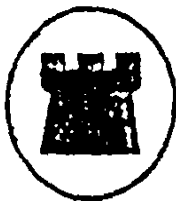


# UNOFFICIAL COPY



## CHICAGO TITLE INSURANCE COMPANY

### DECEASED JOINT TENANCY AFFIDAVIT

89262589

STATE OF ILLINOIS  
COUNTY OF

ss.

Order No. \_\_\_\_\_

MADONNA M. SILES

being duly sworn

states that she resides at 1422 Carol Court in the City of Palatine, IL 60067.

That she was acquainted with Stephen Vincent Siles deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

SEE ATTACHED

DEPT-01

\$13.25

T#1111 TRAN 0443 06/07/89 09:32:00

#1100 # A \* -89-262589

COOK COUNTY, recorded by a

That the deceased died July 4, 1986  
certified copy of 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 \_\_\_\_\_ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois about \_\_\_\_\_

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$15,000.00 dollars.

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.

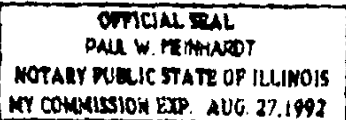
Subscribed and sworn to before me by the said

MADONNA M. SILES

this 20 day of May, A.D. 1989

Paul W. Meinhardt  
Notary Public

Madonna M. Siles  
(Affiant's signature)



FORM 3703



Return all documents to:  
PAUL W. MEINHARDT  
2015 S. Arlington Hts. Rd., Ste. 111  
Chicago, IL 60625

13 Mail

-89-262589

85625C233

# UNOFFICIAL COPY

Unit No. 3 in Long Valley Condominium, as delineated on survey of the following described parcel of real estate (hereinafter referred to as "Parcel") of parts of the Southeast 1/4 of the Northeast 1/4 of the Northeast 1/4 of Section 12, Township 42 North, Range 10, East of the Third Principal Meridian in Cook County, Illinois, which survey is attached as Exhibit "A" to the Declaration of Condominium made by American National Bank & Trust Company of Chicago, a national banking association, as Trustee under Trust Agreement dated May 8, 1972 and known as Trust No. 76743 recorded in the office of Recorder of Cook County, Illinois as Document No. 22368828; together with an undivided .01442% interest in said Parcel (excepting from said Parcel all the property and space comprising all the units thereof as defined and set forth in said Declaration and survey).

PIN: 02-12-206-041-1003

Return all documents to:  
PAUL W. MEINHARDT  
2015 S. Arlington Hts. Rd., Ste. 111  
Arlington Heights, IL 60005

Property of Cook County Clerk's Office

89262583

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.0** REGISTERED NUMBER **STEPHEN VINCENT SILES** SEX **MALE** DATE OF BIRTH **2 JULY 4 1985** COUNTY OF DEATH **COOK**

DECEASED NAME **STEPHEN VINCENT SILES** MIDDLE **VINCENT** LAST **SILES** DATE OF BIRTH (MO., DAY, YEAR) **2 JULY 4 1985** COUNTY OF DEATH **COOK**

CITY, TOWN, VILLAGE OR POST OFFICE NUMBER **ARLINGTON HEIGHTS** HOSPITAL OR OTHER INSTITUTION **NORTHWEST COMMUNITY HOSPITAL** NAME OF SURVIVING SPOUSE (MAIDEN NAME) **MARY BRUMLEVE**

CITIZEN OF WHAT COUNTRY **USA** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED **MARRIED** NAME OF SURVIVING SPOUSE (MAIDEN NAME) **MARY BRUMLEVE**

SOCIAL SECURITY NUMBER **336-07-9550** USUAL OCCUPATION **INSPECTOR** KIND OF BUSINESS OR INDUSTRY **ENGINEERING** NAME OF SURVIVING SPOUSE (MAIDEN NAME) **MARY BRUMLEVE**

RESIDENCE STREET AND NUMBER **1422 CAROL COURT** CITY, TOWN, VILLAGE OR ROAD DISTRICT NO. **PALATINE** ZIP CODE **60067** COUNTY **ILLINOIS**

FATHER NAME **RUDOLF SILES** MOTHER NAME **PETRONELLA CANIGA**

INFORMANT NAME (TYPE OR PRINT) **MARY SILES** RELATIONSHIP **WIFE** MAILING ADDRESS **1422 CAROL CT PALATINE IL 60067**

DEATH WAS CAUSED BY **Death related to leukemia** (LIST ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

CONDITIONS, IN ANY, WHICH GAVE RISE TO THE DISEASE OR TO THE CAUSE OF DEATH **Leukemia 7 yrs duration. 89262589**

DATE OF OPERATION, IF ANY **7-4-85** MAJOR FINDINGS OF OPERATION **Stomach, with malignancy**

NAME AND ADDRESS OF PHYSICIAN (IF OTHER THAN CERTIFIER) **Bernard Martin and Bernard Martin H.D. 230 S. Oak St. Oak Park, Ill.**

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) **DR. MARTIN**

BURIAL OR CREMATION **REMOVAL** CEMETERY OR CREMATORY NAME **St. Michael** LOCATION **Palatine, Illinois** CITY OR TOWN **Palatine, Illinois** STATE **Illinois** DATE **7-5-85**

FUNERAL HOME **Funeral Home** STREET AND NUMBER OR R. F. D. **St. Michael** CITY OR TOWN **Palatine, Illinois** STATE **Illinois** DATE **7-5-85**

Funeral Director's Signature **Funeral Director's Signature** FUNERAL DIRECTOR'S SIGNATURE **Funeral Director's Signature** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **5640354**

Funeral Director's Signature **Funeral Director's Signature** DATE REC'D BY LOCAL REGISTRAR **July 5, 1985**

VR 300 REV. 5/82 Illinois Department of Public Health - Office of Vital Records (Based on 1978 U.S. Standard Certificate)

I HEREBY CERTIFY THAT the foregoing is true and correct copy of the death record for the decedent named in Item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths and deaths.

DATE **MAY 12 1987** SIGNED **Naturelle McCreary**

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At Cook County Department of Public Health, Official The Sheriff, Deputy Registrar