3/

UNOFFICIAL COP\$#68987

2606/0059 C2 001 Page 1 of 3 1998-10-28 13:24:10

Cook County Recorder

25.50

98968987

PREPARED BY &

MALL TOT

SCOTT B. FRIEDMAN

Attorney at Law

120 W. EASTMAN #300

ARLINGTON HEIGHTS, IL 40004

DECEASED JOINT TENANT AFFIDAVIT

State of ILLINOIS )

Arthur J. Roland and Wanda Roland, being duly sworn states that they resides at 1111 S. 3RD AVENUE. MAYWOOD, ILLINOIS. That they was acquainted with Essie M. Riley deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois described as:

THE SOUTH HALF OF LOT 5, ALL OF LOT 6 AND LOT 7 (EXCEPT THE SOUTH HALF) IN BLOCK 136 IN MAYWOOD, A SUBDIVISION OF PARTS OF SECTIONS 2, 11 AND 14, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly known as: 1111 S 3RD AVENUE, MAYWOOD, ILLIN 0/S 60153 P.I.N. 15-14-114-003-0000 Vol 164

That the deceased died Jav. 15 ffB, as evidenced by a certified copy of derah certificate of the deceased attached hereto.

That the deceas	ead diade		5			
That the discus	Leaving no Last Will	& Festament				
4	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.					
معهده الله		Testament which was filed in the County, Illinois about	e Unproven Will Box of the Probate Division of			
		time of the death of the deceased,	d personal property owned by the deceased either does not exceed the sum of			

Affiant makes this 2 fivavit for that purpose of inducing the LENDERS SERVICE INC., to issue its Title Insurance Policy, describing the above mentioned property.

Wanda Roland, Affiant

Subscribed and sworn to before me by the said

Arthur J. Roland and Wanda Roland this

SEAL "CF ICIAL SCOTT B FRIEDMAN

NOTARY PULLIC STATE OF ILLINOIS MY COMMISSION EXPIRES 9/5/99 Junia Clert's Office

, Notary Public

Commission Expires:

STATE OF ILLINOIS County of County

STATE OF ILLIN DIS COUNTY DE COUNTY DE COUNTY OF COOK, In the State storesaid, and Report of the Headrds and Files of feald County, de hereby certify that the attached is a true and correct cupy of the original Record on file, all of which appears from the records and files in my office.

IN WITHESS WHEREOF, I have hereunto sat my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, is said County.

