



**DECEASED
JOINT TENANCY
AFFIDAVIT**

MAIL TO:

**JOHN C. HAAS
115 S. EMERSON ST.
MT. PROSPECT, IL 60056**

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

DIANE G. STEFFEN, being duly sworn states that she resides at 258 N. Brookdale Lane, Palatine, Illinois 60067.

That she was acquainted with RICHARD C. STEFFEN, deceased, who at the time of his death, was one of the owners of the land in Cook County, Illinois, legally described as:

SEE LEGAL DESCRIPTION ON REVERSE SIDE HEREOF

Property Address: 258 N. Brookdale Lane, Palatine, Illinois 60067

Permanent Index Number: 02-35-301-008

That the deceased died February 10, 1997, as evidenced by a copy of death certificate of the deceased attached hereto.

That the deceased died leaving a Last Will and Testament. The will was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook, Illinois, about April 16, 1997.

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 \$350,000.00 Dollars.

That all debts of the deceased are paid in full and there is no Federal or Illinois Estate Tax due, or they have been paid in full.

UNOFFICIAL COPY

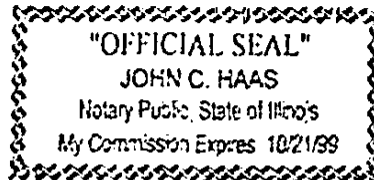
Affiant makes this affidavit for the purpose of inducing any title insurance company to issue its title insurance policy, describing the above-mentioned property.

IN WITNESS WHEREOF, the Affiant has affixed her signature hereto this 21st day of April, 1997.

Jane G. Steffen
BIANE G. STEFFEN, Affiant

Subscribed and sworn to before me
this 21st day of April, 1997.

John C. Haas
Notary Public



LEGAL DESCRIPTION

Lot 5 in Plum Grove Estates, Unit 1, a Subdivision in the Northeast Quarter of the Southwest Quarter of Section 35, Township 42 North, Range 10, East of the Third Principal Meridian, in Cook County, Illinois.

Property Address: 258 N. Brookdale Lane, Palatine, Illinois 60067

Permanent Index Number: 02-35-301-008

This instrument prepared by: John C. Haas, Attorney at Law, 115 S. Emerson St., Mt. Prospect, IL 60056 (847) 255-5400

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0

REGISTERED NUMBER

DECEASED-NAME: FIRST Richard MIDDLE C. LAST Steffen SEX 2 Male DATE OF BIRTH (MONTH, DAY, YEAR) 9 February 10, 1997

1. COUNTY OF DEATH Cook CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 11a. Elevator HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN ITEM 10, GIVE STREET AND NUMBER) 6c. Inpatient

2. BIRTHPLACE (CITY AND STATE OR COUNTY) 6d. NorthWest Community Hospital NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)

3. MARRIAGE STATUS (MARRIED, SEPARATED, DIVORCED, WIDOWED, SINGLE) 8a. Married NAME OF BUSINESS OR INDUSTRY Diane Kucheibecker

4. SOCIAL SECURITY NUMBER 10. 345-26-2638 RESIDENCE (STREET AND NUMBER) 11b. Elevator CITY, TOWN, TWP. OR ROAD DISTRICT NO. 12. 12 INSIDE CITY (YES/NO) 13c. Yes COUNTY Cook

5. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) 13b. Palatine OF HISPANIC ORIGIN? (YES/NO) 13d. No

6. FATHER'S NAME (FIRST, MIDDLE, LAST) 14a. White MOTHER-NAME (MAIDEN) LAST 14b. CNO

7. DECEASED'S NAME (FIRST, MIDDLE, LAST) 15. Peter J. Steffen RELATIONSHIP 16. Ev. son MAILING ADDRESS (STREET AND NO., CITY OR TOWN, STATE, ZIP) 17a. 60067

8. DECEASED'S NAME (FIRST, MIDDLE, LAST) 17b. Diane Steffen RELATIONSHIP 17c. Spouse MAILING ADDRESS (STREET AND NO., CITY OR TOWN, STATE, ZIP) 17d. 255 N. Brookdale Ln., Palatine, Ill.

9. IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) Hepatitis C Syndrome

10. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) CSS 6.0.5.11

11. STATING THE UNDERLYING CAUSE LAST. (c) Ethic Viol.

12. DATE OF OPERATION, IF ANY 20a. 2/10/97 MAJOR FINDINGS OF OPERATION 20b. No

13. (10) DID YOU ATTEND THE DECEASED AND LAST SAW HIM/LER ALIVE ON 21a. 2/10/97 WAS CONDONER/ON MEDICAL EXAMINER NOTIFIED (YES/NO) 21b. NO

14. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 21c. 9:45 A. M. DATE SIGNED 2/10/97

15. SIGNATURE Murray Salina NAME AND ADDRESS OF CERTIFIER (TYPE PRINT) DR. MURRAY SALINA, MD 3233 N ARL HTS RD ARL HTS IL 60018

16. NAME OF ATTENDING PHYSICIAN OR PHYSICIAN CERTIFIER (TYPE PRINT) 22b. 30 053951 ILLINOIS LICENSE NUMBER

17. BURIAL CREMATION (REMOVAL) (YES/NO) 23. Cremation LOCATION 24a. Lake Bluff Ill CITY OR TOWN 24b. Lake Bluff Ill STATE 24c. Feb 11, 1997

18. FUNERAL HOME 25a. Meadows Funeral Home 3615 Kirchoff Rd Rolling Meadows Ill 60008 FUNERAL DIRECTOR'S SIGNATURE 25b. Margaret Valbuena LOCAL REGISTRAR'S SIGNATURE 25c. Margaret Valbuena DATE OF LOCAL REGISTRAR'S SIGNATURE (MONTH, DAY, YEAR) 25d. February 11, 1997

19. LOCAL REGISTRAR'S NAME 26a. Karen E. Scott, M.D. REGISTERAR 26b. Margaret Valbuena DATE OF LOCAL REGISTRAR'S SIGNATURE (MONTH, DAY, YEAR) 26c. February 11, 1997

20. 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 VITAL RECORDS ACT.

21. SIGNED: Margaret Valbuena DATE: FEBRUARY 11, 1997

22. Official Title, Chief Deputy Registrar Margaret Valbuena at Cook County Department of Public Health

Official Title, Chief Deputy Registrar Margaret Valbuena at Cook County Department of Public Health

DATE: FEBRUARY 11, 1997

SIGNED: Margaret Valbuena

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 VITAL RECORDS ACT.