



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

} ss.

Order No. _____

BRIAN R. REARDON being duly sworn
states that he resides at Unit 19A, 201 East Chestnut Street in the City of
Chicago, Illinois 60611.

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

SEE ATTACHED

EDWARD STONE
29 SOUTH LA SALLE #415
CHICAGO IL 60603



PIN #: 17-03-227-018-1095

99891312

7837/0005 53 001 Page 1 of 3
1999-09-21 09:40:24
Cook County Recorder 47.50

That the deceased died October 22, 1991, as evidenced by a
certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- 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 under \$600,000.00 dollars.

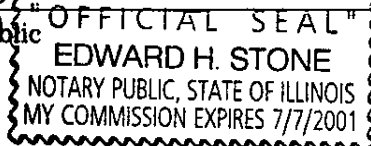
Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

BRIAN R. REARDON

this 21 day of September, A.D. 19 99

Edward H. Stone
Notary Public



Brian R. Reardon
(affiant's signature)

UNOFFICIAL COPY

CERTIFICATE OF DEATH

69

STATE FILE NUMBER

DECEASED NAME FIRST MIDDLE LAST Helen HELEN L. REARDON		SEX F	DATE OF DEATH (Month, Day, Year) 3 09/20/91 1991
DATE OF BIRTH (Month, Day, Year) Sept 7/23 1923	AGE—Last Birthday 5 68	UNDER 1 YEAR UNDER 1 DAY Mos. Days Hours Mins.	RACE—White, Black, American Indian, Other (Specify) 6 White
COUNTY OF DEATH New Haven	TOWN OF DEATH Woodbridge	PLACE OF DEATH (Check One) Hospital: <input type="checkbox"/> DOA <input type="checkbox"/> Inpatient	OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other
CITY & STATE OF BIRTH (Country if not U.S.) Ansonia, CT.	CITIZEN OF 12 USA	<input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED	LAST SPOUSE (If wife, give maiden name) 14 Brian R. Reardon
SOCIAL SECURITY NUMBER 15 045 18 7363	USUAL OCCUPATION (Give kind of work done during most working life, even if retired) 16 US State Dept & U.S. Labor Dept	KIND OF BUSINESS OR INDUSTRY 17 U.S. Government	
RESIDENCE STATE 18 Illinois	COUNTY 19 Cook	TOWN 20 Chicago	NUMBER AND STREET 21 201 East Chestnut Street
WAS DECEASED A VETERAN IF YES GIVE WAR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	BRANCH OF SERVICE 23	EDUCATION (Specify highest grade completed): Primary/Secondary: 12 College: 1-4 5+	
FATHER NAME FIRST MIDDLE LAST 25 Vincenz Cammarata	MOTHER FIRST MIDDLE MAIDEN 26 Concettina Nicoletti		
INFORMANT NAME 27 Brian R. Reardon	MAILING ADDRESS 28 201 E. Chestnut St, Chicago, Ill. 60611	RELATIONSHIP TO DECEASED 29 Husband	
PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Hypercalcemia			6 days
CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) Multiple Myeloma			4 3/4 years
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE			AUTOPSY <input type="checkbox"/> Y <input type="checkbox"/> N
NURSE PRONOUNCEMENT TYPE OR PRINT NAME 34 Martheresa Vuolo RN			DEGREE SIGNATURE ASNA Martheresa Vuolo
DATE AND TIME PRONOUNCED MONTH DAY YEAR TIME 36 10 22 91 645 AM			
CERTIFICATION - PHYSICIAN Mo. Day Year I attended the deceased from 37 1-7-87	Mo. Day Year 10-22-91	AND LAST SAW HIM/HER ALIVE ON Month Day Year 38 10-20-91	DEATH OCCURRED On the date, and to the best of my knowledge, due to the cause(s) stated. Month Day Year Time 39 10-22-91 6:45 AM
WAS CASE REFERRED TO MEDICAL EXAMINER <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SURGERY RELEVANT TO CONDITION REPORTED IN ITEM 30 (Name of Operation) (Date Performed) 41	THE DECEDENT WAS PRONOUNCED DEAD. Month Day Year 43 10-22-91 6:45 AM	
CERTIFIER - NAME (type or print) 44 DAVID S. FISCHER	SIGNATURE David S. Fischer	DEGREE OR TITLE M.D.	
MAILING - CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 46 60 TEMPLE ST - SUITE 8C, NEW HAVEN, CT 06510	DATE SIGNED (Month, Day Year) 47 10-23-91		
BURIAL, CREMATION, REMOVAL (Specify) 48 Burial	CEMETERY OR CREMATORY - NAME 49 Mount St. Peters	LOCATION - CITY OR TOWN STATE 50 Derby, CT.	
DATE (MONTH, DAY, YEAR) 51 October 25, 1991	FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 52 Spinelli-Malerba, 62 Beaver St., Ansonia, CT. 06401		
FUNERAL DIRECTOR OR EMBALMER - SIGNATURE 53 Vincent W. Malerba	NAME OF EMBALMER IF BODY WAS EMBALMED 54 Vincent W. Malerba	LICENSE NUMBER 55 1933	
THIS CERTIFICATE RECEIVED FOR RECORD ON Oct 23, 1991		BY REGISTRAR Ind M. Prew, C.M.	

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

IMPORTANT INSTRUCTIONS
READ CAREFULLY
PRINT LEGIBLY with a Permanent Black Record Ink.

WHEN COMPLETED, this form to be sent to the registrar of vital statistics in the town where death occurred.

UNSHADDED AREA: to be completed by physician.

SHADED AREA: to be completed by Funeral Director.

I certify this is a true copy of the information on the death record as recorded in this office.

Attest: James C. Williams ASST. Registrar of Vital Statistics
Town of Woodbridge

Dated: October 31, 1991

21516866

UNOFFICIAL COPY

LOTS 60, 61, 81 AND 82 (EXCEPT THE SOUTH 64 FEET OF LOTS 81 AND 82) IN LAKE SHORE DRIVE ADDITION TO CHICAGO, A SUBDIVISION OF PART OF BLOCKS 14 AND 20 IN CANAL TRUSTEES' SUBDIVISION OF SOUTH FRACTIONAL HALF OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT A TO DECLARATION OF CONDOMINIUM MADE BY LA SALLE NATIONAL BANK AS TRUSTEE UNDER TRUST NUMBER 31107, RECORDED IN THE OFFICE OF THE RECORDER OF COOK COUNTY, ILLINOIS AS DOCUMENT NUMBER 19772502; TOGETHER WITH AN UNDIVIDED .9550 PER CENT INTEREST IN SAID PARCEL (EXCEPTING FROM SAID PARCEL ALL THE PROPERTY AND SPACE COMPRISING ALL THE UNITS AS DEFINED AND SET FORTH IN SAID DECLARATION AND SURVEY) IN COOK COUNTY, ILLINOIS

99891312