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Eugene "Gene" Moore Fee: \$26.00

Cook County Recorder of Deeds

Date: 06/01/2004 10:17 AM Pg: 1 of 2

Return to:

FAVIL DAVID BERNS & ASSOCIATES

Attorneys at Law

30 E. North Ave.

Northlake, IL 60164

(708) 562-1076

The Above Space for Recorder's Use Only

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)

) SS.

COUNTY OF COOK)

WILLIAM C. SMITH, JR. being duly sworn states that HE resides at
2404 ERNST STREET in the City of FRANKLIN PARK, IL 60131.

That HE was acquainted with MARY C. SMITH deceased who, at the time of
HER death, was one of the owners of the land in COOK County, Illinois, described as:

THE NORTH 40 FEET OF THE SOUTH 80 FEET OF LOTS 67 TO 70 TAKEN AS A TRACT
IN THE THIRD ADDITION TO MARCONI CONSTRUCTION COMPANY'S WEST MANOR DEVELOPMENT
BEING A SUBDIVISION OF PART OF THE SOUTH HALF OF THE SOUTH WEST QUARTER OF
SECTION 28, TOWNSHIP 40 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN,
IN COOK COUNTY, ILLINOIS.

PIN: 12-28-320-045

That the deceased died 04-08-04, as evidenced by a certified copy of the 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 COOK County, Illinois about MAY 14, 2004.

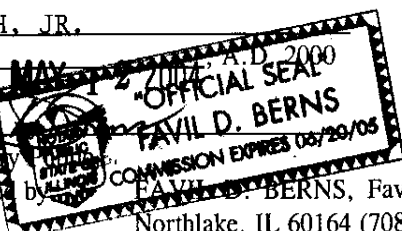
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually
or in joint tenancy at the time of the death of the deceased, does not exceed the sum of 120,000.00 dollars.

Affiant makes this affidavit for that purpose of inducing the title insurance company to issue its title insurance policy, describing
the above mentioned property.

Subscribed and sworn to before me by the said

WILLIAM C. SMITH, JR.

this day of MAY

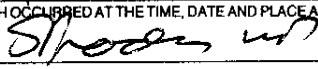
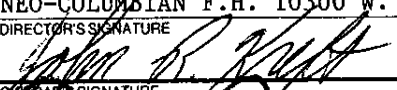
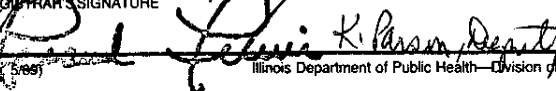


This document prepared by

FAVIL D. BERNS, Favil David Berns & Associates, Attorneys at Law, 30 E. North Ave.,
Northlake, IL 60164 (708) 562-1076

William C Smith Jr
(affiant's signature)

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| | | | | | | | |
|---|--|--|--|---|--|--|--|
| REGISTRATION DISTRICT NO. 22.0 | | STATE OF ILLINOIS | | | | STATE FILE NUMBER | |
| REGISTERED NUMBER | | MEDICAL CERTIFICATE OF DEATH | | | | | |
| DECEASED-NAME FIRST MARY C MIDDLE SMITH LAST | | SEX FEMALE | | DATE OF DEATH (MONTH, DAY, YEAR) APRIL 8, 2004 | | | |
| COUNTY OF DEATH 4. DUPAGE | | AGE-LAST BIRTHDAY (YRS) 5a. 89 | | UNDER 1 YEAR MOS. DAYS | | DATE OF BIRTH (MONTH, DAY, YEAR) 5d. AUGUST 22, 1914 | |
| CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. ELMHURST | | HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. ELMHURST MEMORIAL HOSPITAL | | | | IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY) 6c. INPATIENT | |
| BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. SPRING VALLEY, IL | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. WIDOWED | | NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. ***** | | WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. NO | |
| SOCIAL SECURITY NUMBER 10. 339-34-5907 | | USUAL OCCUPATION 11a. HOMEMAKER | | KIND OF BUSINESS OR INDUSTRY 11b. OWN HOME | | EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12 | |
| RESIDENCE (STREET AND NUMBER) 13a. 2404 ERNST ST. | | CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. FRANKLIN PARK | | INSIDE CITY (YES/NO) 13c. YES | | COUNTY 13d. COOK | |
| STATE 13e. ILLINOIS | | ZIP CODE 13f. 60131 | | 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. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY: | |
| FATHER-NAME FIRST GEORGE C MIDDLE PELLEGRINO LAST | | MOTHER-NAME FIRST ROSE C MIDDLE QUARTUCCI LAST | | | | | |
| INFORMANT'S NAME (TYPE OR PRINT) 17a. WILLIAM C. SMITH | | RELATIONSHIP 17b. SON | | MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 2404 ERNST ST., FRANKLIN PARK, IL 60131 | | | |
| 18. PART I. Enter the diseases, 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. | | (a) CARCINOMA CECUM | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 WEEK | | | |
| CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. | | (b) DIFFUSED METASTATIC DISEASE | | 1 WEEK | | | |
| | | (c) ACUTE RENAL FAILURE | | 2 DAYS | | | |
| PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. | | | | AUTOPSY (YES/NO) 19a. NO | | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b. | |
| DATE OF OPERATION, IF ANY 20a. | | MAJOR FINDINGS OF OPERATION 20b. | | IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 04-08-04 | | WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO | | HOUR OF DEATH 21c. 19:55 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. 04-10-04 | | | |
| 22a. SIGNATURE  | | NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. S. PRADHAN, MD 9722 W GRAND FRANKLIN PARK, IL 60131 | | ILLINOIS LICENSE NUMBER 22d. 036-056560 | | | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23. | | | | NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. | | | |
| BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL | | CEMETERY OR CREMATORY-NAME 24b. ROSEHILL CEMETERY | | LOCATION CITY OR TOWN STATE 24c. CHICAGO, ILLINOIS | | DATE (MONTH, DAY, YEAR) 24d. 4-13-2004 | |
| FUNERAL HOME 25a. CUNEO-COLUMBIAN F.H. 10300 W. GRAND AVE. FRANKLIN PARK, ILLINOIS 60131 | | NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP | | | | | |
| FUNERAL DIRECTOR'S SIGNATURE 25b.  | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 34-014751 | | | | | |
| LOCAL REGISTRAR'S SIGNATURE 26a.  | | DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. APR 13 2004 | | | | | |

VR200 (Rev. 5/99)

Illinois Department of Public Health—Division of Vital Records

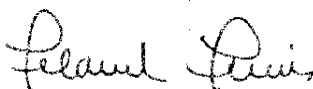
(BASED ON 1989 U.S. STANDARD CERTIFICATE)



DuPage County
Health
Department

111 North County Farm Road
Wheaton, Illinois 60187

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.



Local Registrar

Not valid without the embossed seal of
DuPage County Health Department