Doc# 2120049163 Fee \$93.00

Deceased Joint Tenant Affidavit

File Number 2021 6968

RHSP FEE:\$9.00 RPRF FEE: \$1.00 KAREN A. YARBROUGH

G: 1 OF 3

State of	of /L co	OK C	DUNTY CLER	₹K	
County	y of COOK	ſE: 6	7/19/2021	. 03:57	PM P
	Sharon A MUlles Seing first duly sworn, for the p	-			
Nationa	nal Title Solutions, Inc. to issue it's title insurance policy covering the la	nd d	escribed i	n the al	bove
caption	ned commitment, deposes and says;				
1.	That pe/she resides at: 5 Chestnut, Lemont	/CF	604	'39	*
2.	That he/s ie was acquainted with Venneth tee mouth	died	on		
	as evidence by the attached copy of the death cer				
3.	That said decedent was one of the owners of the land described in the	abov	e caption	ed	
	commitment.				
4.	The said decent died:				
	leaving no last will and testament				
	leaving a last will and testament, a copy of which attached				
5.	That the total value of said deceen's estate for State of Illinois Inherit	ance	Tax/Esta	ite and	
	Federal Estate Tax purposes does not exceed \$				
	Wall a Mulichers 18 18 18 18 18 18 18 18 18 18 18 18 18				
PIN 26	2-25-104-005-0000				
Subscri	ribed and sworn to before me day of	//			
Notary	Public	O	O.		
	A MCLERNON OFFICIAL SEAL NOTARY F Notary Public - State of Illinois PUBLIC F Notary Public - State of Illinois My Commission Expires My Commission Expires			Co	

January 05, 2024

Prepared by and return to: ATTN: Andrey Brus

National Title Solutions, Inc. 235 Remington Blvd. Suite C Bolingbrook, IL 60440

CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2013 007	70128			DATE ISSUED 9/17/2013						
DECEDENT'S LEGAL NAME: KENNETH LEE MCVICKE	RS		SEX MALE	DATE OF DEATH SEPTEMBER 12: 2013						
COOK	AGE AT LAST BIRTH 73 YEARS		DATE OF BIRTH AUGUST 04, 1940							
CITY OR TOWN HOSPITAL OR OTHER INSTITUTION NAME LEMONT 5 CHESTNUT COURT										
PLACE OF DEATH DECEDENT'S HOME										
BIRTHPLACE INDIANAPOLIS, IN	SOCIAL SECURITY NUMBER STATUS A 356-32-7116 MARRI	Tanti San San C	SURVIVING SPOUSE/CIVIL UNION P. SHARON REYNOLDS	RTNERS MAIDEN NAME EVER IN U.S. ARMED FORCES? NO						
RESIDENCE 5 CHESTNUT COURT		Secretary Company of the Company of	ry or town EMONT	INSIDE CITY LIMITS?						
COUNTY STATE IL	ZIP CODE FATHER/CO PARENTS N 6 0439 ODIS MCVICKE	AME PRIOR TO FIRST MARRIA ERS	4 April 27 April 1977 April 1977	RENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION DECKER						
INFORMANT'S NAME SHARON MCVICKERS	RELATIONSHIP WIFE		MAILING ADDRESS 5 CHESTNUT COURT,	and the state of t						
METHOD OF DISPOSITION BURIAL	P'ACT OF DISPOSITION MOUNT VERNON MEM	ORIAL ESTATES	LOCATION : CITY OR TOWN AN LEMONT, IL	ID STATE DATE OF DISPOSITION SEPTEMBER 16, 2013						
FUNERAL HOME PETKUS LEMONT FUNERAL HOME, 12401 S. A ROHER AVENUE, LEMONT, IL, 60439										
FUNERAL DIRECTOR'S NAME DONALD MICHAEL PETK	:US		FUNERAL DI 0340117	RECTOR'S ILLINOIS LICENSE NUMBER						
LOCAL REGISTRAR'S NAME DAVID ORR				MTH LOCAL REGISTRAR IBER 17, 2013						
CAUSE OF DEATH PART I	RESPIRATORY FAILURE			E S ONE MONTHS						
(Final disease or condition resulting in death) b	METASTATIC CANCER OF PANCE	uë to (or ae e c. 1sequence of):		OXIMAT AL BETW AND DE						
	0	ue to (or as a consequence of):		TWO MONTHS						
C	IDIOPATHIC PULMONARY FIBROS			TWO YEARS						
	the state of the s	ue to (or as a consequence of)								
PART, It enter other significant conc	ditions contributing to death but not result	kig in the underlying cause		VAS AN AUTOPSY PERFORMED? NO						
FEMALE PREGNANCY STATUS NOT APPLICABLE				OMPLETE CAUSE OF DEATH? N/A NNER OF DEATH NATURAL						
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	<u> </u>	INJURY AT WORK?						
LOCATION OF INJURY										
DESCRIBE HOW INJURY OCCURRE		<u> </u>		IF TRANSPO' (4) ION INJURY SPECIFY						
ATTOMOTOR OF A STORY	ATE (APT OFFICE TO APT OFFI	NOANEVAMINED OD	DATE PROMOUNTS	TIME OF DEATH						
YES	医二二甲酚酚 医多种 医肾髓 医皮肤 医红	DICAL EXAMINER OR R CONTACTED? NO	DATE PRONOUNCED	02:28 AM						
CERTIFIER PHYSICIAN				DATE CERTIFIED SEPTEMBER 16, 2013						



NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

NELSON KANTER, 4640 NORTH MARINE DRIVE, CHICAGO, ILLINOIS, 60640

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





PHYSICIAN'S LICENSE NUMBER

036053165

2120049163 Page: 3 of 3

UNOFFICIAL COPY

EXHIBIT "A" Property Description

Closing Date:

June 7, 2021

Borrower(s):

Sharon A. McVickers

Property Address: 5 Chestnut, Lemont, IL 60439

PROPERTY DESCRIPTION:

THE FOLLOWING DESCRIBED REAL ESTATE, SITUATED IN COOK COUNTY, ILLINOIS, TO-WIT:

LOT 115 IN EQUSTRIAN ESTATES UNIT NO. 8, A SUBDIVISION OF PART OF THE WEST 1/2 OF THE NORTH WEST 1/4 OF SECTION 25, TOWNSHIP 37 NORTH, RANGE L ME.

OFFICE

OFFICE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 22-25-104-005-0000

PROPERTY DESCRIPTION Page 1 of 1 File No.: 2021-6968