



#### Attorneys' National Title Network, Inc.

Three First National Plaza • Suite 575 • Chicago, IL 60602 • 312-407-0320 • Fax 312-521-1001

95208606

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STATE OF	ILLINOIS	) ) SS	•	0EPT-11 RECORD TOR T40013 TRAN 3386 03/28/	
COUNTY O	F Cook	,	*	\$7103 ♦ AF ★-95- COOK COUNTY RECORDER	-200000
	<i>\infty</i> .	JOINT TENAN	CY AFFIDAVIT		
Lucill	le I. Zender	, hereinafter referred t	to as the affiant, sta	ates under oath that the affiant	t resides at
828 Gracel	land, Unit 501	in the City of De	es Plaines	, Illinois; that the affiant was	s acquainted
with Peter	L. Zender	the decedent; that at the	time of death, the dec	edent was one of the owners of the	he property,
by virtue of pr	roperly recorded join	nt tenancy warranty deed, said p	property located in	Cook County, Illinois,	, and legally
described as fo	ollows: att	ached and described in	Commitment #207	77666	
remainder inter or enjoyment a	rests in property by ta after death;	ransfer with retention (f p life in		wer of appointment at death, nor eation of interests to take effect in and testament;	n possession
That the	he total value of dece	edent's estate, including the taxa		ve property was \$ 150,000.00 approxim	ate of
That ti	he value of the above	e property individually was \$ <u>10</u> affidavit to induce ATTORNE	)7,500.00 VS' TITLE INSURAL	NCE FUND, INC. to issue its po	
insurance on th	e above described pr	roperty.		0	•
fully indemnify all loss, costs, d	, protect, defend and damages, suits, attorn	hold ATTORNEYS' TITLE IN	NSURANCE FUND, I kind and nature which	coral representatives or assignees INC. barraless and to reimburse the which the Fund may suffer, expe	he Fund for
•	•			U <sub>Sc</sub>	•
1. 2.		estate of <u>Peter I. Zende</u> itance Tax and Pederal Tax which			•
3.		reated by the will of said decede		Ö	
4.	Rights to contribut	ion.		D take however A	
			X X	will a ginder	K(Seal)
			1.U	Cliffe I. Zender	(Seal)
	A L F				11 h.i

Subscribed and Sworn to before me

Note:

this 24 day of tabruary 1975

If the decedent left a will, it will be necessary that the original or a certified copy thereof be presented to us for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

95208606

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STATE OF STATE

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I, HEREEY CERTIFY THAT the following to thru and correct copy of the death retord for the decedent named in item I 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. DECEMBER 7, 1994 DATE: SIGNED: Regis Cook County Department of Public Health Chief Deputy HEWOYAL GHEWATION.

REWOYAL GHEOPY

21-1 ETI COMBINET E

FU STAL HOME CAUSE LAST NUMBER REGISTRATION DISTRICT NO. A. LUUI.
CITY, TOWN, TWP, OR HOUD DISTRICT NUMBER RESIDENCE ISTREET WID NAMEER HIVEG SO ALMOOD DECEASED-NAME REGISTERED 13e Illinois 13a 828 Graceland 7. Chicago, IL WOLF D. PEDD'IN AUS M.D. TO THE BEST OF MY KNOWLEDGY, DEATH & C DATE OF OPERATION, IF ANY PARY II. One service if conducting to contributing to death bull not required in a work 17a Mrs. Lucille Zender INFORMANT'S NAME (TYPE OF PROVI) FATHER-NAME BIRTHPLACE YONY MOSTATE OR FOREIGH COUNTRY! 22a SIGNATURE > ង AND LAST SAW HIMHER ALIVE ON ò MARIO (FLAV STREET FUNE W DIRECTOR'S SIGNA 25. FRIEDRICHS FUNERAL HOME INC., NAME OF ATTENDING PY.T. IC WIF OTHER THAN CERTIFIER 26a PREGISTRUR AREN LSSIGN Providete Cause (Final drinase or condition resulting in death) DES PLAINES Henry SEASON OF THE PERSON PETER Erner the diseases, or complications that caused the death, Do not error, i.e. note of dying, such as cardiac or respiratory arrest, shock, or heart takine. Ust only one cause on each line. Ste CODE 13t. 60016 24b. All Saints Cemetery CEMETERY OF CHEMATORY-NAME DUE TO, OR AS A CONSEQUENCE OF **DUE TO, OR AS A CONSEQUENCE** E FRST MIDDLE USUAL OCCUPATION
Stationary
11a Engineer Ba Marriec WARRIED, NEVER MARRIED. 20 WALDREINDINGS ( OPERATION Schemic Levere ou gestive weart からなるか MEDICAL CERTIFICATE OF DEATH INDA TH. DAY, YEAR! 2 menous Department of Public Health - Division of Vital Report RACE (WHITE BLACK MERICAN MOUNT OF USPECTY)
143 WILLE SIRTHDAY (YPS) BATTHE TIME DATE AND PLACE AND DUE TO THE CAUSE(S) STATED 5a. 80 | 5b. 1 | 5c. 1 | 5d. f elitually 1 10 Zender MODEL 581 (OLF TSA. STREET AND NUMBER OR RFD 200 なな HOLY FAMILY MEDICAL CENTER PANDOF BUSHESSON NOUSTRY
Chicago Board of
11b. Education
CITY. TOWN, TWP. OR ROWD DISTRICT NO. (TYPE DAPRINT) Year cause green in PART! 320 West Central Road, worknown 17b. Spouse RELATIONSHIP Pry STATE OF ILLINOIS NAME OF SUMVIVING SPOUSE IMADENHAME, FWIFE) Des Plaines RD. arsi ナbシ T YEAR LSST. 24c Des LOCATION disease MOTHER-NAME OF HISPANIC ORIGIN? (5: 5: NO OR YES - FYES, SPECIFY CLEWIL MEXICAL PLERTO RICAL, HE! DES PLAINES 60016 AYG: HBOND 13 MULLIC LOOKESS (STREET AND NO. OHRED, CITYOR TOWN, STATE, ZP) 328 Graceland, Des Plaines, IL 60016 Plaines, Illinois Louisa j WAS CONONER OR MEDICAL EXAMPLE NOT THE TESTO CULLONIONS IS fil TEME Pailure CLLA ON LOWN DATE OF BIFTH WOME EN ES, 1994 5d February 12, EDUCATION (S. \*CEY MAY HOUSESTORADE COMPLETED)

