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Prepared by:
Kevin T. Kavanaugh, Esq.
3331 W. Big Beaver, Ste. 109
Troy, MI 48084
Licensed in IL, Bar ID No. 6280331

Doc#: 1608417031 **Fee:** \$66.25
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 03/24/2016 02:18 PM Pg: 1 of 3

Return to:
Title Source, Inc.
662 Woodward Avenue
Detroit, MI 48226

61323305-3365147

DECEASED TENANT BY ENTIRETY AFFIDAVIT OF DEATH

State of Illinois)
County of Cook) ss. Order No. 61323305

Affiant, **SHEILA K. WEST**, being duly sworn, states that she resides at 3300 Dornell Avenue, South Chicago Heights, IL 60471. That she was acquainted with **KENNETH SAUNDERS a/k/a KENNETH LEE SAUNDERS**, Deceased, who at the time of his death was one of the owners of the land described and referred to herein, located in Cook County, Illinois, and described as:

See Exhibit A attached hereto and made a part hereof

That the deceased died April 23, 2004, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

When Recorded Return to:
Indecomm Global Services
As Recording Agent Only
1260 Energy Lane
St. Paul, MN 55108

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 death of the deceased, does not exceed the sum of \$100,000.00 dollars.

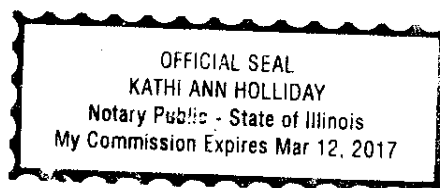
Affiant makes this affidavit for that purpose of inducing the **Fidelity National Title Insurance Company** to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said SHEILA K. WEST.

By: Sheila K. West
SHEILA K. WEST

This 4 day of MARCH, A.D. 2016

Kathi Ann Holliday
Notary Public
Kathi Ann Holliday



S ✓
P 3
S ✓
M ✓
SC ✓
E ✓
INT ✓

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COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

COPY A

FOR DIVISION OF VITAL RECORDS

	REGISTRATION AREA NUMBER 135	CERTIFICATE NUMBER 58	STATE FILE NUMBER	
DECEDENT	1. FULL NAME OF DECEDENT (first) (middle) (last) KENNETH LEE SAUNDERS		2. SEX male <input checked="" type="checkbox"/> female <input type="checkbox"/>	
	3. DATE OF DEATH (mo.) (day) (year) April 23, 2004	4. AGE 61 years	5. DATE OF BIRTH (mo.) (day) (year) Dec. 19, 1942	
PLACE OF DEATH	7. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) None		8. COUNTY OF DEATH (if independent city, leave blank) Giles	
	9. CITY OR TOWN OF DEATH Rich Creek	10. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 109 Tabernacle Avenue		
USUAL RESIDENCE OF DECEDENT	11. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE Illinois		12. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank)	
	13. CITY OR TOWN OF RESIDENCE South Chicago Heights	14. STREET ADDRESS OR RT. NO. OF RESIDENCE 3300 Dornell Drive	ZIP CODE 60411	
PERSONAL DATA OF DECEDENT	15. NAME OF DECEDENT'S FATHER Herbert Monroe Saunders		16. MAIDEN NAME OF DECEDENT'S MOTHER Mary Catherine Whittaker	
	17. RACE OF DECEDENT White	18. HISPANIC ORIGIN? If yes, specify Cuban, Mexican, Puerto Rican, etc. <input checked="" type="checkbox"/> no <input type="checkbox"/> yes	19. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 7 College (1-4 or 5 +)	
	20. CITIZEN OF WHAT COUNTRY U. S. A.	21. BIRTH PLACE (state or country) White Gate, VA	22. NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/>	
	23. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank) Sheila K. Saunders	24. SOCIAL SECURITY NUMBER	25. USUAL OR LAST OCCUPATION Welder Supervisor	
CAUSE OF DEATH	26. KIND OF BUSINESS OR INDUSTRY Steel Plant		27. INFORMANT - OR SOURCE OF INFORMATION Sheila K. Saunders	
	28. 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. (A) Cardio-pulmonary Arrests (B) Coronary Artery Disease			
MEDICAL CERTIFICATION	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Metastatic Lung Cancer		28a. AUTOPSY? AUTHORIZED BY: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	
	28b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>	28c. IF EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH	28d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED	
FUNERAL DIRECTOR	28e. TIME OF INJURY (mo.) (day) (year) A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	28f. INJURY OCCURRED while at work <input type="checkbox"/> not while at work <input type="checkbox"/>	28g. PLACE OF INJURY (home, farm, factory, street, office, etc.)	28h. (city or town) (county) (state)
	28i. To the best of my knowledge, death occurred at 9:21 (p.m.) on the date and place and from the cause(s) stated.			
REGISTRAR	ACTUAL SIGNATURE Mark S. Agness, M.D.		DATE SIGNED 4/25/04	
	NAME OF ATTENDING PHYSICIAN (Type or Print) Mark S. Agness, M.D.		ADDRESS OF ATTENDING PHYSICIAN 1 Taylor Avenue, Pearisburg, VA 24134	
RESERVED FOR REGISTRAR'S USE	29. BURIAL <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/> CREMATION <input type="checkbox"/>	30. PLACE OF BURIAL, REMOVAL, ETC. Patterson Family Cemetery Pearisburg, VA		
	31. (Signature of funeral director or person legally filing this certificate) Edward L. Vest		NAME OF FUNERAL HOME AND ADDRESS A. Vest & Sons Funeral Home 2508 Walkers Creek Rd., Pearisburg, VA	
32. (Signature of registrar) Alexia D. Collins		DATE RECORD FILED 4/26/04		

MARGIN RESERVED FOR BINDING
IMPORTANT: Use black ribbon in typewriter or print legibly with ballpoint pen having black unbleeding ink. This is a permanent record and subject to reproduction by microfilm and other photographic process.

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD FILED WITH THE GILES COUNTY DEPARTMENT OF HEALTH, PEARISBURG, VIRGINIA.

DATE ISSUED 4/26/04 Alexia D. Collins
REGISTRAR OR DEPUTY

ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY STATUTE. DO NOT ACCEPT UNLESS IT BEARS THE IMPRESSED SEAL OF THE VIRGINIA DEPARTMENT OF HEALTH CLEARLY AFFIXED. SECTION 32.1-272 CODE OF VIRGINIA, AS AMENDED.

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EXHIBIT A

Lot 5 in Block 2 in Sauk Trail Manor Third Addition to Lot 4 in Circuit Court Partition of the Northeast $\frac{1}{4}$ of Section 32 and the West $\frac{1}{2}$ of the Northwest $\frac{1}{4}$ of Section 33, Township 35 North, Range 14, East of the Third Principal Meridian, according to the Plat Page 9 as Document 2956680, in Cook County, Illinois.

Being the same property conveyed by Deed from SHEILA K. WEST, married to KENNETH SAUNDERS, to KENNETH SAUNDERS and SHEILA K. WEST, husband and wife, not in tenancy in common, but in joint tenancy, with full right of survivorship, dated November 3, 1998, recorded November 23, 1998 in Book 3475, Page 30, Document 08060439 in the Cook County Records, State of Illinois.

Assessor's Parcel No: 32-32-224-015-0000

Property Address: 3300 Dornell Avenue, South Chicago Heights, IL 60411



U05734084

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