31. FXII	nergy Lane	*1813041165*
After Recoi	vard Avenue 48226	Doc# 1813041165 Fee \$44.00  RHSP FEE:\$9.00 RPRF FEE: \$1.00  KAREN A.YARBROUGH  COOK COUNTY RECORDER OF DEEDS
Steven Weis 105 West Ac Chicago, IL	dams Street, Suite 1850	DATE: 05/10/2018 03:02 PM PG: 1 0
Mail Tax St Margaret H. 1005 Vine S Streamwood	Street	
<u>Tax Parcel</u> 06-26-219-0 <u>Order Num</u>	<i>(1)</i>	
64305706 RLCNA	n let	
81036	64305706 · 45 AFFIDAVIT OF DEATH OF JOINT	TENANT
State of County	$(\frac{\mathcal{I}\mathcal{L}}{\sqrt{\text{of}}})$ ss.	
WILLI	Affiant, MARGARET H. ANDERSON, being driv sworn, Streamwood, IL 60107. That she was acquainted with IAM LEWIS ANDERSON, Deceased, who at the time of his escribed and referred to herein, located in Cook County, Illinois	WILLIAM L. ANDERSON, a/k/a death was one of the owners of the
	See Exhibit A attached hereto and made a part hereof	
Death (	Affiant states that the decedent died on January 23, 2011, as Certificate of the deceased attached hereto.	0,
That th	ne deceased died:	
X	Leaving no Last Will & Testament.	CO
	Leaving a Last Will & Testament a copy of which is a unproven Will should be filed with the Clerk of the Probate I County, Illinois.  Leaving a Last Will & Testament which was filed in the	Division of the Circuit Court of Cook Unproven Will Box of the Probate
	Division of the Circuit Court of Cook County, Illinois about_	P 4

1813041165 Page: 2 of 4

# **UNOFFICIAL COPY**

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: 4-19-18			
IN TESTIMONY WHEREOF, WITNESS the sign	gnature of the Affiant	on the date first written	above.
Murraret Anderson			
MARGARET H. ANDERSON			
CT 4 TP OF T	`		
COUNTY OF COOK	) ) ss. )		
I Gregory 5 Fret	, a Notary Publ	ic in and for said Count	y and State
aforesaid, DO HEREBY CERTIFY that MARC the same person(s) whose name(s) are subscrib	GARET H. ANDERS	ON, personally known	to me to be
day in person, and acknowledged that he/she/t	hey signed, sealed ar	nd delivered the said in	strument as
his/her/their free and voluntary act, for the uses a			
Given under my hand official seal thisd	ay of MPII	20 <u>18</u> .	
My 1 Stref Notary Public Gregory 5 Fref	OUNE.		
My Commission Expires: $\sqrt{5-5-2}$	5	<b>7</b> .	
		0	
GREGORY S FRET Official Seal		Cort's Organia	
Notary Public + State of Illinois My Commission Expires Oct 5, 2021		O <sub>/Sc</sub>	,
			CA

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## COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2011 0005335

DATE ISSUED 01/25/2011

DECEDENT'S LEGAL NAME  SEX DATE OF DEATH  WILLIAM LEWIS ANDERSON  MALE JANUARY 23, 2011
COUNTY OF DEATH AGE AT LAST BIRTHDAY DATE.  COOK 72 YEARS JA
HOSPITAL OR OTHER INSTITUTION NAME HOSPITAL OR OTHER INSTITUTION NAME SAINT ALEXIUS MEDICAL CENTER
PLACE OF DEATH INPATIENT
BIRTHREAGE
RESIDENCE APT.NO CITY OR TOWN INSIDE CITY LIMITS?  1005 VINE STREET STREAMWOOD YES
COUNTY STATE ZIP CODE FATHER'S NAME MOTHER'S NAME PRIOR TO FIRST MARRIAGE COOK IL 60107 EDWARD ANDERSON CATHERINE CLARK
INFÖRMANTS MARIE RELATIONSHIP MAILING ADDRESS MARGARET ANDERSON WIFE 1005 VINE STREET STREAMWOOD, IL, 60107
METHOD OF DISPOSITION F.AC. OF DISPOSITION LOCATION CITY OR TOWN AND STATE DATE OF DISPOSITION DEPOSITION CHILDREN CHICAGO IL: JANUARY 26, 2011
FUNERAL HOME - STWD: 1641, CREENMEADOWS: BLVD, STREAMWOOD, IL: 60107
FUNERAL DIRECTOR'S NAME PHILOMENA: TANCREDI  O34015362
LOCAL REGISTRARS NAME DAVID ORB JANUARY 24, 2011
CAUSE OF DEATH PART L PNEUMONIA  IMMEDIATE CAUSE & 1 WEEKS
(Final digities not exhibition Due to (or as a c. nsequence of):
Due to (b) 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.  WAS AN AUTOPSY PERFORMED? NO
METASTATIC PROSTATE CANGER, ELEMONIC IMBALANCE  WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A
DID TOBACCO USE CONTRIBUTE TO DEATH?  FEMALE PREGNANCY STATUS  NOT APPLICABLE  1 'ATURAL
DATE OF INJURY PLACE OF INJURY PLACE OF INJURY INJURY AT WORK?
EDCATION OF INJURY
DESCRIBE HÇİV INJURY ÖCCÜRRED: IF TRANSPC H. A TION:INJURY, SPECIFY
ATTEND THE DECEASED? DATE LAST SEEN ALIVE WAS MEDICAL EXAMINER OR DATE PRONOUNCED TIME OF DEATH YES: JANUARY 22, 2011 CORONER CONTACTED? NO 04:00 AM
CERTIFIER PHYSICIAN JANUARY 23, 2011
NAME: ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PHYSICIAN SLICENSE 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.

David Orr Cook County Clerk

1813041165 Page: 4 of 4

## **UNOFFICIAL COPY**

### **EXHIBIT A - LEGAL DESCRIPTION**

Tax Id Number(s): J6-26-219-001-0000

Land situated in the County of Cook in the State of IL

Lot 3018 in Woodland Heights Unit 7. being a subdivision in Sections 25 and 26, Township 41 North, Range 9, East of the Third Principal Meridian, according to the Plat thereof recorded in the Recorder's Office March 8, 1963 as document number 18737476 in Cook County Illinois.

Commonly known as: 1005 Vine St, Streamy oc d, 1L 60107

THE PROPERTY ADDRESS AND TAX PARCEL IDENTIFICATION NUMBER LISTED ARE PROVIDED SOLELY FOR INFORMATIONAL PURPOSES

EATION INC.

\*U06678417\* . | 1371\* :4/26/2018 | 81036665/1