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95393109



Chicago Title Insurance Company

DEPT-01 RECORDING \$23.50
 150014 TRAN 6196 06/19/95 11:01:00
 8821 + TD *--95-393109
 COOK COUNTY RECORDER
 DEPT-10 PENALTY \$20.00

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
 COUNTY OF Cook

ss.

Order No. _____

James W. Heiland

being duly sworn

states that he resides at 8 Lakeside Dr. in the City of Barrington

That he was acquainted with Arlene A. Heiland

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

LOT 6 IN LAKESHORE ESTATES RESUBDIVISION OF LOTS 180-181, 184-186, 188-189 AND LOTS 206-210, BOTH INCLUSIVE IN SOUTH BARRINGTON LAKES UNIT 4, BEING A SUBDIVISION OF PARTS OF THE WEST 1/2 OF THE SOUTH EAST 1/4 AND THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 22, TOWNSHIP 42 NORTH, RANGE 9 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Address: 8 Lakeside Dr, So. Barrington IL 60010
 Pin #: 01-22-400-058

That the deceased died January 26, 1995, 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 _____ 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.

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 _____

MAIL TO

this 8 day of June, A.D. 19 95

Erika Johnson
 Notary Public

OFFICIAL SEAL
 ERIKA JOHNSON
 NOTARY PUBLIC STATE OF ILLINOIS
 MY COMMISSION EXP. AUG. 5, 1997

(affiant's signature)

Prepared By & Mailed To:
 American Chartered Bank
 650 E. Algonquin Rd
 Schaumburg IL 60193
 20 P.F.
 23 P.F.

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Property of Cook County Clerk's Office

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I HEREBY CERTIFY THAT the foregoing is a 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: JANUARY 30, 1995

