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Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

91580065

STATE OF ILLINOIS
COUNTY OF Cook

} ss.

Order No. _____

Charles J. Miller

being duly sworn

states that he resides at 17032 Lorenz Avenue in the City of Lansing

That he was acquainted with Anna N. Miller

deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 15 in Block 2 in Lansing Calumet being a Subdivision of the West 104 rods of the East 122 rods of the North Half of the North East Quarter of Section 30, Township 36 North, Range 15 East of the Third Principal Meridian, in Cook County, Illinois

That the deceased died June 4, 1991, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

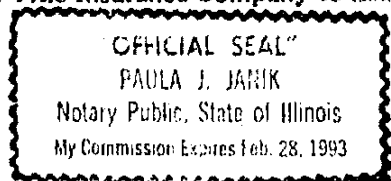
- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of Cook County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven 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 \$270,000 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

Charles J. Miller



this 20th day of September, A.D. 19 91

Paula J. Janik
Notary Public

Charles J. Miller
(affiant's signature)

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Property of Cook County Clerk's Office

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DEPT-91 RECORDINGS 11:47:08
110888 TEAM 1627 11/05/91 13147100
43372 # F *-91-5801155
COOK COUNTY RECORDER

14000

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Property of Cook County Clerk's Office

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STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0

REGISTERED NUMBER

DECEASED-NAME: **Anna N. Miller**

DATE OF DEATH: **June 4, 1991**

SEX: **Female**

COUNTY OF DEATH: **COOK**

DATE OF BIRTH: **April 5, 1934**

CITY, TOWN, TWP OR ROAD DISTRICT NO.: **Lansing 17032 Lorenz Ave**

AGE: **57**

UNDERLYING CAUSE: **metastatic breast cancer**

DATE OF OPERATION: **March 28, 1991**

OPERATION: **lumpectomy**

DATE OF SIGNATURE: **June 4, 1991**

SIGNATURE: **Theresa J. Healy**

OFFICIAL TITLE: **Deputy Registrar**

LOCAL HEALTH OFFICER SIGNATURE: **Theresa J. Healy**

DATE OF LOCAL HEALTH OFFICER SIGNATURE: **June 4, 1991**

FUNERAL HOME: **Schroeder-Labor Funeral Home, 1727 Ridge St., Lansing, MI 48906**

REGISTRATION DISTRICT NO. **16.0**

REGISTERED NUMBER

DECEASED-NAME: **Anna N. Miller**

DATE OF DEATH: **June 4, 1991**

SEX: **Female**

COUNTY OF DEATH: **COOK**

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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.

JUL 08 1991

SIGNED *Theresa J. Healy*

County Department of Public Health
 (500) S. Maybrook Drive - Maywood, Illinois 60153
 Official Title Deputy Registrar