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Doc#: 1535249055 Fee: \$44.00
RHSP Fee:\$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 12/18/2015 11:29 AM Pg: 1 of 4

Property of Cook County Clerk's Office

DECEASED JOINT TENANCY AFFIDAVIT

Prepared BY:
MICHELE CLIFTON
15 BAR HARBOUR ROAD
UNIT 301
SCHAUMBURG, IL 60193

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CHICAGO TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
County of) ss.
)

Order No. _____

MICHELLE CLIFTON being duly sworn states that
SHE resides at 15 BAR HARBOUR RD #301, SCHAUMBURG, IL in the City of
SCHAUMBURG, IL 60193

That SHE was acquainted with MARK CLIFTON
deceased who, at the time of HIS death, was one of the owners of the land in Cook
County, Illinois, described as:

See Exhibit A attached hereto and made a part hereof

That the deceased died MAY 16, 2015, as evidenced
by a certified copy of 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 _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ 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 120,000 dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

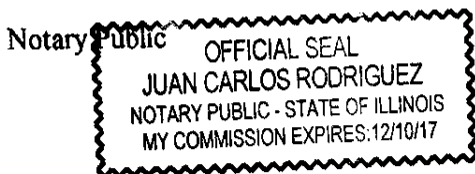
Subscribed and sworn to before me by the said

[Signature]

this 18 day of December, A.D. 2015

[Signature]

(affiant's signature)



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EXHIBIT A

LEGAL DESCRIPTION:

PARCEL 1: UNIT 3A IN 15 BAR HARBOUR ROAD CONDOMINIUM AS DELINEATED ON SURVEY OF THE FOLLOWING DESCRIBED PROPERTY (SAID PROPERTY SO DELINEATED BEING HEREAFTER REFERRED TO AS "PARCEL") THAT PART OF THE NORTH 40 ACRES OF THE WEST ½ OF THE SOUTHWEST ¼ OF SECTION 24, TOWNSHIP 41 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, BOUNDED BY A LINE DESCRIBED AS FOLLOWS: COMMENCING AT THE WEST ¼ CORNER OF SAID SECTION 24; THENCE SOUTH 89 DEGREES 45 MINUTES 47 SECONDS EAST ALONG THE NORTH LINE OF THE NORTHWEST ¼ OF THE SOUTHWEST ¼ OF SECTION 24, AFORESAID, 154.81 FEET; THENCE SOUTH 00 DEGREES 14 MINUTES 13 SECONDS WEST, 332.67 FEET TO THE POINT OF BEGINNING OF THE PARCEL TO BE DESCRIBED; THENCE NORTH 43 DEGREES 05 MINUTES 42 SECONDS EAST, 96.00 FEET; THENCE SOUTH 46 DEGREES 54 MINUTES 18 SECONDS EAST, 40.83 FEET; THENCE NORTH 43 DEGREES 05 MINUTES 42 SECONDS EAST, 155.61 FEET; THENCE NORTH 73 DEGREES 05 MINUTES 42 SECONDS EAST, 185.61 FEET; THENCE SOUTH 16 DEGREES 54 MINUTES 18 SECONDS EAST, 96.00 FEET; THENCE SOUTH 73 DEGREES 05 MINUTES 42 SECONDS WEST, 159.89 FEET; THENCE SOUTH 43 DEGREES 05 MINUTES 42 SECONDS WEST, 225.88 FEET; THENCE NORTH 46 DEGREES 54 MINUTES 18 SECONDS WEST, 136.83 FEET TO THE POINT OF BEGINNING IN COOK COUNTY, ILLINOIS; WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM FOR 15 BAR HARBOUR ROAD CONDOMINIUM ASSOCIATION MADE BY UPPER AVENUE NATIONAL BANK, AS TRUSTEE UNDER TRUST NUMBER 10256 AND REGISTERED SEPTEMBER 4, 1975 AS DOCUMENT LR 2827663, IN THE OFFICE OF THE REGISTRAR OF TITLES IN COOK COUNTY, ILLINOIS, TOGETHER WITH AN UNDIVIDED 100 PERCENT INTEREST IN SAID PARCEL (EXCEPTING FROM SAID PARCEL ALL THE PROPERTY AND SPACE COMPRISING ALL THE UNITS THEREOF AS DEFINED AND SET FORTH IN SAID DECLARATION AND SURVEY.

PARCEL 2: EASEMENTS FOR PARKING PURPOSES IN AND TO PARKING AREA NO. 31, AS DEFINED AND SET FORTH IN SAID DECLARATION AND SURVEY.

PARCEL 3: EASEMENTS APPURTENANT TO AND FOR THE BENEFIT OF PARCEL 1 AS SET FORTH IN THE DECLARATION OF CONDOMINIUM FILED AS DOCUMENT LR 2827663 AND AS CREATED BY THE DEED FROM UPPER AVENUE NATIONAL BANK TRUST 10256 TO WILLIAM MITCHELL AND RITA MITCHELL, HIS WIFE DATED NOVEMBER 20, 1975 AND FILED JANUARY 2, 1976 AS DOCUMENT LR 2849219.

