

DECEASED JOINT
TENANCY AFFIDAVIT

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4931/0085 52 001 Page 1 of 3
2000-07-26 12:02:10
Cook County Recorder 25.50



00562309

THIS INSTRUMENT PREPARED
BY AND MAIL TO:

Martin J. Lillig
Lillig & Thorsness, Ltd.
1900 Spring Road, Suite 200
Oak Brook, IL 60521



The above space for recorder's use only

JOHN A. THATCHER, a widow, being duly sworn states, as follows:

That he resides at 1147 South Oak Park Avenue, Oak Park, Illinois 60304.

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

LOT 25 AND LOT 26 (EXCEPT THE NORTH 17 FEET OF LOT 26 IN BLOCK 7 IN KEARNEY'S OAK PARK SUBDIVISION, BEING A RESUBDIVISION OF BLOCKS 5, 6, 7 AND 8 IN SHIPPEN'S ADDITION TO OAK PARK, A SUBDIVISION OF LOTS 1, 2, 3, 4, IN LOT 7 IN SUBDIVISION OF SECTION 18, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT WEST HALF OF THE SOUTH WEST QUARTER OF SAID SECTION) IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 16-18-322-040

Property Address: 1147 South Oak Park Avenue, Oak Park, Illinois 60304

That the deceased died December 17, 1999, as evidenced by a copy of death certificate of the deceased attached hereto.

That the deceased died:

Leaving no Last Will & Testament.

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

JAN 2000

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 Six Hundred Fifty Thousand (\$ 650,000) DOLLARS.

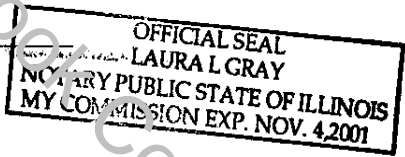
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Affiant makes this affidavit for the purpose of inducing any duly licensed title insurance company to issue its Title Insurance Policy describing the above mentioned property.

John A. Thatcher
JOHN A. THATCHER

SWORN AND SUBSCRIBED to before
me this 3rd day of July, 2000.

Laura L. Gray
NOTARY PUBLIC



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OAK PARK, ILLINOIS

STATE OF ILLINOIS
HEALTH DEPARTMENT - OFFICE OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **OAK PARK**
REGISTERED NUMBER **865**

STATE FILE NUMBER

DECEASED - NAME FIRST MIDDLE LAST: **Elizabeth Thatcher**
SEX: **Female**
DATE OF DEATH (MONTH, DAY, YEAR): **3 December 17, 1999**

COUNTY OF DEATH: **COOK**
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **OAK PARK**
HOSPITAL OR OTHER INSTITUTION: **1147 S. OAK PARK AVE.**
DATE OF BIRTH (MONTH, DAY, YEAR): **NOVEMBER 9TH, 1918**

FOREIGN COUNTRY: **CHICAGO**
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **MARRIED**
NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **JOHN THATCHER**
WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): **NO**

SOCIAL SECURITY NUMBER: **343 01-3641**
USUAL OCCUPATION: **HOMAKER**
KIND OF BUSINESS OR INDUSTRY: **OWN HOME**
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12**

RESIDENCE (STREET AND NUMBER): **1147 S. OAK PARK AVE.**
CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **OAK PARK**
INSIDE CITY (YES/NO): **13c**
COUNTY: **13d COOK**

STATE: **ILLINOIS**
ZIP CODE: **60304**
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 YES**

FATHER - NAME FIRST MIDDLE LAST: **15 ANDREW J. LITVIG**
MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST: **16 CLARA HERMAN**

INFORMANT'S NAME (TYPE OR PRINT): **17a JOHN THATCHER**
RELATIONSHIP: **17b SPOUSE**
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **17c 1147 S. OAK PARK AVE.**

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.
Immediate Cause (Final disease or condition resulting in death): **(a) Respiratory failure**
DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(b) Metastatic Breast Carcinoma**
DUE TO, OR AS A CONSEQUENCE OF:
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I:
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: **5 years**

DATE OF OPERATION, IF ANY: **20a**
MAJOR FINDINGS OF OPERATION: **20b**
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?: **20c YES NO**
AUTOPSY (YES/NO): **19a**
WAS AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO): **19b**

1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): **21a August 25, 1999**
WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **21b**
HOUR OF DEATH: **21c 9:00 a.m.**

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
22a SIGNATURE: **Elaine Lee Wade MD.**
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **7420 W. Central Ave., River Forest, Illinois 60305**
ILLINOIS LICENSE NUMBER: **22d 036-084287**
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 ST. JOSEPH**
LOCATION: **24c RIVER GROVE, IL.**
DATE (MONTH, DAY, YEAR): **24d 12-20-1999**

FUNERAL HOME: **25a KURATKO FUNERAL HOME 2500 S. DESPLAINES AVE N. RIVERSIDE, IL. 60545**
FUNERAL DIRECTOR'S SIGNATURE: **25b**
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **25c 024-011325**

LOCAL REGISTRAR'S SIGNATURE: **25a**
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **25b DEC 21 1999**

VR200 (Rev. 5/89) Illinois Department of Public Health - Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

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

60529500

Georgina Poljak, PhD
LOCAL REGISTRAR

