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This Instrument Prepared By: Barry C. Bergstrom & Associates, Ltd. 3330 - 181st Place Lansing, IL 60438

MAIL TO:

Barry C. Bergstrom & Assoc. 3330 181st Place, Ste. 104 Lansing, Illinois 60438



Doc# 1823622003 Fee \$42.00

RHSP FEE: S9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 08/24/2018 09:28 AM PG: 1 OF 3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)

SS

COUNTY OF COOK)

The Affiant, JANET M. REHAK, being duly sworn states that the Affiant resides at 17011 Community Street, Lansing, Illinois 60438.

That JANET M. REHAK was acquainted with ED VARD L. REHAK, the deceased, who, at the time of his death was one of the owners of the land in Cook County, Illusicis hereinafter legally described:

LOT 40 IN REAVIS ESTATES, BEING A SUBDIVISION OF THE NORTH ½ OF THE EAST ½ OF THE NORTHWEST ¼ OF THE NORTHWEST ¼ OF SECTION 29, TOWNSHIP 36 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS ON FEBRUARY 16, 1965, AS DOCUMENT NUMBER 2195533, IN COOK COUNTY, ILLINOIS.

PIN: 30-29-121-007-0000

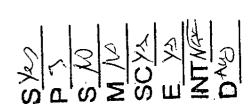
Street Address: 17011 Community Street, Lansing, IL 60438

That the Decedent died May 11, 2010, as evidenced by a copy of death certificate of the deceased attached hereto.

That the deceased died:

/X/ Leaving no Last Will and Testament.

// Leaving a Last Will and Testament a copy of which is attached hereto. The original of the Will was filed with the Clerk of the Probate Division of the Circuit Court of Cook County, Illinois and





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admitted to Probate on FILEDATE.

Leaving a Last Will and Testament which was filed in the Unproved Will Box of the Probate Division of the Circuit Court of Cook County, Illinois on or about FILEDATE.

That the total value of the estate of the Decedent, including both real and personal property owned by the Decedent either individually or in joint tenancy at the time of the death of the Decedent, does not exceed the sum of \$3,000,000.

Affiant makes this Affidavit for the purpose of inducing any title insurance company to issue its title insurance policy, describing the real estate referred to above.

Dated: April 6, 2018

JANET M. REHAK

Subscribed and sworn to before me by the said JANET M. REHAK, this 6th day of April, 2018.

Barry Q. Bergstrom, Notary Public

OFFICIAL SEAL BARRY C. BERGSTROM Notary Public - State of Illinois My Commission Expires 8/01/2020

Clort's Offic

* MAKE SURE THE SOCIAL SECURITY NUMBER ON THE DEATH CERTIFICATE IS REDACTED

(CERLIFICATIONO FAE ATTIFECT MADE

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 00:	36166				DATE ISSUED 06/07	/2010
DECEDENT'S LEGAL NAME EDWARD LOUIS REHAK				SEX MALE	DATE OF DEATH MAY 11; 2010	
COUNTY OF DEATH		E AT LAST BIRTHDAY 82 YEARS	DATE OF	BIRTH UST 09/1927		
CITY OR TOWN HARVEY		HOSPITAL	OR OTHER INSTITUTION	N NAME		
PLACE OF DEATH INPATIENT						
BIRTHPLACE CHĮCAGO, I	SOCIAL COURTY N	UMBER MARITAL STATUS AT TIME		NG SPOUSE'S NAME T VOIGTS		I
RESIDENCE: 17011 COMMUNITY S7. 4E	∂ ;T	APT. NO	CITY OR TOWN		INSIDE CITY LIMITS?	
COUNTY STA	ZIP CODE 60438	FATHER'S NAME IGNAC REHAK			ME PRIOR TO FIRST MARRIAGE BERCIK	
INFORMANT'S NAME JANET REHAK		RELATIONSHIP SPOUSE	MAILING ADDI		LANSING IL, 60438	
METHOD OF DISPOSITION." BURIAL	en 1961/en 1966 - 1965	DISPOSITION NA EVANGELICAL LUTHERAN CEMETERY.	LOCATION C	ITY OR TOWN AND ID, IN	STATE DATE OF DISPOSITION MAY 14, 2010	
FUNERAL HÖME AERO REMOVALS, 919 N	I. GARFIELD, LOM	E AR'), 'L, 60148				
FUNERAL DIRECTOR'S NAME MARLENA JUREK				FUNERAL DIRECT 034014772	TOR'S ILLINOIS LICENSE NUMBER	
LOCAL REGISTRAR'S NAME NANCY L CLARK				DATE FILED WIT MAY 14, 20	H LOCAL REGISTRAR 010	
CAUSE OF DEATH PART I. IMMEDIATE CAUSE 8	CARDIO RESPIRA	TORY FAILURE			TE VEEN ATH	
(Final disease or condition resulting in death)	ASPIRATION	Due to (or as a oo seque	ince of):		ND DE	
					APPR ERVA SETA	
Ć.		Due to (or es a conseque	nce of		INIO	
		Due to (or as a conseque				
PART II. Enter other significant cond	ditions contributing to d	eath but not resulting in the underlying	g cause given in PART i	WAS	AN AUTOPSY PERFORMED? NO	
					RE AUTOPSY FINDINGS USED TO PLETE CAUSE OF DEATH? N/A	
DID TOBACCO USE CONTRIBUTE TI		LE PREGNANCY STATUS T APPLICABLE	्रक्षेत्रकोतः विद्यानेष्ठकाद्रकोतः भ		NER OF DEATH	
DATE OF INJURY	and the control of the control of	OF INJURY PLACE OF I	YAULNI		INJURY AT WORK?	
LOCATION OF INJURY						
DESCRIBE HOW INJURY OCCURAE	ED:	The state of the s	reserve Constant reserve		IF TRANSPOR INT ON INJURY, SPECIF	'Y :
ATTEND THE DECEASED? DO	MAY 11, 2010	WAS MEDICAL EXAMINER O CORONER CONTACTED?	e de la visit de la Tilona Til	PRONOUNCED	TIME OF DEATH 04 47 PM	
CERTIFIER PHYSICIAN					DATE CERTIFIED MAY 12, 2010	
NAME, ADDRESS AND ZIP CODE OF ASHOK KHILWANI, 1 ING					PHYSICIAN'S LICENSE NUMBER 036118239	-
				THE RESERVE		



This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.

