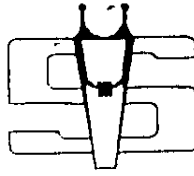


UNOFFICIAL COPY



Sanctity of Contract

STEWART TITLE COMPANY OF ILLINOIS Deceased Joint Tenancy Affidavit

STATE OF ILLINOIS)
COUNTY OF Cook) ss.

Order No.: 81096

I, Donald Stone
being duly sworn states that He resides at
1316 W. 175th St, in the City of Hazel Crest, IL
That Donald Stone was acquainted with Sharon Stone
deceased who, at the time of death, was one of the owners of the land in Cook
County, Illinois, commonly known as 1316 W. 175th St, and legally
described as follows, to-wit: East Hazel Crest, IL 60429

Handwritten initials/signature

SEE LEGAL DESCRIPTION ATTACHED AS EXHIBIT "A"

That the deceased died 5-24-91, as evidenced by a certified
copy of death of the deceased attached hereto.
That the deceased died:

- Leaving no Last Will and Testament.
- Leaving a Last Will and 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 Circuit Court of _____ County, Illinois.
- Leaving a Last Will and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____.

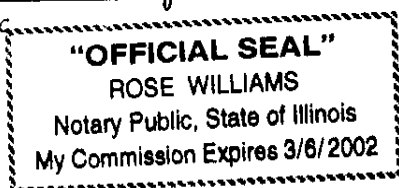
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of _____.

Affiant makes this affidavit for the purpose of inducing Stewart Title Company of Illinois to issue its title insurance commitment(s) and policy(s) describing the above mentioned property.

Subscribed to and sworn to before me by the said affiant Donald Stone for the uses and purposes set forth therein, this 13 day of Aug, A.D. 1999

Notary Public Signature
Notary Public

Affiant Signature
Affiant



7539/0091 45 001 Page 1 of 2
1999-09-07 10:10:18
Cook County Recorder 43.50

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STATE FILE NUMBER 610448

JUN 1 1991

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16:10 REGISTERED NUMBER 643 MAY 91

Form containing fields for DECEASED NAME (SHARON Ann STONE), DATE OF BIRTH (May 31, 1991), SEX (Female), DATE OF DEATH (May 31, 1991), COUNTY OF DEATH (Cook), and detailed information about the deceased and the medical examiner.

I, VIRGINIA L. PARKER, M.B.A. LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.