UNOFFICIAL COMPAGE 1 of

1999-01-07 11:01:04

Cook County Recorder

25.50

Prepared by and Mail to:

SCOTT B. FRIEDMAN

Attorney at Law

120 W. EASTMAN, #300

ARLINGTON HEIGHTS, IL 60004



Notary Public

Commission Expires:

Y , \(\)	•
, DECEASED JOINT TENANT A	AFFIDAVIT
State of ILLINOIS) ss	
County of Lake)	
Lambert G. Georgen, being duly sworp states that he resides at 301 W	est Denver Drive, Des Plaines, ILLINOIS. That
he was acquainted with Wilma I. Georgen deceased who, at the time of	
Cook County, Illinois, described as:	
(LEGAL DESCRIPTION ATTACHED HERETO)	
Commonly known as: 301 West Denver Drive, Des Plaises, Illinois 6	50018
P.I.N. 08-24-413-007-0000	
4h.	,
That the deceased died Feb. 21 1995, as evidenced by a	pertified copy of death certificate of the deceased
attached hereto.	
The Asha dance of died.	
That the deceased died: XXX Leaving no Last Will & Testament.	· O _A ,
Leaving a Last Will & Testament a copy of which is att	ached hereto. The original of the unproven will
should be filed with the Clerk of the Probate Division of	
Illinois.	or the chount country,
Leaving a Last Will & Testament which was filed in the	e Unproven Will Box of the Probate Division of
the Circuit Court County, Illinois about	-
	
That the total value of the estate of the deceased, including both real and individually or in joint tenancy at the time of the death of the deceased,	
dollars.	
Affiant makes this affidavit for that purpose of inducing the Lenders Ser	rvice Inc. to issue its Title Insurance Policy
describing the above mentioned property.	twice me., to issue its Title hisulance Policy,
	Subscribed and sworn to before me by the said
Jamber J. Leoren	Lambert G. Georgen this
Lambert G. Georgen, Affiant	22nd day of December, 1998
······································	Sara a Shaenhalsh

SARA J. GREENHALGH

NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 7/23/2002

LOT 93 IN ZEMON'S CAPITOL HILL SUBDIVISION, UNIT NUMBER 5, BEING A JE TOWN COOK COUNTY CLARK'S OFFICE SUBDIVISION OF PART OF THE SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 24) TOWNSHIP 41 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

99010105

UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and mat this record was established and filed in my office in accordance with the provisions of Illinois statues relating to the registrar of birthe, stillbirth and death.

VR200 (Rev. 5:89)