IN WITHESS WHEREOF, I nave its county of Chicago, in said County

<u>""</u>	The state of the s	The second second	- A	21 - 10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		<b>v</b> .			
Ю	REGISTRATION 6.24		STATE FILE NUMBER						
	REGISTERED S	MEDICAL (	CERTIFICATE	OF DEATH	9301	2465			
	DECEASED-NAME FIRST	MIDDLE	LAST	SEX DATE	OF BEATH (MONTH, DAY, Y	EARI			
	1. ES	SIE MAE	WILEY	2 FEMALE 3	IANIIARV. 15. 19				
*	COUNTY OF CEATH	AGE-CAST BIFTHDAY ORS	UNDER I YEAR UNDER	ONTH DAY YOUN	A(N)				
Ì	4 COOK	5a. 7.2	and the livers   word		4,1920				
	CITY TOWN TWP, OR BOAD DISTRIC NO		THERINSTITUTION HUNF (IF NO	METHER GIVESTALETANDAN	WER U HOSP, DR WOL	INDICATE DOA			
	6a OAK PARK				DA EMER ANI, WAS	athent (specify)			
	BIRTHPLACE ICTYANDSTATEOR MAI	HRUET AND VEH MARIBURG	NAME OF SURVIVINGS TO	USE IMAZENIANE IF WIFE		CEASEDEVERWUS			
	7 DREW, MS.	WITOUTED ISSECTION	so NON	•	APMED TO POLICE (TES.HO)				
l	The second secon	JAL OCCUPATION	KIND OF BUSINESS OR INC		9. ECUT / ONA Y INGHEST GAAGE CO	ALD CLES			
	10.409~22~5953	RETURED	"ACESTNER	Smarth 20 Turk	PIP 179 Cottage (1-4 or 5	(1)			
- 1	HESIDENCE ISTREET AND HUNBERI		TOWN TWP OR ROAD DIE	112 11					
- [	13a 515 S. 5TH AVENUE		MAYWOOD	INESNO		_			
	STATE ZPGOOD	PACE COURT BLACK		ORIGINY (SPECIFYNDONYES	SC 134 COO				
ı	136, ILLINOIS   131, 601	INDUN TO ISPECIFY			-	(Indemonation)			
	FATHER-NAME FIRST MIDDI		14b. EXNO						
1	,				LE (MORUE	IN) LAST			
•	INFORMANTS NAME (TYPEORINGHT)	SEALS	RELATIONS OF INTERIOR	I C GROSS					
	1			<i>/</i> `\		.PP:			
•	17a. ETHEL MELTON	See the complete transport of a support	176RECORDS 176		<u>OAK PARK IL.</u>	60153			
- 1	F. OVY OL 1980	lature List only one cause on	Othe death. Do not unler the mode.	o) oludi a 🐃 🗆 rausaco: istb	erationy arrests. gether	HALF WILE IN			
1	disease or condean	Comme			5	- (-/.			
ļ	residing in dead:)	ORAS A CHASEOUTINGE OF	<del></del>			<u> 6 00 43</u>			
1	CONDITIONS, IF ANY								
	IMMEDIATE CAUSE (a) DUE TO	ORAS A CONSEQUENCE OF	<del></del>	<del></del>	<u> </u>				
4	STATING THE UNDERLYING				3.				
	PART II One apraces (construe construe po	Charles and the Control of the Contr	Prince Page 1	TAI(T/	PSY W SW TORNIAGO	<del></del>			
-	CHF metastable	prest Cu	Diabetes Mel	/ Livesi	to incorre	GS 4443 MLEMIQHTQ SOFOEATHTH! SHOP			
1		OR FINDINGS OF OPERATION		1/ (M) 188	1195.				
I					FFIMUL WASTH TREATHET	SHAMEYUN PART			
>	204 206 HOLD (DIO NOT) ATTEND THE DECEASED	HADATH DAY YEARS	<del></del>	WAS CORONER OR MEDIÇA	20c. YES I NOTE				
- 1	AND LAST SAWHIMHER ALIVE ON	1-156	<b>~</b>	EXAMINER INDITIFIED? (YESN	9 2/1	<u>ل</u>			
ì	TO THE BEST OF MYKHOWLEDGE, DE MON	OCCUMPLOAT DOLLINE DA	TE AND IS A CE AND ORDER TO THE	21b.	DATESIONED INC	M			
		Town MIT		· saddlidjolnied.		nth day, yeari )			
	NAME AND ADDRESS OF CERTIFIER	(TYPE OR PAULT)			22001-15-93				
		•	<b></b>		ILLINOIS LICENSE NUM				
226 ALAN NEWMAN 7515 W. CERMACK RD. NORTH RIVERSIDE II. 60546 224 003606694									
- 1		THE STATE OF THE S	Christia		MOTE: IF AN MUURY WAS UN DEATHTNE CORDINES ON M	note if an muliay was involved in this DEATH The Cordner or Bedical Elabiner			
5	23. BURIAL CPEMATION (CEMETERY	OR CREMATORY NAME			GUST BE NOTHTED.				
	REMOVALISHEDYY		I	CITYOR TOWN STATE		(RAST, YAQ, HTM			
1	<u> </u>	RIDGE CEMET		DE, ILLINOIS	21dN.2	1.1993			
Ø.			O NINGER UR R F O	OTY OR TOWN	STATE	70			
7	258 GATLING'S CHAP		INOIS 60628						
1	A A A A A A A A A A A A A A A A A A A								
5	LOCAL REGISTRATISEIGNANTE	wind	Kins		2/4733				
an extension of the state of th									
	26a.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	26c.	TA TO THE				
	VR200 (Rev. 5/89)	HINDER I WORKINGON OF PUBLIC	E Health - Division of Vital Reco	d)	INATE E DEMENDOSEASE	AHOCERINGATE			