COOK

BEFORE ME, the undersigned Notary Public, personally appeared OLGA BOLANOS, of legal age, as the sole surviving tenant, "Affiant", who upon being duly sworn, deposes and states upon her oath and affirmation, the following:

- المال المالية المالية
- 2. I owned real property as a joint tenant with FREDDY BOLANOS, my spouse, who, at the time of his demise, was one of the owners of such real property located in COOK County, State of ILLINOIS, described as follows:

SEE ATTACHED EXHIBIT A

S / P / S / M / SC / INT #

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4. That the deceased died (you must make a choice) Leaving no Last Will & Testament Leaving a Last Will & Testament a copy of which is attached hereto. Leaving a Last Will & Testament which was filed in the Unproven W Court of COOK County, Illinois, on or about, 200	ill Box of the Probate Division of Circuit
That the TOTAL VALUE of the estate of the deceased, including both real deceased either individually or in joint tenancy at the time of the death of the deceased either individually or in joint tenancy at the time of the death of the deceased.	he deceased, does not exceed the sum of
5. Affiant is the sole surviving joint tenant and spouse of the property described and this	ribed herein.
Olga Balacear	
STATE OF ILLINOIS COUNTY OF <u>Cook</u>	
Sworn to before me this 11 day of September, 2012. legislation faceacies; Notary Public My Commission Expires: 06/19/16	OFFICIAL SEAL TEYMUR HUSEYNLI Notary Public - State of Illinois My Commission Expires Jun 19, 2016
55/5/	2/6/4/
	-1014's Office
	CV

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OLGA BOLANOS

Order Number: 541294-1

EXHIBIT A

The following described real estate situated in the County of Cook and State of Illinois:

Lot 36 in Gurr's 3rd Homestead Subdivision of the South part of the West 1/2 of the West 1/2 of the East 1/2 of the Southeast 1/4 of Section 16, Township 40 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Tax ID: 12-16-412-011-0000

Print Date: 9/6/2012 4:39:27PM Order Number: 541294-1 Page 6 of 6

CERTIFICATION OF DEATH RECORD

DUPAGE COUNTY HEALTH DEPARTMENT WHEATON, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2011 0060554

MEDICAL EXAMINER'S CASE NUMBER 081611PH2

DATE ISSUED

08/16/2011

DECEDENT'S LEGAL NAME FREDDY BOLANOS MALE								DATE OF DEATH		
COUNTY OF DEATH						MALE	AUGUST 15, 2011			
DU PAGE	AGE AT LAST BIRTHDAY DATE OF BIRTH 62 YEARS OCTOBER 06, 1948									
CITY OR TOWN										
ROSELLE 232 PINECROFT										
PLACE OF DEATH										
DAUGHTER'S HOME BIRTHPLACE S	יחרואו פברווטוד	VALIMBED	MADITAL OT	ATUR AT TIME	05.054711					
COLOMBIA	SOCIAL SECURITY NUMBER MARITAL STATUS AT TIME OF DEATH					TH SURVIVING SPOUSE'S NAME OLGA ACUNA				ORCES? NO
RESIDENCE	JEGA ACONA									- <u> </u>
4017 RUBY ST	APT. NO. CITY OR TOWN SCHILLER PARK						RK		IN:	SIDE CITY LIMITS?
COUNTY STATE	ZIP CODE FATHER'S NAME MOTHER'S NA					ME PRIOR TO FIRST MARRIAGE				
COOK						E LOPEZ DE BOLANOS				
OLGA BOLANOS	RELATIONSHIP MAILING ADDRESS 4017 RUBY ST, SCHILLE						R PARK II. 60176			
METHOD OF DISPOSITION	PLACE	OF DISPOSIT	rion				Y OR TOWN AND			SPOSITION
CREMATION	I APE	OR POINT	TE CREMA	ATORY	WE	ST CHIC	AGO, IL	- 1		Г 20, 2011
FUNERAL HOME DUPAGE CREMATIONS LTE	D, 951 W. WA	(EHINGTO	N ST WE	ST CHICAG	GO II. 60	185			***************************************	
FUNERAL DIRECTOR'S NAME					, 12, 00		FUNERAL DIREC	TOR'S ILL	INOIS LICEN	ISE NUMBER
ALEX J CARBONARA 034014858										
LOCAL REGISTRAR'S NAME MAUREEN T MCHUGH Date filed with AUGUST 16							LOCAL REGISTRAR			
CAUSE OF DEATH PARTIEM	ULTIPLE MYE	LOMA	$-\Theta$		· .		7.00001	0, 201		
IMMEDIATE CAUSE a.							•	T. ÆEIN	UNKN	OWN UNKNOWN
(Final disease or condition Due to (or as ⊥ consequence of): □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □										
IMMEDIATE CAUSE (Final disease or condition pue to (or as consequence of): The sulting in death) Due to (or as consequence of): Due to (or as consequence of):										
Due to (or as a consequency of										
C.			Due to (or as a consequenc	off,			LN	O	
<u> </u>			Due to (or as a consequence	a ofte			<u> </u>		
PART II. Enter other significant condition	ns contributing (to death but n				n Pa RT I.	I MAS	AN AUTO	DSV DEDEO	PMED? NO
							AN AUTOPSY PERFORMED? NO			
								E AUTOPSY FINDINGS USED TO PLETE CAUSE OF DEATH? N/A		
DID TOBACCO USE CONTRIBUTE TO DEATH? FEMALE PREGNANCY STATUS					IER OF DEATH					
						TURAL				
DATE OF INJURY	Ti	ME OF INJUR	Y,	PLACE OF IN,	JURY					INJURY AT WORK?
LOCATION OF INJURY					· · · · · · · · · · · · · · · · · · ·			<u> </u>		
LOCATION OF HOUR										
DESCRIBE HOW INJURY OCCURRED:								LICTO	LIGE N TAT	ON IN PURIOUS ARROYS
								I I I I KA	HO, ORTAI	ON INJURY, SPECIFY:
ATTEND THE DECEASED? DATE	LAST SEEN ALIV	/E W	AS MEDICAL	EXAMINER OF		DATE B	ROMOLINGED	<u> </u>	· T	IME OF DEATH
YES JULY 21, 2011 CORONER CONTACTED? YES 07:30 AM										
CERTIFIER PHYSICIAN							DATE CERTIFIED AUGUST 15, 2011			
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH							PH	PHYSICIAN'S LICENSE NUMBER		
R SIEGEL, 880 W CENTRAL, ARLINGTON HEIGHTS, ILLINOIS, 60005						I	036093052			



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.

Maureen T. McHugh Local Registrar Not valid without the embossed seal of the DuPage County Health Department.