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RECORDING REQUESTED BY

First American Title Insurance Company Mortgage Services Division-NTP

WHEN RECORDED, RETURN TO: FIRST AMERICAN TITLE INSURANCE CO. 1100 SUPERIOR AVENUE, SUITE 200 CLEVELAND, OHIO 44114 NATIONAL RECORDING Doc#. 1612750065 Fee: \$54.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 05/06/2016 09:40 AM Pg: 1 of 4

Space Above This Line for Recorder's Use Only

A.P.N. 13-18 409-074-132

AFFIDAVIT - DEATH OF JOINT TENANT/SPOUSE

STATE OF CALIFORNIA, 1	}
COUNTY OF COOK	} \$\$. \
22211 CI 22217	_1

ANITA R. GREINKE, of legal age, being rirst duly sworn, deposes and says:

That MICHAEL G. GREINKE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as named as one of the parties in that certain dated executed by **Dunning Development**, **LLC** to **MICHAEL G. GREINKE AND ANITA R. GREINKE** as joint tenants, recorded as Instrument No. **99800624**, on **09/20/1999**, in book, page(s), of Oricial Records of **COOK** County, **Illinois**, covering the following described property situated in the City of **CHICAGO**, County of **COOK**, State of **Illinois**:

GLENLAKE CONDO 02

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of **\$0.00**.

ANITA D CREINKE

Document Date: April 06, 2016

FIRST AMERICAN ELS

AFFIDAVIT

- **31 0 107** 7 66 1 20 7 64 1 **13 3**4 1 3 1 **3 2 3 7 3**6 7 6 64 1 2 34 3 1 1 1 1 1 1 2 3 4 60 0 60 1

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I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and
correct.
But & Greenle
Borrower Signature /
A notary public or other officer completing this certificate verifies only
the identity of the individual who signed
the document to which this certificate is
attached, and not the truthfulness,
accuracy, or validity of that document.
State of California
County ofcook O
Subscribed and sworn to (or affirmed) before me on this day of
basis of satisfactory evidence to be 'ine person(s) who appeared before me.
basis of satisfactory evidence to be the person(s) who appeared before the.
Signature (Seal)
OFFICIAL SEAL
WALDEMAR JUSZCZAK
No.acy Public - State of Illinois My Comm.ssiv.n Expires Sep 19, 2016
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· ケ′ ₄

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DATE ISSUED

6/2/2015

COOK COUNTY CLERK VITAL RECORDS

,,		CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH
STATE FILE NUMBER	2015 0042 69 6	MEDICAL CERTIFICATE OF DEATH

DECEDENT'S LEGAL NAME								T SEX	DATE OF DEAT	-ŭ	
MICHAEL G GREINKE								MALE	MAY 25, 2015		
COUNTY OF DEATH				DATE OF E	l	715 (1 20, 2	-				
COOK			EARS	NUAT				EMBER 24, 19	42		
CITY OR TOWN					HOSPITAL O	R OTH	ER INSTITUTION		<u></u>		
CHICAGO								ION MEDICAL	CENTER		
PLACE OF DEATH										·	
INPATIENT											
BIRTHPLACE	SOCIAL SECURIT	TY NUMBER	STATUS	AT TIM	IE OF DEATH		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EVER IN U.S. ARMED				
CHICAGO, IL	-00	012	MARE	RIED			ANITA COHEN FOR			FORCES? YES	
RESIDENCE				APT I	NO	CIT	TY OR TOWN INS			INSIDE CITY LIMITS?	
4210 N NATCHEZ AVE	<u> </u>					С	HICAGO			YES	
	TZIP CODE				RIOR TO FIRST M	ARRIAG	E/CIVIL UNION			FIRST MARRIAGE/CIVIL UNION	
COOK IL	1/,0634	1 - 1	V GREI					MARIE LEBI	LANC		
INFORMANT'S NAME	100		ATIONSH				MAILING ADDRE		PHICAGO II	60634	
ANITA GREINKE	<u> </u>		SPOUSI					TCHEZ AVE, C			
METHOD OF DISPOSITION	1.	OF DISPO		44.70	DV.			Y OR TOWN AND :	· I	OF DISPOSITION	
CREMATION	1	COPLAW	NUCHE	WATO	HY		FOREST PA	HK, IL	MAY	29, 2015	
FUNERAL HOME NEPTUNE SOCIETY - I	3A1 ATINE 010 1	N N/ DT J	MAZOT	LIMIV	DALATINE	11 6	0067				
FUNERAL DIRECTOR'S NAME	ALATINE, 010 V	VIVO	7E31	HVV I,	FALATINE	, IL, U	0007	CUMEDA DIREC	TODIC II I BIOIC I	ICENSE NUMBER	
PAULA SEXTON								FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014557			
LOCAL REGISTRAR'S NAME			٧-,					DATE FILED WITH LOCAL REGISTRAR			
DAVID ORR				4				MAY 28, 20			
CAUSE OF DEATH PAR	TI RENAL CELL	CANCER			/		 				
IMMEDIATE CAUSE	a	O/(OZ/)		•						6 MONTHS	
(Final disease or condition											
resulting in death)	b	Due to (or as a a nsenuence of)									
						7,			# # E		
				Due to (c	or as a consequence	e of)			- F		
·	c										
				Due to (d	or as a consequenc	e of)					
PART if Enter other significant c	onditions contribution	g to death b	ut not resu	ilting in	the underlying o	ause g	iven in PAR1	WAS	AN AUTOPSY PE	RFORMED? NO	
							•	WEE	RE AUTOPSY FIND	DINGS LISED TO	
									PLETE CAUSE O		
FEMALE PREGNANCY STATUS								ACON	NER OF DEATH		
NOT APPLICABLE								CNA	TURAL		
DATE OF INJURY		TIME OF INJ	JURY		PLACE OF IN	CE OF INJURY			INJURY AT WORK?		
LOCATION OF INJURY											
DESCRIBE HOW INJURY OCCUP	RED								IF TRANSPOR	RTO FION INJURY, SPECIFY.	
ATTEND THE DECEASED?	DATE LAST SEEN A	TE LAST SEEN ALIVE WAS MEDICAL EXAMINER OR				DATE PRONOUNCED		1	TIME OF DEATH		
			YE\$	00,61			09:25 AM				
CERTIFIER			L						DATE CERTI		
CERTIFIER DATE CERTIFIED MAY 28, 2015											
NAME, ADDRESS AND ZIP CODE	OF PERSON COMPI	ETING CAUS	SE OF DE	ATH		-			PHYSICIA	N'S LICENSE NUMBER	
DEMETRIOS PETROVAS, 3960 N HABLEM AVE SUITE 101, CHICAGO, ILLINOIS, 60634						036-084958					



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.





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EXHIBIT 'A'

File No.: 8713451n (at)

Property: 4210 N NATCHEZ AVE #406, CHICAGO, IL 60634-6239

UNIT 4-406 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN GLENLAKE CONDOMINIUM NO. 2 AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 99465987, AS AMENDED FROM TIME TO TIME, IN PART OF THE SOUTH FRACTIONAL HALF OF SECTION 18, TOWNSHIP 40 NORTH, RANGE 13, FAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. ort County Clark's Office

A.P.N. 13-12 409-074-1032