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DECEASED JOINT TENANCY AFFIDAVIT

DEPT-11 TORRENS #23.50
T90013 TRAN 4172 03/13/96 13:19:00
#2989 CT *--96--192475
COOK COUNTY RECORDER

96192475

STATE OF ILLINOIS)
) ss.
COUNTY OF COOK)

Order No. 6058-54

THE ABOVE SPACE FOR RECORDER'S USE ONLY

LOIS M. HANSEN being duly sworn states that SHE
resides at 15700 FOXBEND COURT-UNIT 2N in the City of ORLAND PARK, ILLINOIS
That SHE was acquainted with JAMES R. HANSEN
deceased who, at the time of HIS death, was one of the owners of the land in COOK County, Illinois,
described as:

UNIT # 15700 2 - "N" IN FIRST ADDITION TO ORLAND GOLF VIEW CONDOMINIUMS, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: CERTAIN LOTS IN FIRST ADDITION TO ORLAND GOLD VIEW CONDOMINIUM SUBDIVISION OF PART OF THE SOUTH EAST QUARTER OF SECTION 14, TOWNSHIP 36 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, WHICH SURVEY IS ATTACHED AS EXHIBIT 'A' TO THE DECLARATION OF COMDOMINIUM RECORDED AS DOCUMENT NUMBER 27261332 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN COOK COUNTY, ILLINOIS.

PIN# 27-14-402-021-1019

O'CONNOR TITLE
SERVICES, INC.
6058-54

H. C. TITHE BK.
11900 S. DUNBAR
AUSTIN, IL 60658



That the deceased died NOVEMBER 19, 1990 as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

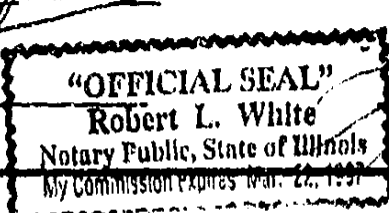
- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the 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, 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 LOIS M. HANSEN this 8th day of March A.D. 1996.

Robert L. White
Notary Public



Lois M. Hansen
(Affiant's Signature)

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Property of Cook County Clerk's Office

96192175

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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 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.

Date NOV. 21, 1990

signed Lois Winter

At Cook County Department of Public Health Official Title Chief Deputy Registrar
1500 S. Maybrook Dr., Maywood, Illinois 60153

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

361923473
NUMBER

REGISTRATION DISTRICT NO. 16.0
REGISTERED NUMBER

1	DECEASED-NAME	FIRST	MIDDLE	LAST	SEX	DATE OF BIRTH	MO	DAY	YEAR
1	COUNTY OF DEATH	James	R.	Hansen	2	Male	3	November	19, 1990
4	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	Cook							
5a	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	Oak Lawn							
7	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	Chicago, Ill.							
10	SOCIAL SECURITY NUMBER	344-16-1827							
12	RESIDENCE (STREET AND NUMBER)	15700 Foxbernd Court							
13a	STATE	Illinois							
13b	FATHER-NAME	Victor							
15	INFORMANT'S NAME (TYPE OR PRINT)	Lois Hansen							
17a	17a PART I								
18	CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (I) STATING THE UNDERLYING CAUSE LAST	(a) <u>Acute Myocardial Infarction</u> (b) <u>Due to (c) (a) (X) CONSEQUENCE OF</u>							
19	DATE OF OPERATION, IF APPLICABLE	NONE							
20a	19a PART I	NONE							
21a	19b PART I	NONE							
21b	19b PART II	NONE							
22	22a SIGNATURE	<u>William McKernan MD</u>	22b <u>10444 S. Kedzie St Chicago, Illinois</u>						
23	22b NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CENTER)	NONE							
24	23a BIRTHPLACE	NONE							
25	23b BIRTH DATE	NONE							
26	23c BIRTH TIME	NONE							
27	23d BIRTH PLACE	NONE							
28	23e BIRTH DATE	NONE							
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43889 : CT * - 96 - 192475
140015 TRAM 4172 03/13/96 13:20:00
L. DEPT-11 TORRENS \$23.50

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