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2000-11-24 09:56:36
Cook County Recorder 47.50

AN AGENT OF

REI

JOINT TENANCY AFFIDAVIT



Our Order No.: R884208
Date: 11-20-00
DECEDENT: Marie G Taylor

STATE OF ILLINOIS
COUNTY OF Cook SS

Phyllis Bell (NKA Sarnecki), hereinafter referred to as the affiant deposes and states that the affiant resides at 3356 W 65th St, in the city of Chicago.

That the decedent at the time of his/her death was one of the owners of the property in _____ County, Illinois, legally described as follows:

REI TITLE SERVICES # R884208
10F2

or described in above order number.

That decedent died on _____ leaving no/a last will and testament.

That the total value of the estate of said decedent including his/her taxable interest in the above real estate is \$_____.

That the Illinois inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

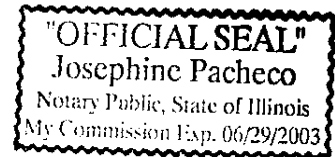
That the affiant makes this affidavit to induce REI Title Company to issue its Policy of Title Insurance on the above described property.

MAILED & PREPARED BY
LIBERTY FEDERAL
1 GRANT SQUARE
HINSDALE, IL 60521

Signature Phyllis Sarnecki

SUBSCRIBED AND SWORN TO BEFORE ME
this 20th day of NOVEMBER, 192000
a Notary Public in and for said State and County

Josephine Pacheco



NOTE: If the decedent left a will it will be necessary that the original or a certified copy thereof be presented to us for inspection.

A death certificate together with evidence of payment of death taxes, if any, should accompany this affidavit.

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item I 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 JUNE 10, 1987

SIGNED *Solita Maxwell*

At Cook County Department of Public Health Official Title Chief Deputy Registrar
1500 S. Maybrook Drive, Maywood, Illinois 60153

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

REGISTRATION DISTRICT NO. <u>16.0</u>		REGISTERED NUMBER		DECEASED - NAME		FIRST		MIDDLE		LAST		SEX		DATE OF DEATH - (MONTH, DAY, YEAR)	
1. RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)		ORIGIN OR DESCENT		AGE - LAST BIRTHDAY (YRS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH - (MO, DAY, YEAR)		COUNTY OF DEATH			
4a. <u>WHITE</u>		<u>AMERICAN</u>		<u>72</u>		MOS		DAYS		<u>OCT 21 1912</u>		<u>COOK</u>			
7b. OAK LAWN		CITIZEN OF WHAT COUNTRY		7c. CHRIST HOSPITAL		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER GIVE STREET AND NUMBER)									
8. <u>ILLINOIS</u>		<u>USA</u>													
9. SOCIAL SECURITY NUMBER		10. US A		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		12. WIDOWED		13. NAME OF SURVIVING SPOUSE - (MAIDEN NAME, IF WIFE)							
12. <u>349-03-44064</u>		<u>ILLINOISIAN</u>		14. DECEASED EVER IN U.S.		15. APPLIED FORCES? YES / NO		16. WAS OR INST. INDICATE DOA OPENER, RM, INPATIENT (SPECIFY)		17. INPATIENT					
14a. <u>3356 W 65th ST</u>		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		<u>CHICAGO</u>		18. INSIDE CITY		19. YES / NO		20. COUNTY		21. STATE		22. WHAT OR DATES OF SERVICE	
14b. <u>ANDREU</u>		FATHER - NAME		<u>21C</u>		14c. <u>YES</u>		14d. <u>COOK</u>		14e. <u>122</u>		14f. <u>122</u>			
15. <u>ANDREU</u>		MOTHER - M AIDEN NAME		<u>HELEN</u>		15a. <u>HELEN</u>		15b. <u>SRA KOCIC</u>							
17a. <u>DATE KIMBALL</u>		RELATIONSHIP		<u>CHAPLAIN</u>		17b. <u>4440 W 95TH ST, OAK LAWN ILL 60453</u>		17c. Mailing Address (Street and No. or R.F.D., City or Town, State, Zip)							
18. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE		19. (ENTER ONE CAUSE PER LINE FOR (a), (b), AND (c))											
		<u>Respiratory Failure</u>													
		<u>Metastatic carcinoma of breast</u>													
		<u>Cardiovascular Accident</u>													
		<u>Emphysema</u>													
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTINUING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)															
20a. DATE OF OPERATION, IF ANY		MAJOR FINDINGS OR OPERATION													
21a. (1) (DD) (DD NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON)		21b. (MONTH, DAY, YEAR)		21c. WAS CONDONER OR MEDICAL EXAMINER NOTIFIED? YES / NO		21d. HOUR OR DEATH		21e. DATE SIGNED - (MONTH, DAY, YEAR)							
21a. <u>June 8, 1987</u>		<u>8, 1987</u>		<u>NO</u>		<u>01:05 AM</u>		<u>June 9, 1987</u>							
22a. SIGNATURE		NAME AND ADDRESS OF PHYSICIAN		22b. ILLINOIS LICENSE NUMBER											
<u><i>M. D. Phillips</i></u>		<u>M. D. Phillips</u>		<u>36-051144</u>											
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER															
24a. BIRTH, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY - NAME		24b. LOCATION		24c. CITY OR TOWN		24d. STATE		24e. DATE		24f. (MONTH, DAY, YEAR)			
<u>Funeral Home</u>		<u>ST MARY</u>		<u>EVERGREEN</u>		<u>RE 122</u>		<u>ILLINOIS</u>		<u>June 12, 1987</u>		<u>June 12, 1987</u>			
25a. FUNERAL HOME		STREET AND NUMBER OR R.F.D.		25b. CITY OR TOWN		25c. STATE		25d. DATE							
<u>O'WIEJA</u>		<u>4256 S MOZART ST</u>		<u>CHICAGO</u>		<u>ILLINOIS</u>		<u>June 9, 1987</u>							
25b. FUNERAL DIRECTOR'S SIGNATURE		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER													
<u><i>Scott M. G.</i></u>		<u>4085</u>													
26a. LOCAL REGISTRAR'S SIGNATURE		26b. DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)													
<u><i>Scott M. G.</i></u>		<u>June 10, 1987</u>													

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Permanent Real Estate Index Number: 19-23-214-019

Legal Description: ALL OF LOT 21 AND THE WEST 25 FEET OF LOT 22 IN DAVID R LEWIS' SUBDIVISION OF THE SOUTH 1/2 OF BLOCK 7 OF JOHN F EBERHARDT'S SUBDIVISION OF THE NORTH EAST 1/4 OF SECTION 23, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Property of Cook County Clerk's Office