

UNOFFICIAL COPY



CHICAGO TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

By [Signature]

State of Illinois)
County of COOK) ss.
)

Order No. 8913068

Mark Carroll being duly sworn states that
he resides at 1045 Park Avenue in the City of
River Forest, Illinois.

That he was acquainted with NORMAN E. CARROLL
deceased who, at the time of his death, was one of the owners of the land in COOK
County, Illinois, described as:

See Exhibit A attached hereto and made a part hereof

That the deceased died July 6, 2012, 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 unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois about August 20, 2012.



Doc#: 1230026049 Fee: \$64.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 10/26/2012 09:34 AM Pg: 1 of 3

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 less than 3 million dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

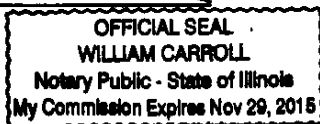
Subscribed and sworn to before me by the said

Mark Carroll

this 13 day of September, A.D. 10 2012

William Carroll

Notary Public



[Signature]

(affiant's signature)

BOX 333-CT

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EXHIBIT A

THE NORTH 63 FEET OF LOT 23 AND THE SOUTH 15 FEET OF LOT 24 IN THATCHER
SUBDIVISION OF THE WEST 1/2 OF THE NORTH WEST 1/4 OF SECTION 12, TOWNSHIP
39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY,
ILLINOIS

Property of Cook County Clerk's Office

UNOFFICIAL COPY


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

STATE FILE NUMBER 2012 0050475

DATE ISSUED 07/10/2012

| | | | | | |
|--|---------------------------------------|---|--|--|--|
| DECEDENT'S LEGAL NAME NORMAN E CARROLL | | | SEX MALE | DATE OF DEATH JULY 06, 2012 | |
| COUNTY OF DEATH COOK | | AGE AT LAST BIRTHDAY 82 YEARS | | DATE OF BIRTH OCTOBER 17, 1929 | |
| CITY OR TOWN RIVER FOREST | | | HOSPITAL OR OTHER INSTITUTION NAME 1005 BONNIE BRAE | | |
| PLACE OF DEATH DECEDENT'S HOME | | | | | |
| BIRTHPLACE CHICAGO, IL | | SOCIAL SECURITY NUMBER [REDACTED] 3990 | STATUS AT TIME OF DEATH MARRIED | | SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME RUTH CHARLTON |
| RESIDENCE 1005 BONNIE BRAE | | | APT. NO. 2F | CITY OR TOWN RIVER FOREST | INSIDE CITY LIMITS? YES |
| COUNTY COOK | STATE IL | ZIP CODE 60305 | FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION RALPH T CARROLL | | MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION EDITH FAY |
| INFORMANT'S NAME RUTH CARROLL | | RELATIONSHIP WIFE | | MAILING ADDRESS 1005 BONNIE BRAE, RIVER FOREST, IL, 60305 | |
| METHOD OF DISPOSITION BURIAL | | PLACE OF DISPOSITION QUEEN OF HEAVEN CATHOLIC CEMETERY | | LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL | DATE OF DISPOSITION JULY 11, 2012 |
| FUNERAL HOME DRECHSLER BROWN AND WILLIAMS FUNERAL HOME, 203 S MARION ST, OAK PARK, IL, 60302 | | | | | |
| FUNERAL DIRECTOR'S NAME BERNARD M DALCAMO JR | | | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016271 | |
| LOCAL REGISTRAR'S NAME DAVID ORR | | | | DATE FILED WITH LOCAL REGISTRAR JULY 10, 2012 | |
| CAUSE OF DEATH PART I. METASTATIC LUNG CANCER IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of): b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): | | | | | |
| PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I. | | | | WAS AN AUTOPSY PERFORMED? NO WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A | |
| FEMALE PREGNANCY STATUS NOT APPLICABLE | | | | MANNER OF DEATH NATURAL | |
| DATE OF INJURY | | TIME OF INJURY | PLACE OF INJURY | | INJURY AT WORK? |
| LOCATION OF INJURY | | | | | |
| DESCRIBE HOW INJURY OCCURRED. | | | | | IF TRANSPORTATION INJURY, SPECIFY: |
| ATTEND THE DECEASED? YES | DATE LAST SEEN ALIVE JULY 03, 2012 | WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO | | DATE PRONOUNCED | TIME OF DEATH 08:50 PM |
| CERTIFIER PHYSICIAN | | | | | DATE CERTIFIED JULY 06, 2012 |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH THERESA KRISTOPAITIS, 2160 S 1ST AVE, MAYWOOD, ILLINOIS, 60153 | | | | | PHYSICIAN'S LICENSE NUMBER 036092517 |

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
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE