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AFFIDAVIT REGARDING DECEASED JOINT TENANT

H12185+12185E PREPARED BY AND MAIL TO:

> HERITAGE TITLE COMPANY 5849 W LAWRENCE AVE CHICAGO, IL 60630

Doc#: 1303222050 Fee: \$44.00 Karen A. Yarbrough RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 02/01/2013 10:38 AM Pg: 1 of 4

| | .1 1 |
|--|--|
| STATE OF ILLINOIS | DATE: 130 3013 |
| COUNTY OF Cook | FILE NO. H 72185E |
| TITLE INSURANCE COMPANY TO ISSUE ITS TITLE CAPTIONED COMMITMENT, DEPOSES AND SAYS: | DULY SWORN, FOR THE PURPOSE OF INDUCING COMMONWEALTH LAND E INSURANCE POLICY COVERING THE LAND DESCRIBED IN THE ABOVE |
| 1. THAT HE/SHE RESIDES AT: S930 WES | ST ADAMS, CHICANO IL. 60684 |
| 2. THAT HE/SHE WAS ACQUAINTED WITH EVIDENCED BY THE ATTACHED CERTIFIED CO | PY OF THE DEATH CERTIFICATE. WHO DIED ON 11-24-09 |
| 3. THAT SAID DECEDENT WAS ONE OF THE OWN | ERS OF THE LAND DESCRIBED IN THE ABOVE CAPTIONED COMMITMENT. |
| 4. THAT SAID DECEDENT DIED: LEAVING NO LAST WILL AND TESTAMENT, LEAVING A LAST WILL AND TESTAMENT, | |
| 5. THAT THE TOTAL VALUE OF SAID DECEDENT'S ESTATE PURPOSES DOES NO EXCEED \$ 100 | ESTATE FOR STATE OF ILLINOIS INHERITANCE TAX AND FEDERAL |
| AFFIANT'S SIGNATURE ROLLY | |
| SUBSCRIBED AND SWORN BEFORE ME THIS 3 | D DAY OF, 20 13. |
| Samuel) | "OFFICIAL SEAL" |
| NOTARY PUBLIC | Maureen Ocampo Notary Public, State of Illinois My Commission Expires 8/18/2014 |

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JNOFFICIAL COPY Commonwealth Land Title Insurance Company

Servicing Agent:
Heritage Title Company
134 N La Salle Street #1520
Chicago, IL 60602

Policy Issuing Agent:
Patrick D. Porto
111 W Washington Blvd #1030
Chicago, IL

File No. **H72185**

Exhibit A

PARCEL A

LOT 3 (EXCEPT THE EAST 23 FEET THEREOF), ALL OF LOT 4, AND THE EAST 5 FEET OF LOT 5 IN BLOCK 10 IN COMMUNITY RESUBDIVISION OF CERTAIN LOTS AND PARTS OF LOTS IN THE SCHOOL TRUSTEE'S SUBDIVISION OF THE LORTH PART OF SECTION 16, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT OF SUBDIVISION RECORDED APRIL 22, 1946 AS DOCUMENT 13774213, IN COOK COUNTY, ILLINOIS

P.I.N. 16-16-210-032-0000 C/K/A 5012 W. JACKSON BOULEVARD - CHICAGO, IL 60644-4328

PARCEL B

LOT 5 (EXCEPT THE EAST 5 FEET THEREOF) (NI) THE EAST 28 FEET OF LOT 6 IN BLOCK 10 IN COMMUNITY RESUBDIVISION OF CERTAIN LOTS AND PARTS OF LOTS IN THE SCHOOL TRUSTEE'S SUBDIVISION OF THE NORTH PART OF SECTION 16, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT OF SUBDIVISION RECORDED APRIL 22, 1946 AS DOCUMENT 13774213, IN COOK COUNTY, ILLINOIS

P.I.N. 16-16-210-031-0000 C/K/A 5018 W. JACKSON BOULEVARD - CHICAGO, IL 60644-4300

PARCEL C

LOT 3 (EXCEPT THE EAST 23 FEET THEREOF), ALL OF LOT 4, AND THE EAST 5. EET OF LOT 5 IN BLOCK 11 IN COMMUNITY RESUBDIVISION OF CERTAIN LOTS AND PARTS OF LOTS IN THE SCHOOL TRUSTEE'S SUBDIVISION OF THE NORTH PART OF SECTION 16, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT OF SUBDIVISION RECORDED APRIL 22 1946 AS DOCUMENT 13774213, IN COOK COUNTY, ILLINOIS

P.I.N. 16-16-213-078-0000 C/K/A 5015 W. JACKSON BOULEVARD - CHICAGO, IL 60644-4642

PARCEL D

LOT 5 (EXCEPT THE EAST 5 FEET THEREOF) AND THE EAST 28 FEET OF LOT 6 IN BLOCK 11 IN COMMUNITY RESUBDIVISION OF CERTAIN LOTS AND PARTS OF LOTS IN THE SCHOOL TRUSTEE'S SUBDIVISION OF THE NORTH PART OF SECTION 16, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT OF SUBDIVISION RECORDED APRIL 22, 1946 AS DOCUMENT 13774213, IN COOK COUNTY, ILLINOIS