Elementary Secondary (~ 2) Compg (1-4 or 5 + ) NO CESTO, Mount Prospect, DATE FREDJE LOCAL REDISTRUGINOWTH, DAY, YEARI FUNERAL DO TECTOR STLANDISLICENSE NUMBER MESHON YES MSW/CITY SPECIFY DATE OF DEATH (WORTH, DAY, YEAR) STATE ONSwaa HIDDLE 034-009902 amora 20c YES I NO I THREE MONTHS? DATESIGNED HOUR OF DEATH 22d. 036-053477 NOTE: IF AN ALJURY WAS UVOLVED IN THIS DEATH THE CORONER OR HEDICAL EXAMINER MUST BE NOTIFIED. ILLINOIS LICENSE NUMBER STATE FILE (BASED ON 1969 U.S. STÁVOJARO CERTIFICATE) OF IA SH AM MORATE DO A ALINDOO Kronenberger 1914 ממשינביוטייטי כיידמי כי מציעירינונצייטי מייש יוונס בענייטי ליימייל אייטיוננגייטי 150 24d. 2 31.00 INPATIENT WASOECEASED EVERINUS
APJAED FORCES? (YES NO.) (MAIDEN) LAST APPROXIMATE ACTIONAL BETWEEN CHEST AND DEATH Cook IL 60056 Dec.7,1994 hiou fis 9 YEAJI (HONTH, DAY, YEAR) 3:15 JMOUTH THY YEAR Ä 95208606 3220300P.

Property of Cook County Clerk's Office

THAT PART OF UNIT 501 AS SAID UNIT IS DELINEATED ON SURVEY ATTACHED TO AND MADE A PART OF DECLARATION OF CONDOMINIUM OWNERSHIP REGISTERED ON THE 7TH DAY OF JUNE 1978, AS DOCUMENT NUMBER 3022429, FALLING WITHIN PREMISES HEREINAFTER DESCRIBED. TOGETHER WITH: AN UNDIVIDED 4.37% INTEREST IN PREMISES HEREINAFTER DESCRIBED (EXCEPTING THEREFROM THOSE UNITS AND PARTS OF UNITS FALLING WITHIN SAID PREMISES, AS SAID UNITS ARE DELINEATED ON SURVEY HEREINABOVE REFERRED TO):

SAID PREMISES BEING DESCRIBED AS FOLLOWS: THE SOUTH 50
FEET OF LOT TWELVE (12), IN BLOCK SEVEN (7), IN PARSON AND LEE'S ADDITION
TO DES PLAINES, BEING A SUBDIVISION OF CERTAIN LOTS IN THE ORIGINAL TOWN OF
RAND, TOGETHER WITH PORTIONS OF SECTIONS 17 AND 20, TOWNSHIP 41 NORTH,
RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

15 Clort's Office

P.I.N. 09-17-434-020-1019

Mail To: Debra Lester 540 S. Anita DesPlaines, II. 60016



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