

**REI**REAL ESTATE  
INDEX**UNOFFICIAL COPY**1820 RIDGE AVENUE  
EVANSTON, IL 60201-2621  
708 864-8000 FAX 708 861-6671Harris Bank  
3250 Kirchoff  
Rolling Meadows, IL 60068STATE OF ILLINOIS  
COUNTY OF

ss.

Order No.

95704894

## DECEASED JOINT TENANCY AFFIDAVIT

VIRGINIA L. GRIFFITH AKA VIRGINIA L. PATTERSON being duly sworn states that SHE resides at 2806 MARTIN LANE In the City of ROLLING MEADOWS.

That SHE was acquainted with KENNETH R. PATTERSON deceased who, at the time of HIS death, was one of the owners of the land in COOK County, Illinois, described as:

LOT #2650 IN ROLLING MEADOWS UNIT #18, BEING A RESUBDIVISION OF PART OF LOT "B-B" IN ROLLING MEADOWS UNIT NO. 10, BEING A SUBDIVISION OF LOT "U" IN ROLLING MEADOWS UNIT NO. 8, BEING A SUBDIVISION IN THAT PART OF THE WEST HALF OF SECTION 36, TOWNSHIP 42 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING SOUTH OF KIRCHOFF ROAD, ACCORDING TO PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS, ON APRIL 7, 1958, AS DOCUMENT NUMBER 1789581.

That the deceased died MARCH 16, 1977, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

Leaving no Last Will & Testament.

1175243 REITITLE SERVICES # RTW-524U 2,4

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 \_\_\_\_\_ dollars.

Attiant 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

this 22nd day of August, A.D. 1995  
Susan L. Godwin  
Notary Public

*23.50*  
x Virginia L. Griffith  
(Attiant's Signature)

"OFFICIAL SEAL"  
SUSAN L. GODWIN  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 1/31/99

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Property of Cook County Clerk's Office

