## SPECIAL NOTICE:

This form is <u>NOT</u> required by law, nor the Cook County Recorder of Deeds (CCRD). CCRD employees <u>CANNOT</u> assist with the preparation of this, or <u>ANY LEGAL FORM</u>.



AMORNOY KEVIN DILLON 6650 N N/W HWY CHO IC 60631



Doc# 2204122000 Fee \$88.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 02/10/2022 09:12 AM PG: 1 OF 3

I, M. Kojekt 1 the surviving tenant of the tenancy created by the deed with the document
number: 1601449036 do heroby declare under oath that the tenant
died on $\frac{c1/29/2015}{s}$ as evidenced by the attered certified copy of her/his death certificate (see attached).
I also declare that the aforementioned tenant was an cwner of property with the following details:
LEGAL DESCRIPTION  AS POR RETIRED EXHIBIT A
PROPERTY IDENTIFICATION NUMBER (PIN)
09-28-110-059-000
COMMONLY KNOWN ADDRESS:
1762 SYCAMORE ST.

Ř∜IVING TENANT AFFI[

## **NOTARY & AFFIANT SIGNATURE SECTION BELOW**

Des PLKINES, IL 60018

Subscribed & Sworn to me by:

Some M. Kolcalt

Affiant Signature:

On the Following Date:

02/03/2022

Official Seal

AFFIX NO APNotary Public State of Illinois SECTION

My Commission Expires 04/20/2022

MOTANY PUBLIC

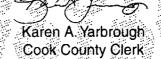
## COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS

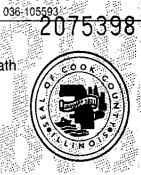
		MEDICAL CE	ERTIFICATEO	F DEATH		
STATE FILE NUMBER 2015 00	09006					ISSUED 2/4/2022
DECEDENT'S LEGAL NAME ARLENE M'RUTTERER				SEX FEMALE	DATE OF DEATH JANUARY 2	
COOK		EAT LAST BIRTHDAY 78 YEARS		DATE OF BIRTH OCTOBER 12, 1	936	
CITY OR TOWN PARK RIDGE			HOSPITAL OR OTHER I			
PLACE OF DEATH HOSPICE FACILITY		100 TEST				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUI	MARRIED	- TOPES - With a black DOOR	VIVING SPOUSE/CIVIL UNION	PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 1762 SYCAMORE SINE		APT. NO	- 第25回	TOWN PLAINES		VSIDE CITY LIMITS?
COUNTY STAT		IERICO PARENT'S NAME PRIO DWARD C SVOBOD			PARENTS NAME PRIOR TO FIF NN DUS	ST MARRIAGE/CIVIL UNION
INFORMANTS NAME  JOSEPH: RUTTERER		RELATIONSHIP SPOUSE	2000 Car 1 100 Car 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LING ADDRESS 762 SYCAMORE STRE	ET, DES PLAINES, IL, (	60018
METHOD OF DISPOSITION ENTOMBMENT		DISPOSITION NTS CATHOLIC CEME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CATION - CITY OR TOWN	The State Control of the Control of	DISPOSITION ARY 03, 2015
FUNERAL HOME OEHLER FUNERAL HOM	IE, 2099 MINER ST	PE# OES PLAINE				
FUNERAL DIRECTOR'S NAME RONALD C ROTH				FUNERAL 03401	DIRECTOR'S ILLINOIS EICE 4517	NSE NUMBER
LQCAL REGISTRAR'S NAME DAVID_ORR					D WITH LOCAL REGISTRA UARY 3, 2015	R
CAUSE OF DEATH PART I.	LUNG CANCER				TE ATT-	UNKNOWN
(Final disease or condition resulting in death)	<b>b.</b>	Due to (or a	as a co e of)		OXIMA L BETA ND DE	
		Prie to for s			APPRO TERVA NSET A	
		LOG to 401 a	as a consequence of).		NO NO	
			as a consequence of)			
PART II. Enter other significant con	ditions contributing to a	eath but not resulting in th	e underlying cause given	in PAREL	WAS AN AUTOPSY PERF	SS USED TO
FEMALE PREGNANCY STATUS					COMPLETE CAUSE OF D	
NOT APPLICABLE  DATE OF INJURY	TIME	OF INJURY 1	PLACE OF INJURY		MATURAL	INJURY AT WORK?
LOCATION OF INJURY						
DESCRIBE HOW INJURY OCCURRI	FN: W. I.				I IE TRANSPUR	TION INJURY, SPECIFY
DESCRIBE NOW INSURT OCCURA	50					Tron Inducty, Green
ATTEND THE DECEASED? C	DATE LAST SEEN ALIVE JANUARY 26, 201	- 10.40 Letter active active	<ul> <li>************************************</li></ul>	DATE PRONOUNCE	D	TIME OF DEATH  05:30 AM
CERTIFIER PHYSICIAN					DATE CERTIFIE JANUARY	
NAME ADDRESS AND ZIP CODE O	E PERSON COMPLETING	CAUSE OF DEATH	· 18 18 18 17		PHYSICIANS	LICENSE 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

WOLFE RICHARD 1601 NORTH WESTERN, PARK RIDGE ILLINOIS 60068





2204122000 Page: 3 of 3

# **UNOFFICIAL COPY**

American Land Title Association

File Number: 2231387 Commitment for Title Insurance Adopted 6-17-06 Revised 08-01-2016

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### **EXHIBIT A**

Legal:

LOTS 15 AND 16 IN BLOCK 6 IN WHITE'S RIVERVIEW ADDITION, A SUBDIVISION OF THE NORTH WEST QUARTER OF THE NORTH WEST QUARTER OF SECTION 28, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly known address: 1762 Sycamore St., Des Plaines, IL 60018

09-28-110-059-0000 **PIN #:** de l'approprie de l'a

**PIN #:** 

**PIN #:** 

Township: Maine

This page is only a part of a 2016 ALTA® Commitment for Title Insurance (issued by Old Republic National Title Insurance Company). This Commitment is not valid without the Notice; the Commitment to Issue Policy; the Commitment Conditions; Schedule B, Part I-Requirements; (and) Schedule B, Part II-Exceptions(; and a countersignature by the Company or its issuing agent that may be in electronic form).

