

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
 ) ss.  
COUNTY OF COOK )



The undersigned affiant, being duly sworn, states that he resides at 1500 Oak, #2F, Evanston, IL 60201. He was acquainted with Joyce M. Schneideman, deceased, who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as follows:

See Exhibit A attached hereto and made a part hereof.

That the deceased died JULY 21, 1980, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died (strike inapplicable paragraphs):

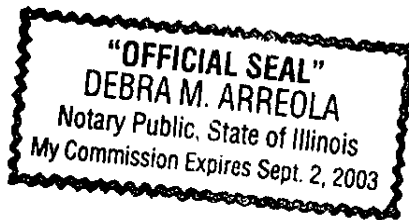
- Leaving no Last Will & Testament.
- ~~Leaving a last Will & Testament, a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois.~~
- ~~Leaving a Last Will & Testament which was filed 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 \$ 30,000.00.

Robert I. Schneideman  
Robert I. Schneideman

Subscribed and sworn to before me, this 6th day of June, 2000.

[Signature]  
Notary Public  
15269



MAIL TO:  
Schuyler Roche & Zwirner  
1603 Orrington Ave., #1190  
Evanston, IL 60201  
Attn: D. Arreola



I, DAVID ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record of which appears from the records and files in my office.

IN WITNESS THEREOF, I have herunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

*David Orr*  
COUNTY CLERK

00530157

679

DECEASED - NAME 1. <b>JOYCE MARY SCHNEIDEMAN</b>		SEX 2. <b>FEMALE</b>		DATE OF DEATH 3. <b>JULY 21, 1980</b>	
RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 4a. <b>WHITE</b>		ORIGIN OR DESCENT 4b. <b>BRITISH</b>		AGE - LAST BIRTHDAY (YRS) 5a. <b>57</b>	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 7b. <b>EVANSTON</b>		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. <b>EVANSTON HOSPITAL</b>		DATE OF BIRTH (MO., DAY, YEAR) 5b. <b>DECEMBER 13, 1922</b>	
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) 8. <b>ENGLAND</b>		CITIZEN - WHAT COUNTRY 9. <b>ENGLAND</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. <b>MARRIED</b>	
SOCIAL SECURITY NUMBER 12. <b>341 38 0492</b>		USUAL OCCUPATION 13a. <b>TEACHER</b>		KIND OF BUSINESS OR INDUSTRY 13b. <b>COLLEGE</b>	
RESIDENCE STREET AND NUMBER 14a. <b>1500 OAK STREET</b>		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 14b. <b>EVANSTON</b>		INSIDE CITY (YES/NO) 14c. <b>YES</b>	
FATHER - NAME 15. <b>JOSEPH SCOTT-COWELL</b>		MOTHER - MAIDEN NAME 16. <b>CLARE BRADSHAW</b>		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 11. <b>DR. ROBERT I. SCHNEIDEMAN</b>	
INFORMANT'S SIGNATURE 17a. <i>[Signature]</i>		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17b. <b>2650 RIDGE AVE., EVANSTON, IL 60201</b>		U.S. WAR VETERAN (YES/NO) 13c. <b>NO</b>	
DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
(a) <b>Respiratory failure</b>		<b>6hrs.</b>			
(b) <b>Ovarian Cancer</b>		<b>1yr.</b>			
(c)					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES/NO) 19a. <b>NO</b>		IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.	
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b. <b>Malignant</b>			
I ATTENDED THE DECEASED FROM: 21a. <b>9/79</b>		TO 21b. <b>7/21/80</b>		AND LAST SAW HIM/HER ALIVE ON: 21c. <b>7/20/80</b>	
SIGNATURE 22a. <i>[Signature]</i>		NAME AND ADDRESS OF CERTIFIER 22b. <b>M.D. J. D. KHANDEKAR</b>		DATE SIGNED (MONTH, DAY, YEAR) 22d. <b>7/22/80</b>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22c. <b>2650-Ridge Av - Evanston 60201</b>		ILLINOIS LICENSE NUMBER 22d. <b>36-47938</b>			
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <b>Crementation</b>		CEMETERY OR CREMATORY - NAME 24b. <b>Memorial Park</b>		LOCATION 24c. <b>Skokie Illinois</b>	
FUNERAL HOME 25a. <b>John L. Hebblethwaite, Inc. 1567 Maple Ave. Evanston Illinois 60201</b>		FUNDING 25b. <b>Leonard M. Witkins</b>		DATE 24d. <b>July 22, 1980</b>	
LOCAL REGISTRAR'S SIGNATURE 26a. <i>[Signature]</i>		FUNDING 25c. <b>31-4325</b>		DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. <b>July 22, 1980</b>	