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Doc#: 1535112029 Fee: \$42.00
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Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 12/17/2015 10:55 AM Pg: 1 of 3

Prepared by and mail to:

Margaret O'Sullivan, Esq.
10749 Winterest Drive
Orland Park, IL 60467

150 442 / 100024

Property of Cook County Clerk's Office

Deceased Joint Tenancy Affidavit

1/3

Attorneys' Title Guaranty Fund, Inc.
1 S. Wabash, Suite 2100
Chicago, IL 60604-4680
Attn: Search Department

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INT Y

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DECEASED JOINT TENANCY AFFIDAVIT

ORDER NO.150442100024

STATE OF ILLINOIS)
)SS:
COUNTY OF COOK)

SHARON SMIT being duly sworn states that she resides at 8850 Biloba St. in the City of Orland Park, IL

That she was acquainted with MARTIN SMIT, deceased, who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

* LOT 144 IN THE 2ND ADDITION TO SILVER LAKE WEST, A SUBDIVISION OF PART OF THE SOUTHEAST 1/4 OF SECTION 10, TOWNSHIP 36 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PIN: 27-10-404-021-0000
C/K/A: 8850 BILOBA ST., ORLAND PARK, ILLINOIS 60462 *

That the deceased died on December 31, 2015, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

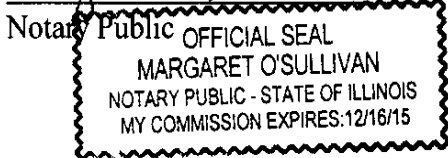
- Leaving no Last Will & Testament
- Leaving a Last Will & Testament, a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of Cook County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois, about _____.

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 \$265,000.00 dollars.

Affiant makes this affidavit for the purpose of inducing ATTORNEY'S TITLE GUARANTY FUND, INC. to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me
this 4th day of November, 2015

Margaret O'Sullivan



Sharon Smit

Affiant's Signature

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

STATE FILE NUMBER 2012 0097833

DATE ISSUED 1/2/2013

DECEDENT'S LEGAL NAME MARTIN HENRY SMIT		SEX MALE	DATE OF DEATH DECEMBER 31, 2012	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 70 YEARS	DATE OF BIRTH MARCH 29, 1942		
CITY OR TOWN PALOS HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME PALOS COMMUNITY HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME SHARON A DOFF	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 8850 BILOBA	APT. NO.	CITY OR TOWN ORLAND PARK		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60432	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ALBERT SMIT	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION GRACE VAN ZYL
INFORMANT'S NAME SHARON A SMIT		RELATIONSHIP WIFE	MAILING ADDRESS 8850 BILOBA, ORLAND PARK, IL, 60462	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION ABRAHAM LINCOLN NATIONAL CEMETERY	LOCATION - CITY OR TOWN AND STATE ELWOOD, IL	DATE OF DISPOSITION JANUARY 04, 2013	
FUNERAL HOME COLONIAL CHAPEL, 15525 S 73RD AVE, ORLAND PARK, IL, 60462				
FUNERAL DIRECTOR'S NAME EDWARD J DAMSTRA			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014329	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JANUARY 2, 2013	
CAUSE OF DEATH PART I: PNEUMONIA IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of): b. ALZHEIMERS _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of):				
PART II. Enter other significant conditions contributing to death 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 DECEMBER 30, 2012	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 05:50 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED DECEMBER 31, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH WILFORD F GERMINO MD, 16660 S 107TH AVENUE, ORLAND PARK, ILLINOIS, 60467			PHYSICIAN'S LICENSE NUMBER 036-062103	

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

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: TACTILE SECURITY HOLOGRAPHIC FOILS AT BOTTOM