P.I.N. 16-16-213-077-0000 C/K/A 5019 W. JACKSON BOULEVARD - CHICAGO, IL 60644-4640

Commonwealth Land Title Insurance Company

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Exhibit A

LOT 2 AND THE EAST 23 FEET OF LOT 3 IN BLOCK 11 COMMUNITY RESUBDIVISION OF CERTAIN LOTS AND PARTS OF LOTS IN THE SCHOOL TRUSTEE'S SUBDIVISION OF THE NORTH PART OF SECTION 16, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT OF SUBDIVISION RECORDED APRIL 22, 1946 AS DOCUMENT 13774213, IN COOK COUNTY, ILLINOIS

P.I.N. 16-16-213-079-0800 CIK/A 5007 W. JACKSON SOULEVARD - CHICAGO, IL 60644-4649

CERTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

| TATE FILE NUMBER 2009 008 | 35635 | | | | DATE 18 SUED 12/08/2009 | |
|--|--|--|-------------------------|----------------------------|---|--|
| DECEDENT'S LEGAL NAME GEORGE ROBY | | | | SEX MALE | DATE OF DEATH NOVEMBER 24, 2009 | |
| COUNTY OF BEATH | | AT LAST BIRTHDAY YEARS | DATE OF | BIRTH UARY 01: 1942 | and the state of the state of | |
| CITY OR TOWN CHICAGO | | HOSPITAL | OR OTHER INSTITUTION | 1 1 | | |
| PLACE OF DEATH DECEDENT'S HOME | | | | | | |
| BIRTHPLACE | SOCIAL SECURITY NUM | BER MARITAL STATUS AT TIME | OF DEATH SURVIVI | NG SPOUSE'S NAME | EVER IN U.S. ARMED | |
| MEMPHIS, TN RESIDENCE | 322-34-0063 | MARRIED APT. NO. | DON CITY OR TOWN | AITILIA GUZMAI | | |
| 5930 W ADAMS | | | CHICAGO | | INSIDE CITY LIMITS? YES | |
| COOK II | 60644 | FATHERS NAME MILTON ROBY | | EDDIE LE | ME PRIOR TO FIRST MARRIAGE E WILSON | |
| INFORMANT'S NAME RELATIONSHIP MAILING ADDRESS 5930 W ADAMS CHICAGO, IL 60644 | | | | | | |
| METHOD OF DISPOSITION BURIAL | PLACE OF DI FURILIET | SPOSITION HOME CEMETERY | | PARK, IL | STATE DATE OF DISPOSITION NOVEMBER 28, 2009 | |
| FUNERAL HÖME CORBIN COLONIAL FUNERAL CHAPEL INC, 53.5 VEST MADISON STREET, CHICAGO, IL, 60644 | | | | | | |
| FUNERAL DIRECTOR'S NAME SONYA RENA JEFFERSO | ON | | | 034015608 | | |
| LOCAL REGISTRAR'S NAME DAVID ORR | | | | | HLOCAL REGISTRAR R. 25, 2009 | |
| CAUSE OF DEATH PART I. IMMEDIATE CAUSE 8 | CANCER OF AMPULL | A OF VATER | | | | |
| (Final disease or condition resulting in (leath) | | Due to (or as a con sque | ence of) | (2275) (2275) (2275) | | |
| 1651ath 12 (cany) | | | | | | |
| Ċ | | Due to (4: se a conséque | Ance diff. | | 2 6 | |
| DADTH SALE AND | | Oue to (or as ≥ conseque | 1.75 (1.14 (1.14)) | | | |
| PART II. Enter other significant con | анна з с онв юн на ў 10 100 | n on tox tearting to the mostlyth | g cause given in PART (| | AN AUTOPSY PERFORMED? NO | |
| | | | | CON | REAUTOPSY FINDINGS USED TO IPLETE CAUSE OF DEATHY: N/A | |
| DID TOBACCO USE CONTRIBUTE T UNKNOWN | NOT | APPLICABLE | | 1 | NER OF DEATH TURAL | |
| DATE OF INJURY | TIME OF | FINJURY PLACE OF | INJURY | | INJURY AT WORK? | |
| LOCATION OF INJURY | | | | | | |
| DESCRIBE HOW INJURY OCCURRED: IF TRANSPOR LET ON INJURY, SPECIFY: | | | | | | |
| ATTEND THE DECEASED? D | ATE LAST SEEN ALIVE UNKNOWN | WAS MEDICAL EXAMINER (CORONER CONTACTED? | | PRONOUNCED | TIME OF DEATH | |
| CERTIFIER PHYSICIAN | | | 1 | | DATE CERTIFIED NOVEMBER 24, 2009 | |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JAMIE VON ROENN, 251 E HURON, CHICAGO, ILLINOIS, 60611 03663985 | | | | | | |
| | | | | | | |



This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.