Illinois department of Public Health-Division of Vital Records

				is un	aj oi OC T	2 8		เกิดเ	ш а Э	ina a	:ain. 	•••	,	4	ומו	ندرا		מד	a A	ur						
		1		e Coo	k Ç	úùy	Dep	zárm uite:	nent 300	of Pi Oak		Sign Hea . Illi	lth	Offi	cial						strar					
100 1 26a	25b.	25a	FUNE	_	23.			<u>, , , , , , , , , , , , , , , , , , , </u>	,	<u></u> د حاو	; ====================================	<u> </u>				15	13e FATI	ST/	. HES	io 9	FORE 7. C	6a.	4 6	 	OEC .	Z AR
ام 19 19 مع	NERAL DIRECTOR	i	AEBAL HOME	BURIAL, CREM	Ž,	NAME AND (DL9	22a. SIGNAT JRI MULLULA P	ANDLAST SAW	SU.	TE OF OPER	NG THE	GIVE	Immediate Cause (Fi disease or condition resulting in death)	PARTI.	NEORMANT'S NAME		LEH-WA	, mi	301	1.	DI CECHI	1 1	.I Z		DECEASED-NAME	REGISTERED
HARESIGN APEN L YGENEN	. Musi	z Funeral	E COT	CREMATION, LISPECIFY	ATTENDING PHY	_ 55 OF	JE W. S. O.	SAW HIM/HER		OF OPERATION IF ANY	UNDERLYI	RISE TO	se (Final lithon		-	17	INOLS		W. DENVER	330-22-1302	go, IL	RIDGE	ATH		IME	
ATURE 900II	SIGNATIONS	1	245.	CEME	HYSICIANUFO	CERTIFIER	Middel DE	THE DECEASED			YING (c)	<u> </u>	DUE (a)	. 41	REPORPAINT	rt	131.	႘	,,	,	ŢĹ	ž		WILMA	7	
O	A.	Home 410	BAME LIT	국 0	OTHER THAN CERTIFIER	TYPEOR	S A S	ښ ښورو	20b.	MALOR FINDINGS OF	ة ا	(CO) NA	(a) Sever 0 10	diseases, or c	PECT STRADA		WIDDLE OCT 8		DRIVE	11Receptionis	MARRIED NEVER NIDOWED DIVORCE BA MARRIED	200	00 00 00 00 00 00 00 00 00 00 00 00 00		FIRST	₹
MA		П	Literiori	H CHEMATORY	CERTIFIER	D TO THE	MAN THE TIME	55 0E	, e-1	EINDINGS OF O	1 (1			complications e. List only on	δ. 	, KOEHN	14a) WDJ	2 m		ption	RIED RIED	6b.	AGE-LAST BIRTHDAY 5a. 64		₹.	MEDICAL
1401	all l	Rand R	STREET AN	- 1	(TYPE	N FSR				CLA LAW	, GOENCE OF	S CP		that cause on	- T		TAST LAST	ţ彈뿐	13b.](-	H MARRIED.	LUTHERAN	DAY MISI	-	MIDDLE	O
t Vn	¥1.	Rd., Mt	AND NUMBER OR R.F.D	ל ה ה ה ה ה ה ה ה ה ה ה ה ה ה ה ה ה ה ה	(TYPE OR PRINT)	Arlington	PATE AND PLACE AND DUE TO THE CAUSE(S) STAT			B		2	Two by	the death. Do not enter such line.	HELATIONSHIP			MERICAN	DES		8b.	RAN GE	AGE-LAST UNDERTYEAR UNDERTIDAY DATE OF BIRTH MONTH, BIRTHDAY (YPIS) MOS DAYS HOURS MIN. 5d. AUGUST 21	(B)		ERTI
del	Victor S	'U	OR R.F.D.	LOCATION		hun HTS	E AND DUE			Segas		rolm	heunt	⇒ •	֓֞֞֟֝֟֟֟֝֟֟֟֝֟֟֝֟֟֝֟֟֟֝֟֟֟ ֓֓֓֓֓֓֓֓֓֓֞֞֞֓֓֓֞֞֞֓֡֓֓֞֞֞֞֞֞֞֡֓֡֓֟	16.	NOTE O	OF H. Y	PLAINES	11b Direct Mail	8b. LAMBERT G. (GENERAL	DAYS HO	Z	LAST	RTIFICATE
ω	•	rospect	1	Dalat cm		z Kel,	TOTHECA	WAS EXAN 21b.		5		٠ ۲	Sand	mode of dys	MAILING ADD	ISABELLE	NOTHER-NAME	OFH, 'PA, JIC ORIGIN?		Mail		HOSPITAL	HOURS MIN.	2	S	
	Grenda	, 1111	ימואסאוני	CITYOFITOWN		Arling's	USE(S) STA	WAS CORONES EXAMINER NOT 21b. NO		Test.	O.		no	ng, such as c	DHESS (ST	ABELL	FIRST	ا خا	. No.	Elemen 12.	GEL SCEN	TAL	Sd A	1	SEX	OF DE
266 (7)	25c: 03	inois	TTTIOTO	STATE		COOCH,	TED.	FIED? (YESNO)		Ser in the series	2001 1001			ndiacorn	CALIFOR O	[13]	SPECIFY:	YNOORYES	INSIDE CITY (YES/NO). 13c. Yes	ntary/Seconda	N WIFE)	TO NO	COUST	LE 3. F	DATE	HTA
BOLE ELECTION BY BESIED BY TO THE STORY AND THE STORY AS THE STORY AND T	UNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 5c 034-008687	nois 60056		1.	NOTE: IF DEATH T MUST BE	-1,0	22b.	NO) 21c.	THREE MO	resno No	throw			irdiac or respiratory arrest.	OARF.D., CIT	STRAUSS	<u>د</u> 3	NOOR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN,	(YESNO)	200] ¥	FEMALE 3. FEBRUARY	DATE OF DEATH (MONTH, DAY, YEAR)	
N 40	387 : S		STATE 24d. I	DATE	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMIN MUST BE NOTIFIED.	11LINOIS LICENSE NUMBER 22d. 36-57443	22b. H	DE DEATH	THREE MONTHS?	19b	3	-		F	YORFOWN, S	IS	()	YOURAN, MEX	COUNTY 13d.™∴C	Colege (1	<u>۷</u>	OPIEMER, ON INST. INDICATE DOX. OPIEMER, ON INST. INDICATE SPECIFO 6C. INPATIENT	1930		(MONTH, DA	Ţ
1 23 1 3	NUMBER		24d. I CD - 47 ,	IMONTH DAY, YEAR)	AS INVOLVED	SOLA NOWBER	121/22	7:40 A.	NO [WERE AUTORY PAGNOS AVALABLE PROF COMPLETION OF CAUSE OF DEATH FITE BACT 19b. WAS THERE A PREFINANCY IN PAST				APPROXIMATE WITERVAL BETWEENONSET AND DEATH	TATE, ZIP)	RAUSS	(MAIDEN) LAST	OCAM, PUERT	ğ	Agr5+)	WAS DECEASED EVER IN ARMED FORCES? (YES 9. NO	ATIEN		21, 1995	Y. YEAR)	:
199				Y YEAR)	EXAMINE	3	AY, YEAR)	<u> </u>	,,	THORESACE THORESACE				MODE ATH	<u> </u>		TSI	DRICAN, e	.;		S' (YES	T SPECIFY		Çī		

99015165

STATE OF ILLINOIS