

UNOFFICIAL COPY

REI REAL ESTATE INDEX

1820 RIDGE AVENUE
EVANSTON, IL 60201-3690
847.864.8000 FAX 847.864.9334



DECEASED JOINT TENANCY AFFIDAVIT

Compliment Number: _____

98349331

98349331

1992-0098 27 001 Page 1 of 3
1998-04-30 10:11:45
Cook County Recorder 47.50

STATE OF ILLINOIS)
COUNTY OF Cook) 5

Raymond J. Collins, being duly sworn states that he resides at
1010 W. Cleveland Rd. in the City of Arlington Heights IL

That he was acquainted with Jean A. Collins deceased who,
at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

SEE ATTACHED LEGAL DESCRIPTION 1 of 3

Property Address: _____

PIN: _____

That the deceased died February 8, 1996, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament. REI TITLE SERVICES # 582142
- 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 REAL ESTATE INDEX, INC., as agent for Chicago Title Insurance Company, to issue its Title Insurance Policy, describing the above mentioned property.

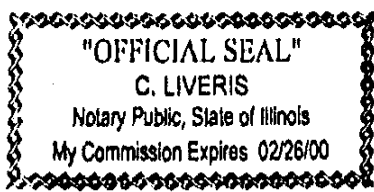
Raymond J. Collins
Affiant

Subscribed and sworn to before me this 16th day of April, A.D. 1998

noted by: V. Drolet
prepared by: _____

C. Liveris
Notary Public

Hand's BK Palatine
5000 Brockway St
Chicago IL 60637
MAIL TO



3pendly

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98349331 Page 2 of 3

LEGAL DESCRIPTION

LOT 83 IN SHERWOOD BEING A SUBDIVISION OF LOT 1 OF THE SOUTH WEST QUARTER OF SECTION 19, TOWNSHIP 42 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN ALSO KNOWN AS THE SOUTH WEST QUARTER OF SECTION 19 AFORESAID (EXCEPT THE WEST 78 ACRES THEREOF MORE OR LESS AND EXCEPT THE SOUTH 25 FEET FOR HIGHWAY) AS PER PLAT THEREOF RECORDED JULY 10, 1930 AS DOCUMENT 10701276 IN COOK COUNTY, ILLINOIS.

The Real Property or its address is commonly known as 1513 West Clarendon Road, Arlington Heights, IL 60004. The Real Property tax identification number is 03-19-309-000.

Property of Cook County Clerk's Office

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STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16-0

REGISTERED NUMBER

DECEASED—NAME: **JEAN A. COLLINS** LAST **COLLINS** SEX **2 FEMALE** DATE OF BIRTH **3 FEBRUARY 8, 1996** (MONTH, DAY, YEAR)

CITY OF DEATH: **COOK** DATE OF DEATH: **3 FEBRUARY 8, 1996** (MONTH, DAY, YEAR)

AGE—LAST BIRTHDAY (YRS., MONTHS, DAYS, HOURS, MIN.) **5a 76**

HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER) **5d Northwest Community Hospital**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **6a ARLINGTON HEIGHTS**

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **8a Married**

NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) **8b Raymond J.**

SOCIAL SECURITY NUMBER **10 345-03-6027**

KIND OF BUSINESS OR INDUSTRY **11d Own Home**

RESIDENCE (STREET AND NUMBER) **13a 1010 W. Clarendon Road**

CITY, TOWN, OR ROAD DISTRICT NO. **13b Arlington Heights**

RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **14a White**

ZIP CODE **60004**

OF HISPANIC ORIGIN (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) **13c Yes**

FATHER—NAME FIRST MIDDLE LAST **15 Frederick H. Cousins**

RELATIONSHIP **16. Cousins**

MARRIAGE ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE ZIP) **17a Raymond J. Collins 17b Husband 17c 1010 W. Clarendon Rd. Arlington Hts. Illinois 60004**

18 PART I. Enter the disease, injury, or condition that caused the death. Do not enter the mode of dying, such as "accident," "cause of respiratory arrest," "stroke," or "heart failure." List only one cause on each line.

Immediate Cause (Final disease or condition resulting in death) **(a) Acute Myocardial Infarction**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) **(b) Dilated Cardiomyopathy, Diabetic m**

STATING THE UNDERLYING CAUSE LAST **(c)**

PART II. Enter the cause of death, but not regular, for the underlying cause given in PART I.

MAJOR FINISHES OF OPERATION **20b Dilated Cardiomyopathy, Diabetic m**

DATE OF OPERATION, IF ANY **20c**

20d (1) Did a physician attend the deceased and last saw him/her alive on **2/8/96**

21a TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED **21c 11:05 A.**

22a SIGNATURE **James P. Callahan** DATE SIGNED **2/9/96**

NAME AND ADDRESS OF EMPLOYER (TYPE OR PRINT) **James P. Callahan**

22c **James P. Callahan, M.D. 1009 S. Evergreen Av. Arlington Heights, IL 60005**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

23 (1) WAS CORONER OR MEDICAL EXAMINER NOTIFIED (YES/NO) **21d No.**

IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **23c YES NO**

24a BIRTHDAY OF DEATH (MONTH, DAY, YEAR) **2/8/96**

24b CEMETERY OR CREMATORY—NAME **24b Twin Pines Crematory**

24c CEMETERY OR CREMATORY—STREET AND NUMBER OR R.F.D. **24c Dundee, Illinois**

24d CEMETERY OR CREMATORY—CITY OR TOWN **24d Dundee, Illinois**

24e CEMETERY OR CREMATORY—STATE **24e Illinois**

24f CEMETERY OR CREMATORY—DATE (MONTH, DAY, YEAR) **24f Feb. 10, 1996**

25a FUNERAL HOME, LTD. 1520 N. Arlington Heights Rd. Arlington Heights, IL. **25c 034-010029**

FUNERAL DIRECTOR'S SIGNATURE **25b Karen L. Scott**

LOCAL REGISTER'S SIGNATURE **26a Karen L. Scott, M.D.**

REGISTERAR **26b Feb 14, 1996**

DATE (MONTH, DAY, YEAR)

1010 Lake Street Suite 300 Oak Park, Illinois 60301

At Cook County Department of Public Health Official Title Deputy Registrar

Signed *Margie M. Beck*

Date **FEB 16, 1996**

for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statutes relating to the certificate of birth, stillbirth and death.

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record