RECEIVED  
APR 11 1984  
CIRCUIT CLERK'S OFFICE

479.00

479.00

RECEIVED APR 11 1984  
APR 11 1984 - REC'D - COOK CO. CLERK'S OFFICE  
00:00:00 04/11/84 00:00:00 04/11/84

479.00

479.00

95704653

# UNOFFICIAL COPY

<input type="checkbox"/> PERMANENT CERTIFICATE  <input type="checkbox"/> TEMPORARY CERTIFICATE  <small>DECEDENT'S BIRTH NO.</small>		March 77		MEDICAL EXAMINER		STATE OF ILLINOIS		STATE FILE NUMBER			
REGISTRATION DISTRICT NO. 11-1A		REGISTERED NUMBER:		CERTAINING CERTIFICATE OF DEATH							
DECEASED—NAME		FIRST		MIDDLE		LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1. Kenneth R. Patterson								Male		3. March 16, 1977	
RACE, WHITE NEGRO AMERICAN INDIAN 272-10-0000		AGE—LAST BIRTHDAY (YEAR)		UNDER 1 YEAR MOS.		UNDER 1 DAY DAYS		DATE OF BIRTH MONTH, DAY, YEAR		PLACE OF DEATH COUNTY	
2. White		46		15		5C.		6. January 30, 1931		70. Cook	
3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 70. Arlington Heights		4. CITY OF CITY 70. Yes		5. HOSPITAL OR OTHER INSTITUTION—NAME 70. 104 - Northwest Community Hospital (IF NOT IN EITHER, GIVE STREET AND NUMBER)							
5. BIRTHPLACE STATE OR TERRITORY 70. Ohio		6. CITIZEN OF WHAT COUNTRY 70. U.S.A.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (IF YES) 70. Married		8. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 70. Virginia Silverthorn					
7. SOCIAL SECURITY NUMBER 70. 271-28-1540		9. USUAL OCCUPATION 70. Piano Tuner		10. KIND OF BUSINESS OR INDUSTRY 70. Self		11. U.S. WAR VETERAN, WAR OR DATES OF SERVICE 70. No					
12. RESIDENCE STATE 70. Illinois		13. CITY, TOWN, TWP. OR ROAD DISTRICT NO. 70. Cook		14. CITY, TOWN, TWP. OR ROAD DISTRICT NO. 70. Rolling Meadows		15. HUSBAND'S CITY 70. Yes		16. STREET AND NUMBER 70. 2805 Martin Lane			
17. FATHER'S NAME 70. John		18. MOTHER—MIDDLE NAME 70. Patterson		19. MOTHER—MIDDLE NAME 70. Mary		20. MIDDLE NAME 70. Elsie		21. LAST NAME 70. Gandy			
INFORMANT'S SIGNATURE 70. Dr. J. J. Egan, M.D.		RELATIONSHIP 70. Wife		MAILING ADDRESS 70. 2805 Martin Ln., Rolling Meadows, Ill. 60008		STREET AND NO. OR R. F. D. CITY OR TOWN, STATE, ZIP					
18. DEATH WAS CAUSED BY. PART I. IMMEDIATE CAUSE		ENTER ONLY ONE CAUSE PER LINE FOR 101, 102 AND 103								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
19. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE FOR STATING THE UNDERLYING CAUSE LAST		(a) DUE TO OR AS A CONSEQUENCE OF Anteriosclerotic Cardiovascular Disease									
		(b) DUE TO OR AS A CONSEQUENCE OF									
		(c)									
20. PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I. (a)										AUTOPSY (YES/NO) 190. No	
21. ACCIDENTAL, SUICIDE, HOMICIDE, CRIMINAL OR MEDICAL SPECIFY 200. Natural		22. DATE OF INJURY MONTH DAY YEAR		23. HOUR		24. HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART II)		25. YES, WIRE FINDINGS CON OF DEATH 190. No			
23. INJURY AT WORK ITEM NO.		24. PLACE OF INJURY AT HOME, FARM, STREET FACTORY, OFFICE, BUILDING ETC (SPECIFY)		25. LOCATION		26. CITY, VIL OR TOWN, OR TWP. OR RD. DIST. NO.; COUNTY, STATE		27. P			
26. 200.		27. 200.		28. 200.		29. 200.		30. 200.			
31. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND ON THE INQUIRIES MADE, THIS DEATH OCCURRED ON THE DATE 210. AT THE PLACE AND DUE TO THE CAUSE(S) STATED AND THAT --- 32. SIGNED		THE DECEDENT WAS PRONOUNCED DEAD ON 210. MARCH 16, 1977								AT 210. 3:43 P. M. (MONTH, DAY, YEAR)	
33. PHYSICIAN'S SIGNATURE 220. Robert J. Egan, M.D.		211. DATE SIGNED 220. March 16, 1977								212. DATE SIGNED 220. March 16, 1977	
34. MEDICAL EXAMINER 230. Yusuf Konakci, M.D.		213. DATE SIGNED 230. March 16, 1977								214. DATE SIGNED 230. March 16, 1977	
35. Cremation, Removal (Specify) 240. Cremation		36. CEMETERY OR CREMATORIUM—NAME 240. Memory Gardens		37. LOCATION		38. CITY OR TOWN		39. DATE (MONTH, DAY, YEAR) 240. Mar. 18, 1977			
38. NAME 250. Ahlgrim & Sons Ltd.		39. STREET AND NUMBER OR R. F. D.		40. CITY OR TOWN		41. DATE (MONTH, DAY, YEAR) 250. Mar. 18, 1977		42. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
40. LOCAL REGISTRAR'S SIGNATURE 260. R. Ahlgrim		43. DATE REC'D. BY LOCAL REGISTRAR (MONTH DAY YEAR) 260. Mar. 17, 1977									
41. VR 202 (1971)		44. Illinois Department of Public Health - Office of Vital Records								(BASED ON 1968 U. S. STANDARD CERTIFICATE)	

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 9 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 MAR. 17 1977

SIGNED

*Doris L. Baby*

AT Barrington, Illinois. OFFICIAL TITLE Sub Registrar

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be prima facie evidence of all facts and places of the facts therein stated.

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