

REI

FIRST ILLINOIS TITLE GUARANTY CORP.
1740 N. Naperville Rd., #2007, Wheaton, Illinois 60187
PHONE: 630/588-9040 FAX: 630/588-9046

AFFIDAVIT DECEASED JOINT TENANT

STATE OF ILLINOIS
COUNTY OF DePue

REC ORDER # 1616589

Esther Kavin, being duly sworn and for the purpose of inducing First Illinois Title Guaranty Corp. to issue the subject policy covering the hereinafter described land, state:

1. That she resides at 1001 W. Golf Rd. #77, Des Plaines, IL, 60018;
2. That she was acquainted with Herbert Kavin, who died on 2-11-98, as evidenced by the attached certified copy of death certificate;
DIN # 09-15-207-037
3. That said decedent was one of the owners of land described in the above order number.

4. That said decedent died:
 - Leaving no Last Will and Testament;
 - Leaving a Last Will and Testament, a copy of which is attached;

REC TITLE SERVICES # 1616589
1 of 2

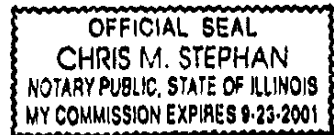
5. The total value of the estate of said decedent for state of Illinois inheritance tax and Federal estate tax purposes does not exceed \$.

Subscribed and sworn to before me by the aforesaid affiant, this 7th day of August, 1998.

Esther Kavin
Affiant

Chris M. Stephan
Notary Public

My commission expires 9-23-2001



UNOFFICIAL COPY

Property of Cook County Clerk's Office

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE FEB 12 1997 SIGNED Lowell Hochberry AT SKOKIE, Illinois OFFICIAL TITLE DIRECTOR OF HEALTH

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, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH STATE FILE NUMBER

REGISTRATION DISTRICT NO 1636 REGISTERED NUMBER 15940

DECEASED NAME HERBERT RAVIN

1 COUNTY OF DEATH COOK 2 AGE LAST BIRTHDAY (YRS, MO, DAYS) 83 3 SEX MALE 4 DATE OF DEATH MONTH DAY YEAR FEBRUARY 11 1997

5 CITY TOWN TWP OR ROAD DISTRICT NUMBER SKOKIE 6 HOSPITAL OR OTHER INSTITUTION WHERE DECEASED RUSH NORTH SHORE MEDICAL CENTER 7 CHICAGO ILLINOIS 8 MARRIED 9 USUAL OCCUPATION SALES MAN 10 RESIDENCE STREET AND NUMBER 9001 GOLF RD. 71 11A SALESMAN 11B SUNDRIES 12 EDUCATION (SPECIFY TYPE AND GRADE) 12 12 13A COUNTY COOK 13B CITY PLAINES 13C YES 13D YES 13E YES 13F YES 13G YES 13H YES 13I YES 13J YES 13K YES 13L YES 13M YES 13N YES 13O YES 13P YES 13Q YES 13R YES 13S YES 13T YES 13U YES 13V YES 13W YES 13X YES 13Y YES 13Z YES

14A FATHER'S NAME MAX RAVIN 14B MOTHER'S NAME ETTY LANSKI 15A RELATIONS OF DECEASED TO REPORTER ESTHER RAVIN 15B WIFE 15C ADDRESS OF DECEASED 9001 GOLF RD. DES PLAINES IL 60016 15D ADDRESS OF REPORTER 15E CITY AND STATE OF REPORTER 15F COUNTY AND STATE OF DECEASED 15G COUNTY AND STATE OF REPORTER

16A CAUSE OF DEATH ROSOVOL INFARCTION 16B MANNER OF DEATH SWEETS 16C DATE OF OPERATION 16D MAJOR FINDINGS OF OPERATION 16E DATE OF OPERATION 16F MAJOR FINDINGS OF OPERATION

17A NAME AND ADDRESS OF PHYSICIAN AT TIME OF DEATH 17B NAME AND ADDRESS OF PHYSICIAN AT TIME OF DEATH 17C NAME AND ADDRESS OF PHYSICIAN AT TIME OF DEATH 17D NAME AND ADDRESS OF PHYSICIAN AT TIME OF DEATH 17E NAME AND ADDRESS OF PHYSICIAN AT TIME OF DEATH

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