SIGNED: *Marjorie Kalskis*

at Cook County Department of Public Health

Official Title, Chief Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

1601

1. DECEASED NAME	ARlene A. Heiland		2. SEX	Female	3. DATE OF DEATH	1995
4. COUNTY OF DEATH	COOK		5. AGE - LAST BIRTHDAY	50 YRS	6. DATE OF BIRTH	JANUARY 8, 1945
7. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	HOFFMAN ESTATES		8. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT BIRTHPLACE, GIVE STREET AND CITY)	HOFFMAN ESTATES MEDICAL CENTER		
9. BRIDGE PLACED (CITY AND STATE OR COUNTY) (IF APPLICABLE)	ILLINOIS		10. NAME OF SURVIVING SPOUSE (MARRIED OR SEPARATED)	JAMES HEILAND		
11. SOCIAL SECURITY NUMBER	347-74-3177		11a. KIND OF BUSINESS OR INDUSTRY	REAL ESTATE		
12. RESIDENCE (STREET AND NUMBER)	8 LAKESIDE DRIVE		12. CITY, TOWN, TWP. OR ROAD DISTRICT NO.	SOUTH BARRINGTON		
13. STATE	ILLINOIS		13a. ZIP CODE	60010		
14. FATHER-NAME	PETER		14b. RACE	WHITE		
15. MOTHER-NAME	BONGOVANNI		15. RELATIONSHIP	HUSBAND		
16. AGENCY (NAME AND ADDRESS)	JAMES HEILAND		16. MAILING ADDRESS (CITY, TOWN, TWP., STATE AND ZIP)	8 LAKESIDE DR. SOUTH BARRINGTON ILL 60010		
17. IMMEDIATE CAUSE (Final disease or condition leading to death)	RESPIRATORY ARREST		17a. DUE TO OR AS A CONSEQUENCE OF	PULMONARY EMBOLISM		
18. CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST	SPLENIC ABSCESS, HYPERTENSION, DIABETES MELLITUS		18a. DUE TO OR AS A CONSEQUENCE OF	LARGE SPLENIC ABSCESS		
19. DATE OF OPERATION, IF ANY	11-26-95		19a. MONTH, DAY, YEAR	1 26 95		
20. SIGNATURE OF PHYSICIAN OR OTHER THAN CERTIFIER	DENNIS O'CONNELL		20a. NAME AND ADDRESS OF PHYSICIAN OR OTHER THAN CERTIFIER (TYPE OR PRINT)	1030 HIGGINS ESTATES IL		
21. NAME OF ATTENDING PHYSICIAN OR OTHER THAN CERTIFIER	DENNIS O'CONNELL		21a. ADDRESS (STREET AND NUMBER OR P.O. BOX)	149 N MAIN ST BARRINGTON ILLINOIS		
22. SIGNATURE OF CERTIFIER	Roger F. Jantz		22a. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	ROGER F. JANTZ		
23. CREATOR OF RECORD	STIRLICK-PEPPER		23a. NAME AND ADDRESS OF CREATOR (TYPE OR PRINT)	149 N MAIN ST BARRINGTON ILLINOIS		
24. CREATOR OF RECORD	STIRLICK-PEPPER		24a. NAME AND ADDRESS OF CREATOR (TYPE OR PRINT)	149 N MAIN ST BARRINGTON ILLINOIS		
25. LOCAL REGISTRAR'S SIGNATURE	KAREN W. SCOTT, M.D.		25a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
26. REGISTRAR	KAREN W. SCOTT, M.D.		26a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
27. LOCAL REGISTRAR'S SIGNATURE	KAREN W. SCOTT, M.D.		27a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
28. REGISTRAR	KAREN W. SCOTT, M.D.		28a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
29. LOCAL REGISTRAR'S SIGNATURE	KAREN W. SCOTT, M.D.		29a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
30. REGISTRAR	KAREN W. SCOTT, M.D.		30a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
31. LOCAL REGISTRAR'S SIGNATURE	KAREN W. SCOTT, M.D.		31a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
32. REGISTRAR	KAREN W. SCOTT, M.D.		32a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
33. LOCAL REGISTRAR'S SIGNATURE	KAREN W. SCOTT, M.D.		33a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
34. REGISTRAR	KAREN W. SCOTT, M.D.		34a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
35. LOCAL REGISTRAR'S SIGNATURE	KAREN W. SCOTT, M.D.		35a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
36. REGISTRAR	KAREN W. SCOTT, M.D.		36a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
37. LOCAL REGISTRAR'S SIGNATURE	KAREN W. SCOTT, M.D.		37a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
38. REGISTRAR	KAREN W. SCOTT, M.D.		38a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
39. LOCAL REGISTRAR'S SIGNATURE	KAREN W. SCOTT, M.D.		39a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
40. REGISTRAR	KAREN W. SCOTT, M.D.		40a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
41. LOCAL REGISTRAR'S SIGNATURE	KAREN W. SCOTT, M.D.		41a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
42. REGISTRAR	KAREN W. SCOTT, M.D.		42a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
43. LOCAL REGISTRAR'S SIGNATURE	KAREN W. SCOTT, M.D.		43a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
44. REGISTRAR	KAREN W. SCOTT, M.D.		44a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
45. LOCAL REGISTRAR'S SIGNATURE	KAREN W. SCOTT, M.D.		45a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
46. REGISTRAR	KAREN W. SCOTT, M.D.		46a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
47. LOCAL REGISTRAR'S SIGNATURE	KAREN W. SCOTT, M.D.		47a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
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50. REGISTRAR	KAREN W. SCOTT, M.D.		50a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
51. LOCAL REGISTRAR'S SIGNATURE	KAREN W. SCOTT, M.D.		51a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
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93. LOCAL REGISTRAR'S SIGNATURE	KAREN W. SCOTT, M.D.		93a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
94. REGISTRAR	KAREN W. SCOTT, M.D.		94a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
95. LOCAL REGISTRAR'S SIGNATURE	KAREN W. SCOTT, M.D.		95a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
96. REGISTRAR	KAREN W. SCOTT, M.D.		96a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
97. LOCAL REGISTRAR'S SIGNATURE	KAREN W. SCOTT, M.D.		97a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
98. REGISTRAR	KAREN W. SCOTT, M.D.		98a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
99. LOCAL REGISTRAR'S SIGNATURE	KAREN W. SCOTT, M.D.		99a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		
100. REGISTRAR	KAREN W. SCOTT, M.D.		100a. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT)	KAREN W. SCOTT, M.D.		

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