AFTER RECORDING, MAIL TO: UNOFFICIAL COPY
SATURN TITLE, LLC

1030 W. HIGGINS RD. SUITE 365 PARK RIDGE, IL 60063

Doc#: 1608350031 Fee: \$42.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 03/23/2016 09:48 AM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS COUNTY OF CO (S) SS.	File Number: 1514136
MANUEL E. PALMA	being duly sworn states that he/she resides a
234 BROCK HAVEN COURT in	the City of VILLAGE, State of ILLINO
That he/she was acquainted with CARRECTA PAL	(deceased)
who, at the time of his/her death, was one of u.e owners of the land in	OOK County Illinois commonly known as:
734 PROPERTY OFFI	and legally described in the attached legal description.
That the deceased died on 10 11 2015 , as evidenced	by a certified copy of a death certificate of the deceased
attached hereto.	y as a sery of a death evidence of the deceased
CHECK ONE:	
# That the deceased died: Leaving no Last Will & Testament; or	
♦ Leaving a Last Will & Testament a copy of which is attached hereto. T	he original of the aproven will should be filed with the
Clerk of the Probate Division of the Circuit Court of	_County, Illinois; or
♦ Leaving a Last Will & Testament which was filed in the Unproven Will	Box of the Probate Division of the Circuit Court of
County, Illinois on or about	
That the total value of the estate of the deceased, including both real and per-	sonal property owned by the deceased either individually,
in joint tenancy or tenancy by the entirety at the time of the death of the dece	
Affiant makes this affidavit for the purpose of inducing Saturn Title Compan	y to issue its Title Insurance Policy describing the
above mentioned property.	o and manager roney, describing the
Subscribed and sworn to before me this 18th day of March	, ₂₀ 16.
OFFICIAL SUBL. 3 X	ionolina Cichocke
(Affiant's Signature) KARCLINA CIÔU TOKA Nota	ry Public

1608350031 Page: 2 of 3

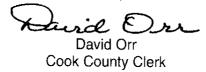
CERTIFICATION OF DEATH (ECORY

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

STATE FILE NUMBER 2015	0080737								DA	TE ISSUED	10/16/20	
DECEDENT'S LEGAL NAME CARMELITA PALMA							SEX FEMALE	1	OF DEAT	н 11, 2015		
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY C				DATE OF B	IRTH 19, 1944					
CITY OR TOWN CHICAGO	l)	HOSPITAL OR OTHER INSTITUTION NAME LOUIS A WEISS MEMORIAL HOSPITAL										
PLACE OF DEATH INPATIENT												
BIRTHPLACE PHILIPPINES	SOCIAL SECU	SOCIAL SECURITY NUMBER		BER STATUS AT TIME OF DEATH DIVORCED FROM MARRIAGE		SURVIVING SPOUSE/CIVIL UNION PARTNE			R'S MAIDEN NAME EVER IN U.S. ARMED FORCES? NO			
RESIDENCE 725 WEST MONTROS	E AVENUE		AP-	T. NO.	CITY OR CHIC	-				INSIDE CIT	/ LIMITS?	
COUNTY ST	// /	2. 0052							IT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ESTRANERO			
INFORMANT'S NAME TRISHA PALMA		RELATIONSHIP DAUGHTER				MAILING ADDRESS 4954 NORTH RIDGEWAY, CHICAGO,), IL, 60625		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION MARYWILL CATHOLIC CEN				LOCATION - CITY OR TOWN AND ST			DATE OF DISPOSITION OCTOBER 16, 2015			
FUNERAL HOME SMITH-CORCORAN F	UNERAL HOMI	E - CHICAG	ራር, 6150 N C	CICERO AVE,	CHICAG	O, IL, 606	646			:		
						CTOR'S ILLINOIS LICENSE NUMBER 7						
LOCAL REGISTRAR'S NAME DAVID ORR DATE FILED WT OCTOBER							HLOCAL REGISTRAR 15, 2015					
CAUSE OF DEATH PAR IMMEDIATE CAUSE (Final disease or condition resulting in death)	b. SEVERE A			o (or as a con or year	n of):			ROXIMATE	VAL BETWEEN TAND DEATH		DAYS	
	c. DIABETES	MELLITUS,	HYPERTENSIO	o (or as a consequence ON	1	×		APP	ONSE		YEARS	
PART II. Enter other <i>significant</i> DEMENTIA, PSQRIASIS	conditions contribu	ting to death				in PART I.	O W	AS AN AUT	OPSY PE	RFORMED?	NO	
DEMERTIA, I OQUINOIO										INGS USED DEATH? N	:	
FEMALE PREGNANCY STATUS NOT PREGNANT WIT		R						ATURA				
DATE OF INJURY TIME (TIME OF I	OF INJURY PLACE OF INJURY				0,0			INJURY	AT WORK?	
LOCATION OF INJURY									1)		
DESCRIBE HOW INJURY OCCU	IRRED:							IF TI	RANSPO	NA ION INJU	JRY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEE SEPTEMB		AL EXAMINER OR			PRONOUNCED			TIME OF DEATH 04:39 AM			
CERTIFIER PHYSICIAN					,	•			E CERTII	IED ER 12, 201	15	
NAME, ADDRESS AND ZIP COD					0640					N'S:LICENSE	NUMBER	



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.





ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

1608350031 Page: 3 of 3



Old Republic National Title Insurance Company COMMITMENT FOR TITLE INSURANCE

File No: 1514136 Reference No:

EXHIBIT A

Legal:

LOT 12 IN BLOCK 14 IN KRENN AND DATO'S-CRAWFORD PETERSON ADDITION TO NORTH EDGEWATER, A SUBDIVISION OF THE NORTHEAST FRACTIONAL 1/4 (EXCEPT THE NORTH 42 RODS THEREOF) AND FRACTIONAL SOUTHEAST 1/4 OF SECTION 3, TOWNSHIP 40 NORTH, RANGE 13, LYING NOPTH OF THE INDIAN BOUNDARY LINE (EXCEPT FROM ABOVE DESCRIBED TRACT OF LAND THAT TART THEREOF THAT LIES SOUTH OF A LINE THAT IS 100 FEET NORTH OF AND PARALLEL TO THE SOUTH LINE OF PETERSEN AVENUE EXTENDED WEST) (ALSO EXCEPT RIGHT OF WAY OF CHICAGO AND NORTHWESTERN RAILROAD COMPANY), EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Address:

60.

Olympia Clarks Office 6118 N. Kedvale Ave., Chicago, IL 60646

PIN #:

13-03-221-029-0000

PIN #:

PIN #:

Township:

Jefferson