

UNOFFICIAL COPY

After Recording Return to:

Title Source, Inc.
662 Woodward Avenue
Detroit MI, 48226

Instrument Prepared By:

Kimberly Vereb, Esq.
1174 Red Dunes Run
Avon, IN 46123
IL Bar ID No. 6244816

Mail Tax Statements To:

Jonathan Wilson
923 Wesley Avenue
Evanston, IL 60202


Tax Parcel ID Number:

10-24-223-009-0000

Order Number:

64010750-4396562

Record 1st
80967090



Doc# 1804404045 Fee \$44.00
RHSP FEE:\$9.00 RPRF FEE: \$1.00
KAREN A. YARBROUGH
COOK COUNTY RECORDER OF DEEDS
DATE: 02/13/2018 02:31 PM PG: 1 OF 4

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Illinois)
County of Cook) ss.

Affiant, **JONATHAN WILSON**, being duly sworn, states that he resides at 923 Wesley Ave Evanston, IL 60202. That he was acquainted with **NAN WITHERS-WILSON, a/k/a NAN W. WILSON PHD**, Deceased, who at the time of her 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

Affiant states that the decedent died on January 22, 2016, 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 _____.

Affiant states that the total value of the decedent's estate for Illinois Estate Tax and Federal Estate Tax purposes does not exceed \$4 million dollars.

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

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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.

Date: 1/19/18

IN TESTIMONY WHEREOF, WITNESS the signature of the Affiant on the date first written above.

Jonathan Wilson
JONATHAN WILSON

STATE OF Illinois)
COUNTY OF Cook)

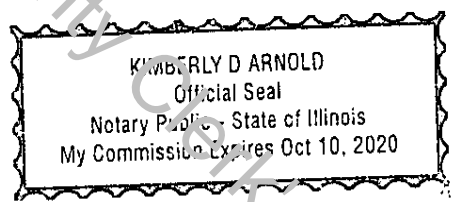
ss.

I, Kimberly D Arnold, a Notary Public in and for said County and State aforesaid, DO HEREBY CERTIFY that **JONATHAN WILSON**, personally known to me to be the same person(s) whose name(s) are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he/she/they signed, sealed and delivered the said instrument as his/her/their free and voluntary act, for the uses and purposes therein set forth.

Given under my hand official seal this 19 day of January 2018.

Kimberly D Arnold
Notary Public
My Commission Expires: 10-10-2020

Kimberly D Arnold



County Clerk's Office

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EXHIBIT A

• The following described property, situated in the County of Cook, State of Illinois, to wit:

Lot 17 in Block 6 in Ridge Subdivision in South Evanston in the East 1/2 of the North East 1/4 of Section 24, Township 41 North Range 13, East of the Third Principal Meridian, in Cook County Illinois.

Property Address: 923 Wesley Avenue Evanston, IL 60202

Assessor's Parcel No.: 10-24-223-009-0000



1371 1/25/2018 80967090/1
•U66597670•

Property of Cook County Clerk's Office

UNOFFICIAL COPY

CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2016 0005603

DATE ISSUED 1/25/2016

DECEDENT'S LEGAL NAME NAN W WILSON PHD		SEX FEMALE	DATE OF DEATH JANUARY 22, 2016	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 72 YEARS	DATE OF BIRTH MAY 02, 1943		
CITY OR TOWN EVANSTON		HOSPITAL OR OTHER INSTITUTION NAME EVANSTON HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE ELGIN, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME JONATHAN WILSON	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 923 WESLEY AVE	APT. NO.	CITY OR TOWN EVANSTON	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60202	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION DAN WITHERS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MAURINE MEIS
INFORMANT'S NAME JONATHAN WILSON		RELATIONSHIP HUSBAND	MAILING ADDRESS 923 WESLEY AVE, EVANSTON, IL, 60202	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION NORTH SHORE CREMATION CARE, LLC	LOCATION - CITY OR TOWN AND STATE SKOKIE, IL	DATE OF DISPOSITION JANUARY 26, 2016
FUNERAL HOME HABEN FUNERAL HOME & CREMATORY, 8157 NILES CENTER RD, SKOKIE, IL, 60077				
FUNERAL DIRECTOR'S NAME JOHN W HABEN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011820	
LOCAL REGISTRAR'S NAME EVONDA THOMAS-SMITH			DATE FILED WITH LOCAL REGISTRAR JANUARY 25, 2016	
CAUSE OF DEATH PART I. METASTATIC COLON CANCER				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Due to (or as a consequence of)		
		Due to (or as a consequence of)		
		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 PREGNANT WITHIN LAST YEAR			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 JANUARY 21, 2016	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 01:00 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 23, 2016	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MICHAEL C MARSCHKE MD, 4901 SEARLE PARKWAY, SKOKIE, ILLINOIS, 60076				PHYSICIAN'S LICENSE NUMBER 036075838

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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