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2000-09-08 09:02:34
Cook County Recorder 23.50

DECEASED JOINT TENANCY AFFIDAVIT



Date: 8-24-00
File No.: 00-25842 (2) / 4

STATE OF ILLINOIS

COUNTY OF Cook } SS.

File No: 00-25842

GERTRUDE M. FRANK being duly sworn states that he/she resides at 200 HOME AVE. #3B OAK PARK, IL. 60302 in the City of OAK PARK. That he/she was acquainted with STANLEY E. FRANK, deceased who at the time of his/her death, was one of the owners of the land in Cook County, Illinois, described as:

That the deceased died on 10/04/94 as evidenced by a certified copy of a death certificate of the deceased attached hereto.

That the deceased died:

PRAIRIE TITLE
6821 W. NORTH AVE.
OAK PARK, IL 60302

- 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 \$80,000 dollars.

Affiant makes this affidavit for that purpose of inducing the Commonwealth Land Title Insurance Company to issue its Title Insurance Policy, describing the above-mentioned property.

SUBSCRIBED AND SWORN TO BEFORE ME BY THE SAID Affiant August this 24 day of August, A.D. 2000.

Debra L. O'Shaughnessy
Notary Public

GERTLUDE M. FRANK
By: *Sarah J. Barber*, as attorney
Affiant's Signature

F:\OFFICE\WPWIN\PTDOCS\CLOSING\DECEASED.WPD
MAR 20 10 56 AM '00
SARAH J. BARBER
239 ASHLAND AVE.
RIVER FOREST, IL. 60305



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|--|---|--|
| REGISTRATION DISTRICT NO. <u>16-24</u> | MIDDLE | Elmer |
| REGISTERED NUMBER <u>800</u> | FIRST | Stanley |
| DECEASED-NAME | COUNTY OF DEATH | Cook |
| 1. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER | AGE LAST BIRTHDAY (M/D) | 5a. 88 |
| 6a. Oak Park | HOSPITAL OR O | 6b. 200 |
| BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | 7. Chicago |
| 8a. Married | USUAL OCCUPATION | 11a. Mechanic |
| 10. 325-05-0500 | RESIDENCE (STREET AND NUMBER) | 13a. 200 Home Ave, Unit 3B |
| 13b. ZIP CODE | RACE (WHITE, BLACK, INDIAN, etc.) (SPECIFY) | 14a. White |
| 14a. White | FATHER-NAME FIRST MIDDLE LAST | 15. Henry Frank |
| 17a. Gertrude Frank | INFORMANT'S NAME (TYPE OR PRINT) | 18. PART I. |
| Immediate Cause (Final disease or condition resulting in death) | Enter the diseases, or complications that caused shock, or heart failure. List only one cause on (a) MULTIPLE | CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST. |
| 20a. DATE OF OPERATION, IF ANY | MAJOR FINDINGS OF OPERATION | 20b. TO (YOU DID NOT ATTEND THE DECEASED) (MONTH, DAY, YEAR) |
| 21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE | 22a. SIGNATURE | 22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) |
| 23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER | BURIAL, CREMATION, REMOVAL (SPECIFY) | 24a. Cremation |
| 24b. Oakridge Abbey | FUNERAL HOME | 25a. Drechsler-Brown Funeral Home |
| 25b. LOCAL REGISTRAR'S SIGNATURE | 26a. REGISTRAR'S SIGNATURE | 26b. REGISTRAR'S SIGNATURE |

Illinois Department of Public Health
PC00 (Rev. 5/98)

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Property of Cook County Clerk's Office

00-11-13

00695800

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO 16144, REGISTERED NUMBER 800, DECEASED-NAME Stanley Elmer Frank, DATE OF DEATH 3 October 4, 1994, CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER Cook, HOME AVENUE, UNIT 3B, CHICAGO, ILLINOIS 13160302, FATHER-NAME Henry Frank, MOTHER-NAME Hilda Anderson, RELATIONSHIP 17b. Wife, 17c. 200 Home Av, Unit 3B Oak Park, ILL 60302, IMMEDIATE CAUSE MULTIPLE MYELOMA, DUE TO, OR AS A CONSEQUENCE OF, MAJOR FINDING OF OPERATION 20b. 10/10/94, SIGNATURE Frederick A. Barber, MD, LOCAL REGISTRAR M.P.H.

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named on item 3 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths. DATE OCT 05 1994, SIGNED [Signature] M.P.H. LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH in Springfield. County clerks and local registrars are authorized to provide that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.