COMMON ADDRESS: 15 BAR HARBOUR, UNIT 3A, SCHAUMBURG, IL 60193

PERMANENT INDEX NO.: 07-24-300-009-1013

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STATE OF NORTH CAROLINA HENDERSON COUNTY OFFICE OF REGISTER OF DEEDS

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES N.C. VITAL RECORDS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 045-00 LOCAL NO.

COUNTY OF DEATH Henderson STATE FILE NO.

1a. FIRST NAME: Mark 1b. MIDDLE: 1c. LAST NAME: Clifton 1d. SUFFIX: 1e. LAST NAME PRIOR TO FIRST MARRIAGE:

2. SEX: Ma 3a. AGE LAST BIRTHDAY (Year): 94 3b. UNDER 1 YEAR: Months: Days: Hours: Minutes: 4. DATE OF BIRTH (Month/Day/Year): Nov. 19, 1920 5. BIRTHPLACE (County/State or Foreign Country): Philadelphia, PA 6. DATE OF DEATH (Month/Day/Year): May 16, 2015

7a. IF DEATH OCCURRED IN A HOSPITAL: 7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: Hospice facility: The Elizabeth House 7c. FACILITY NAME: 7d. CITY OR TOWN: Flat Rock 7e. COUNTY OF DEATH: Henderson

8. MARITAL STATUS: 9. SURVIVING SPOUSE (if wife, give name prior to first marriage): 10a. DECEDENT'S USUAL OCCUPATION (Do not use retired): Real Estate Finance 10b. KIND OF BUSINESS/INDUSTRY: Real Estate

11. SOCIAL SECURITY NUMBER: 093-16-1558 12a. RESIDENCE-STATE OR FOREIGN COUNTRY: North Carolina 12b. COUNTY: Henderson 12c. CITY OR TOWN: Hendersonville

13. WAS DECEDENT EVER U.S. ARMED FORCES?: 14. DECEDENT'S EDUCATION (Specify the highest degree or level of school completed at the time of death): 15. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino): 16. DECEDENT'S RACE (Check one or more boxes to indicate who decedent considered himself or herself to be):

17. FATHER'S NAME (First, Middle, Last): Gorham Clifton 18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Margaret Frances Keenan 19a. INFORMANT'S NAME: Michele Clifton 19b. RELATIONSHIP TO DECEASED: Daughter 19c. MAILING ADDRESS (Street and Number, City, State, ZIP Code): 15 Bar Harbour Rd. Schaumburg, IL 60193

20a. METHOD OF DISPOSITION: 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Shepherd Memorial Park Crematory Hendersonville, NC 20c. LOCATION (City or Town and State): Hendersonville, NC

21. SIGNATURE OF FUNERAL DIRECTOR: 21a. LICENSE NUMBER: 21b. NAME OF EMBALMER: Not Embalmed 21c. LICENSE NUMBER:

22. NAME AND ADDRESS OF FUNERAL HOME: Thos. Shepherd & Son Inc., P.O. Box 765 Hendersonville, NC 28793

23. PART I. Enter the chain of events (diseases, injuries or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without stating the etiology on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE. IMMEDIATE CAUSE: Prostate cancer with bone metastases

24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

25. MANNER OF DEATH: 26a. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. TIME OF DEATH (Approximate): 3:50 PM 28. DID TOBACCO USE CONTRIBUTE TO DEATH? 29. IF FEMALE: 29a. Pregnant at time of death? 29b. Not pregnant within past year? 29c. Not pregnant, but pregnant within 42 days of death? 29d. Not pregnant, but pregnant within 1 year before death? 29e. Unknown if pregnant within the year before death?

30. DATE PRONOUNCED DEAD: 31. DATE OF EXAMINATION: 32. CERTIFIER (Check only one): 33a. SIGNATURE AND TITLE OF CERTIFIER: Jennifer L. Horvenden, MD 33b. LICENSE NUMBER: 95-01557 NC 33c. DATE SIGNED (Month/Day/Year): 5-21-15

34. FOR LOCAL REGISTRAR (Name): 35. DATE FILED (Month/Day/Year): 5-27-2015 36. DATE REGISTERED BY STATE:

DATE CORRECTED (Mo/Day/Yr): DATE AMENDED (Mo/Day/Yr): ITEM(S) CORRECTED: ITEM(S) AMENDED:

Volume: Page: This is to certify that this is a true and correct reproduction or abstract of the official record filed in this office.

045-004556

William Lee King Register of Deeds Henderson County

Witness my hand and official seal this the 27 day of MAY 2015

By: Deputy / Assistant Register of Deeds

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Any alteration or erasure voids this certificate. Do not accept unless on security paper with Register of Deeds seal clearly embossed in left corner.

