

DECEASED
TENANCY BY THE
ENTIRETY AFFIDAVIT



State of Illinois)
) ss.
County of Cook)

Order No.

COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
BRIDGEVIEW OFFICE

VINCE J. SCHMIDT being
duly sworn states that he
resides at 10011 West 151st
Street, in the City of Orland
Park.

That he was married to REBECCA A. SCHMIDT, deceased, who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

LOT 7 IN EBERLING'S ADDITION TO SUNSHINE ACRES, A SUBDIVISION OF THE SOUTH 125 FEET OF THE NORTH 175 FEET OF THE EAST 644 FEET OF THE NORTHEAST 1/4 (EXCEPT THE SOUTH 990 FEET OF SAID NORTHEAST 1/4) OF THE NORTHWEST 1/4 OF SECTION 16, TOWNSHIP 36 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number: 27-16-111-007
Address of Real Estate: 10011 West 151st Street, Orland Park, Illinois 60162

That the deceased died May 28, 1999, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

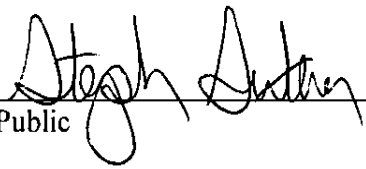
- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament, a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the 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 tenancy by the entirety at the time of the death of the deceased, does not exceed the sum of 200,000 dollars.

VINCE J. SCHMIDT

UNOFFICIAL COPY

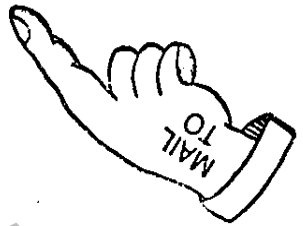
Subscribed and sworn to before me by the said VINCE J. SCHMIDT on September 15, 1999.



Notary Public



This instrument was prepared by and MAIL TO:
STEPHEN SUTERA, Attorney
4927 West 95th Street
Oak Lawn, Illinois 60453
(708)857-7255



Property of Cook County Clerk's Office

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16-92	STATE OF ILLINOIS		STATE FILE NUMBER	
	REGISTERED NUMBER 790	MEDICAL CERTIFICATE OF DEATH			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS A DECEASED B C D E PARENTS 1 2 3 CAUSE 4 5 N P CERTIFIER 23 DISPOSITION	DECEASED-NAME FIRST MIDDLE LAST 1. REBECCA A SCHMIDT		SEX 2. FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. MAY 28, 1999	
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 4. COOK		AGE-LAST BIRTHDAY (YRS) 5a. 36	UNDER 1 YEAR MOS. DAYS HOURS MIN. 5b.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. MAY 25, 1963
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. PROVISO TOWNSHIP		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. FOSTER G. MCGAW HOSPITAL		IF HOSP. OR INST. INDICATE D O A, OP, EMER, RM, INPATIENT (SPECIFY) 6c. INPATIENT
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. MELROSE PARK, IL		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. VINCE J. SCHMIDT	
	SOCIAL SECURITY NUMBER 10. 343-46-3889		USUAL OCCUPATION 11a. GROCERY RECEIVER	KIND OF BUSINESS OR INDUSTRY 11b. DOMINICS	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary Secondary (0-12) College (1-4 or 5-) 12. 12
	RESIDENCE (STREET AND NUMBER) 13a. 1001 WEST 151ST STREET		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. ORLAND PARK	INSIDE CITY (YES/NO) 13c. YES	COUNTY 13d. COOK
	STATE 13a. ILLINOIS		ZIP CODE 13f. 60462	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. WHITE	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. X NO
	FATHER-NAME FIRST MIDDLE LAST 15. FRED BUCHHOLZ		MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST 16. MARIE PERRINO		
	INFORMANT'S NAME (TYPE OR PRINT) 17a. TRACEY MERRICK		RELATIONSHIP 17b. HOSPITAL RECORDS	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 1160 SOUTH FIRST AVENUE MAYWOOD ILLINOIS 60153	
	18. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
Immediate Cause (Final disease or condition resulting in death) → (a) Septic Shock					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) Pulmonary Hypertension					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause (a) in PART I.					
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.	AUTOPSY (YES/NO) 19a. YES	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.	
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES					
11(D) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a. 5-28-99		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. YES	HOUR OF DEATH 21c. 7:30 P.M.		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR) 22b. 5/29/99			
22a. SIGNATURE Kevin Simpson		ILLINOIS LICENSE NUMBER 22d. 036078984			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. KEVIN SIMPSON 1160 SOUTH FIRST AVENUE MAYWOOD ILLINOIS 60153		NOTE: IF AN INJURY WAS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.					
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL	CEMETERY OR CREMATORY-NAME 24b. RESURRECTION CEMETERY	LOCATION CITY OR TOWN STATE 24c. JUSTICE, ILLINOIS	DATE (MONTH, DAY, YEAR) 24d. JUNE 3, 1999		
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. ROBERT J. SHEEHY & SONS, 9000 WEST 151st STREET, ORLAND PARK, IL 60462		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034 011841			
FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature]		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. June 1, 1999			
LOCAL REGISTRAR'S SIGNATURE 26a. [Signature]		BROADVIEW, ILLINOIS 60153			

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 **JUN 25 1999** SIGNED **[Signature]**
 AT **BROADVIEW, ILLINOIS 60153**, Illinois OFFICIAL TITLE **LOCAL REGISTRAR OF VITAL STATISTICS**

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 of the facts therein stated.