

UNOFFICIAL COPY



Doc#: 1309947005 Fee: \$42.00
RHSP Fee: \$10.00 Affidavit Fee:
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 04/09/2013 10:37 AM Pg: 1 of 3

10/23
Mail To:
Carrington Title Partners, LLC
1919 S. Highland Ave., Ste 315-B
Lombard, IL 60148
(630)317-0049

Deceased Joint Tenancy Affidavit

STATE OF ILLINOIS)
COUNTY OF COOK) SS.

Commitment/File Number 2013-00667DB

I, Patricia L. Peters, the affiant, being duly sworn states that
Richard D. Peters (the deceased) resided at 1505 Skauville Brooklyn IL
(address of deceased) in the City of COOK. I was acquainted with
Richard D. Peters deceased, who at the time of death, was one of the owners of
the land in COOK County, Illinois. Property address and description as follows:

See Attached

That the deceased died on May 26, 1993 (date), at HOME
(location), as evidenced by a certified copy of the death certificate of the deceased is attached.

That the deceased died:

Leaving no Last Will and Testament.

Leaving a Last Will and 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 and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois on _____ (date).

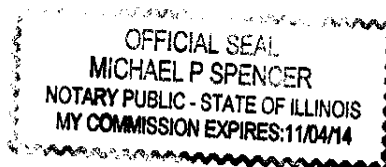
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of death of the deceased, does not exceed the sum of _____ dollars.

Affiant makes this affidavit for the purposes of inducing Carrington Title Partners, LLC, a policy issuing Agent for Fidelity National Title Insurance Company, to issue its title insurance commitment(s) and policy(ies) describing the above mentioned property.

Patricia L. Peters
X Affiant

Subscribed and sworn to me by the said affiant, _____ for the uses and purposes set forth therein, this 22 day of March, 2013.

Notary Public



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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record for the person named and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths, and deaths.

DATE: JUN 3 1993

SIGNED: Robert C. Rechner

AT: BERWYN, ILLINOIS

OFFICIAL TITLE: DEPUTY REGISTRAR

The original record is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of this record by the Department of Public Health or the local registrar shall be prima facie evidence in all courts and places of the facts therein.

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

DECEASED'S BIRTH NO.

REGISTRATION DISTRICT NO. 16.21
REGISTERED NUMBER 522

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

Type or Print in PERMANENT INK See Funeral Director, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME Richard D. Peters
COUNTY OF DEATH Cook
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 1505 SCOVILLE
AGE LAST BIRTHDAY (YRS) 61
HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 1505 SCOVILLE
SEX Male
DATE OF BIRTH (MONTH, DAY, YEAR) July 24, 1931
DATE OF DEATH (MONTH, DAY, YEAR) May 26, 1993

DECEASED
6a. Birthplace (CITY AND STATE OR FOREIGN COUNTRY) Chicago, IL
7. Chicago, IL
8. Social Security Number
9. Was Deceased Ever in U.S. Armed Forces? (YES/NO) No
10. Residence (STREET AND NUMBER) 11a. Truck Driver 11b. Transportation
CITY, TOWN, TWP. OR ROAD DISTRICT NO. 1505 SCOVILLE
12. Education (Specify Only Highest Grade Completed) 8
13. Inside City (YES/NO) Yes
13d. Cook
14. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 8a. Married
8b. Patricia Klunk
15. Name of Surviving Spouse (Maiden Name, if wife)
16. MOTHER-NAME Irene Sheehy

PARENTS
13a. Illinois 13b. 60402 13c. White 13d. Cook
FATHER-NAME Charles G. Peters 14. FNO YES SPECIFY:
MOTHER-NAME Irene Sheehy
15. Informant's Name (Type or Print) Patricia Peters 17a. Wife 17b. 1505 Scoville 17c. Berwyn, IL 60402
18. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or renal failure. List only one cause on each line.
(a) COLON CANCER
(b) 1 Year
(c) DUE TO OR AS A CONSEQUENCE OF

CAUSE
1. Immediate Cause (Final disease or condition resulting in death)
2. Underlying Cause (Cause of death)
3. Conditions, if any, which give rise to immediate cause (e.g., disease or condition)
4. Cause last stated by the undertaker
5. Cause last stated by the physician
6. Cause last stated by the coroner or medical examiner
7. Cause last stated by the pathologist
8. Cause last stated by the physician
9. Cause last stated by the coroner or medical examiner
10. Cause last stated by the pathologist
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98. Cause last stated by the physician
99. Cause last stated by the coroner or medical examiner
100. Cause last stated by the pathologist

CERTIFYING
20a. DATE OF OPERATION, IF ANY
20b. MAJOR FINDINGS OF OPERATION
20c. DID NOT ATTEND THE DECEASED (MONTH, DAY, YEAR) 5/25/93
20d. LAST SAW HIM/HER ALIVE ON
21. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) Yes
21c. HOUR OF DEATH 2:00 A.M.
21d. DATE SIGNED (MONTH, DAY, YEAR) 5/27/93
22. SIGNATURE (TYPE OR PRINT) Andrew A. Detels
22a. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) BERWYN, IL
22c. 3244 S. GALE PARK
22d. 036-072033
23. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT) DR. GOKAVANT
24a. CREMATION (SPECIFY) Park Crematory
24b. CEMETERY OR CREMATORY-NAME
24c. LOCATION CITY OR TOWN STATE
24d. Park Forest, Illinois
25a. CREMATION SOCIETY OF ILLINOIS 770 E. Northwest Hwy Mt Prospect, IL 60056
25b. FUNERAL DIRECTOR'S SIGNATURE Gerald Sullivan
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 11165
26a. LOCAL REGISTRAR'S SIGNATURE Robert C. Rechner
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) MAY 28 1993

DISPOSITION
25a. Cremation Society of Illinois 770 E. Northwest Hwy Mt Prospect, IL 60056
25b. Funeral Director's Signature Gerald Sullivan
25c. Funeral Director's Illinois License Number 11165
26a. Local Registrar's Signature Robert C. Rechner
26b. Date Filed by Local Registrar (Month, Day, Year) MAY 28 1993

UNOFFICIAL COPY

Carrington Title Partners, LLC
1919 S. Highland Ave., Building B, Suite 315
Lombard, IL 60148
A Policy Issuing Agent for
Fidelity National Title Insurance Company

LEGAL DESCRIPTION

LOT 45 AND THE SOUTH 4 FEET OF LOT 46 IN PAGE'S SUBDIVISION OF BLOCK 62, IN THE SUBDIVISION OF SECTION 19 (EXCEPT THE SOUTH 300 ACRES THEREOF) IN TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Commonly known as: 1505 Scoville Avenue; Berwyn, IL 60402
PIN Number: 16-19-229-045

Property of Cook County Clerk's Office