



Doc#: 1414149092 Fee: \$64.00
RHSP Fee: \$9.00 RPAF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 05/21/2014 02:34 PM Pg: 1 of 3

RETURN TO:
SPECIALTY TITLE SERVICE, INC.
1375 REMINGTON RD., SUITE K
SCHAUMBURG, IL 60173
Phone: 847-864-6734
Fax: 847-864-7418

2140163 182

Deceased Joint Tenancy Affidavit

State of Illinois)

SS

County of ~~Kane~~ (Cook)

Date: March 24, 2014

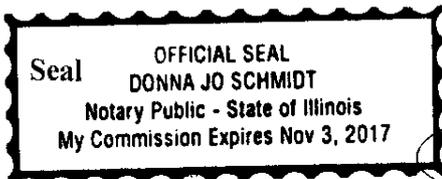
Commitment Number: 2140088

Todd Roberts, being first duly sworn, for the purpose of inducing Specialty Title Services, Inc. to issue its title policy covering the land described in the above- referenced commitment, deposes and says:

1. That he/she resides at 18273 Burnham Lansing IL 60438
2. That he/she was acquainted with Donna Roberts, who died on 6-28-06, as evidenced by the attached copy of the death certificate.
3. That said decedent was one of the owners of the land described in the above-captioned commitment.
4. That said decedent died: 6-28-06. Leaving no will and testament
_____ Leaving a last will and testament, a copy of which is attached
5. That the total value of said decedents estate for State of Illinois Inheritance Tax/Estate Tax and Federal Estate Tax purposes does not exceed \$ 0.00.

Todd Roberts
Affiants Signature

Subscribed and sworn before me this 24 day of March, 2014.



Donna Jo Schmidt
Notary Public

PREPARED BY:
TODD ROBERTS
18273 BURNHAM AVE.
LANSING, IL 60438

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

DAVID ORR, County Clerk

April 3, 2014

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office. IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David J. Orr
COUNTY CLERK

<input checked="" type="checkbox"/> PERMANENT CERTIFICATE	REGISTRATION DISTRICT NO. 16.0	MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH		STATE OF ILLINOIS	STATE FILE NUMBER	
<input type="checkbox"/> TEMPORARY CERTIFICATE	REGISTERED NUMBER 502 JUN 06					
Type, or Print in PERMANENT INK See Coroner's or Funeral Directors Handbook for INSTRUCTIONS	1. DECEASED-NAME FIRST MIDDLE LAST Donna J. Roberts		SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) June 29, 2006		
	2. COUNTY OF DEATH COOK		AGE - LAST BIRTHDAY (YRS) 5a. 44	UNDER 1 YEAR MOSE. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) Oct. 17, 1961
	3. CITY, TOW, TWP, OR ROAD DISTRICT NUMBER LANSING		4. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 18273 Burnham Avenue		5. IF HOSP. OR INST. INDICATE D.O.A., OP/EMER, AM/INPATENT (SPECIFY) Scene	
	6. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) II Divorced		8. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) None	
	9. SOCIAL SECURITY NUMBER		10. USUAL OCCUPATION Housewife		11. KIND OF BUSINESS OR INDUSTRY Own Home	
	12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) 12		13. College (1-4 or 5+) 2		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) No	
	15. RESIDENCE (STREET AND NUMBER) 18273 Burnham Ave.		16. CITY, TOWN, TWP, OR ROAD DISTRICT NO. LANSING		17. INSIDE CITY (YES/NO) Yes	
	18. STATE Illinois		19. ZIP CODE 60438		20. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) WHITE	
	21. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:					
	15. FATHER-NAME FIRST MIDDLE LAST Mack Budzowski			16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST Jean Federowski		
17a. INFORMANT'S NAME (TYPE OR PRINT) Mack Budzowski			17b. RELATIONSHIP Father		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 178060 Dorchester Lansing, IL, 60438	
18. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.						
Immediate Cause (Final disease or condition resulting in death)		(a) GASTROINTESTINAL Hemorrhage DUE TO, OR AS A CONSEQUENCE OF				
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) Cirrhosis of the Liver DUE TO, OR AS A CONSEQUENCE OF				
		(c)				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Systemic Lupus Erythematosus						
19a. NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY) Natural		20b. DATE OF INJURY (MONTH, DAY, YEAR) 2006		20c. HOUR M.		
20d. INJURY AT WORK (YES/NO)		20e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY)		20f. LOCATION (CITY, VIL. OR TOWN, OR TWP.; OR RD. DIST. NO., CO. CNTY., STATE)		
20g. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO		20h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT			21b. THE DECEDENT WAS PRONOUNCED DEAD ON MONTH DAY YEAR June 29, 2006		21c. AT MONTH DAY YEAR 9:13 A M.	
22a. CORONER'S - MEDICAL EXAMINER'S SIGNATURE <i>[Signature]</i>			22b. DATE SIGNED (MONTH, DAY, YEAR) June 29, 2006		22c. CORONER'S PHYSICIAN'S NAME (Type or Print) LINDY LYDIE JONES, M.D.	
23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		23b. CEMETERY OR CREMATORY-NAME Assumption Cemetery		23c. LOCATION CITY OR TOWN STATE Glenwood, IL		
23d. FUNERAL HOME Rosemoor Funeral Home 17943 S. Torrence Av. Lansing, IL 60438		23e. DATE (MONTH, DAY, YEAR) July 7, 2006		23f. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-015299		
24a. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>			24b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) JUL 06 2006			

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EXHIBIT A

File No.: 2140163

Property Address: 18273 BURNHAM AVENUE, LANSING, IL, 60438

LOTS 22 AND 23 IN BLOCK 5 IN THE RESUBDIVISION OF LOTS 7 TO 20 INCLUSIVE IN BLOCK 5 AND OF LOTS 1 AND 2 IN BLOCK 7, LANSING CENTRAL SUBDIVISION, BEING A SUBDIVISION OF THE NORTHWEST $\frac{1}{4}$ OF THE SOUTHWEST $\frac{1}{4}$ OF FRACTIONAL SECTION 32, TOWNSHIP 36 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT THE NORTH 147.5 FEET OF THE EAST 147.5 FEET) IN COOK COUNTY, ILLINOIS.

PIN: 30-32-300-057

Property of Cook County Clerk's Office