

Doc#: 1529346008 Fee: \$42.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 10/20/2015 08:02 AM Pg: 1 of 3



5140 MAIN ST.
DOWNERS GROVE, IL 60515
PH: 630-413-9477
FAX: 888-413-9477

DECEASED JOINT TENANT AFFIDAVIT

State of Illinois
County of COOK

RE: File Number 1508017

Scott Chappelle, being duly sworn and for the purposes of inducing Pro Title Group, Inc. to delete all title exceptions caused by the death of JUDITH M. CHAPPELLE, states:

1. That Affiant resides at 96 Rosewood Ln, Chicago Heights, IL 60411
2. That Affiant was acquainted with said decedent who died on 09/02/2005 as evidenced by a copy of the death certificate attached hereto;
3. That said decedent was one of the owners of land described in the subject file.
4. That said decedent died:
 - PRO TITLE GROUP, INC.
 - 5140 MAIN STREET
 - DOWNERS GROVE, IL 60515
 - leaving no Last Will and Testament;
 - leaving a Last Will and Testament, a copy of which is attached hereto;
 - leaving a Last Will and Testament, which was filed in the unproven will book of the Probate Division of the Circuit Court of _____ County on _____
5. That the total value of the estate of said decedent, including both real and personal property owned by said decedent either individually or in joint tenancy at the date of death, does not exceed \$100,000.00.

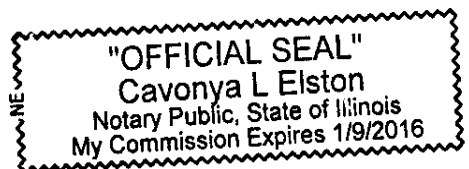
File # 1508017 - COOK

PRO TITLE GROUP, INC

Subscribed and sworn to before me by the said Affiant
This 29 day of September, 2015.

Cavonya L. Elston
Notary Public

Scott Chappelle
Scott Chappelle



UNOFFICIAL COPY

17th NO.	REGISTRATION DISTRICT NO. 16.32	STATE OF ILLINOIS	STATE FILE NUMBER
	REGISTERED NUMBER 722	MEDICAL CERTIFICATE OF DEATH	
In ink, notations or NS	DECEASED—NAME FIRST MIDDLE LAST		SEX
	1. JUDITH MERLE CHAPPELLE		FEMALE
	COUNTY OF DEATH		DATE OF DEATH (MONTH, DAY, YEAR)
	COOK		3. SEPTEMBER 2, 2005
ED	4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		DATE OF BIRTH (MONTH, DAY, YEAR)
	CHICAGO HEIGHTS		5d. NOVEMBER 20, 1940
	6b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATE D.O.A. (PRIMER, FM, INPATIENT) (SPECIFY)
	ST. JAMES HOSP. & HEALTH CENTERS		6c. INPATIENT
IS	7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
	CHICAGO, IL		EDWARD CHAPPELLE
	8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
	MARRIED		NO
IN	10. SOCIAL SECURITY NUMBER		11a. USUAL OCCUPATION
	4437		TEACHER
	11b. KIND OF BUSINESS OR INDUSTRY		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
	PUBLIC SCHOOLS		4
13a. RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)
96 ROSEWOOD LANE		CHICAGO HEIGHTS	YES
13b. STATE		13c. COUNTY	13d. COUNTY
ILLINOIS		COOK	COOK
13e. ZIP CODE		14. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	
60411		WHITE	
15. FATHER—NAME FIRST MIDDLE LAST		16. MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST	
LAWRENCE A. HANSON		ESTHER LUNDMARK	
17a. INFORMANT'S NAME (TYPE OR PRINT)		17b. RELATIONSHIP	17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
EDWARD CHAPPELLE		HUSBAND	96 ROSEWOOD LN, CHGO. HTS., IL 60411
18. PART I. Enter the diseases 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.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death) → (a) <u>Comp. of Breast</u>			10-17-98
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.			
PART II. Other conditions possibly contributing to death but not resulting in the underlying cause of death (PART I).			
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION	19a. AUTOPSY (YES/NO)
			NO
21a. (If physician) ATTEND THE DECEASED AND LAST SAW HIM/her ALIVE ON		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	21c. HOUR OF DEATH
Sept 05		NO	1:28 P.M.
22a. SIGNATURE		22b. DATE SIGNED (MONTH, DAY, YEAR)	
[Signature]		9-6-05	
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22d. ILLINOIS LICENSE NUMBER	
PETER JACMIN M.D. 2105 W. LINCOLN Hwy, Olympia Fields, IL 60461		036-040840	
23. BURIAL CREMATION, REMOVAL (SPECIFY)		24a. CEMETERY OR CREMATORY—NAME	24b. LOCATION CITY OR TOWN STATE
BURIAL		ST. PAUL'S LUTH. CEM	FLOSSMOOR, ILLINOIS
24c. FUNERAL HOME NAME		24d. DATE (MONTH, DAY, YEAR)	
HIRSCH FUNERAL HOMES, 1340 OTTO BLVD., CHICAGO HEIGHTS, ILLINOIS 60411		09/08/2005	
25a. FUNERAL DIRECTOR'S SIGNATURE		25b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
[Signature]		034-015528	
26a. LOCAL REGISTRAR'S SIGNATURE		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
Ethel M. Taylor		September 8, 2005	

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE **DEATH RECORD** FOR THE ABOVE NAMED IN ITEM NO. 1 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: SEP 08 2005

SIGNED: Ethel M. Taylor

AT: CHICAGO HEIGHTS, IL 60411

TITLE: LOCAL REGISTRAR

Birthplate

UNOFFICIAL COPY



LEGAL DESCRIPTION "EXHIBIT A"

LEGAL DESCRIPTION: LOT 1 IN BLOCK 5 IN ROSEWOOD HEIGHTS, A SUBDIVISION IN THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 8, TOWNSHIP 35 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PROPERTY ADDRESS: 96 ROSEWOOD LANE CHICAGO HEIGHTS IL 60411

TAX NUMBER: 32-08-216-025-0000

Property of Cook County Clerk's Office