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2000-01-07 13:16:10  
Cook County Recorder 25.50



COOK COUNTY  
RECORDER  
EUGENE "GENE" MOORE  
MARKHAM OFFICE

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois )  
                          ) ss.  
County of Cook )

Catherine V. Vander Zanden being duly sworn states that she  
resides at 14545 Park in the City of  
Dolton, Il.

That she was acquainted with Leo H. Vander Zanden  
deceased who, at the time of death, was one of the owners of the land in  
Cook County, Illinois, described as:

Lot 7 and 8 (except the North 12 feet of Lot 8 in Block 2 of Van Deursen's Home Addition  
to Dolton, being a Subdivision of the East 812.49 feet of part of the South 1/2 of the  
South 1/2 of the Southeast 1/4 of the Southwest 1/4 of Section 3, Township 36 North,  
Range 14, East of the Third Principal Meridian, lying North of the North line of right  
of way of the South Chicago and Southern Railroad, in Cook County, Illinois.

Commonly known as: 14545 Park, Dolton, Il. 60419

Property Index Number: 29 03 317 058

That the deceased died NOVEMBER 1, 1963, as evidenced by a  
certified copy of 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  
\_\_\_\_\_ County, Illinois about \_\_\_\_\_

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RECORDED  
INDEXED  
MAY 19 1999  
CLERK'S OFFICE

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 THOUSAND dollars.

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

Catherine Anderson Anderson  
(Affiant's Signature)

Subscribed and sworn to before me this 6th day of MAY, 1999.

OFFICIAL SEAL  
Edward V. Sharkey  
Notary Public, State of Illinois  
My Commission Expires 05-20-00

Edward V. Sharkey  
Notary Public

This instrument prepared by:

EDWARD V. SHARKEY

14105 Lincoln, P.O. Box 27

Dolton, Il. 60419

After recording mail to:



UNOFFICIAL COPY

00017460

ORIGINAL

STATE OF ILLINOIS

STATE FILE NUMBER

DECEASED'S BIRTH NO. \_\_\_\_\_

1. PLACE OF DEATH  
 a. STATE **Illinois**  
 b. COUNTY **Cook**  
 c.  INSIDE corporate limits and in City, Village, or Incorporated Town  
 Chicago  
 OUTSIDE corporate limits and in Township name \_\_\_\_\_  
 Road District No. \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission.)  
 a. STATE **Illinois**  
 b. COUNTY **Cook**  
 c.  INSIDE corporate limits and in City, Village, or Incorporated Town  
 Dolton  
 OUTSIDE corporate limits and in Township name \_\_\_\_\_  
 Road District No. \_\_\_\_\_

3. NAME OF DECEASED  
 a. (FIRST) **LEON (LEO)**  
 b. (MIDDLE) **HENRY**  
 c. (LAST) **VANDER ZANDEN**

4. DATE OF DEATH **11 - 1 - 1963**

5. SEX **MALE**  
 6. RACE **WHITE**  
 7. MARRIED NEVER MARRIED  
 WIDOWED DIVORCED (specify) \_\_\_\_\_

8. DATE OF BIRTH **April 14, 1914**

9. AGE (in years, months, days) **49**

10a. USUAL OCCUPATION **Machinist**  
 10b. KIND OF BUSINESS OR INDUSTRY **Acme Steel Co.**

11. BIRTHPLACE (City and state or foreign country) **Canada**

12. Citizen of what country? **C.S.A.**

13. FATHER'S FULL NAME **Lao H. Vander Zanden**  
 14. MOTHER'S FULL MAIDEN NAME **Patronella Youngline**

15. Was deceased ever in U. S. Armed Forces? **No**  
 16. SOCIAL SECURITY NUMBER **337-09-7583**

17. INFORMANT **Patronella Youngline**  
 18. SIGNATURE *Patronella Youngline*  
 19. ADDRESS **14545 S. Park Ave.**

20. MEDICAL CAUSE OF DEATH  
 PART I. DEATH WAS CAUSED BY (Enter only one cause per line for (A), (B) and (C) I)  
 IMMEDIATE CAUSE (A) **INTRA-ABDOMINAL HEMORRHAGE**  
 (Case to (B)) **SPONTANEOUS RUPTURE VENA CAVA**  
 (due to (C)) \_\_\_\_\_

20. AUTOPSY? **NO**

19a. DATE OF OPERATION \_\_\_\_\_  
 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

21a. ACCIDENT  SUICIDE   
 UNDETERMINED  HOMICIDE

21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office, bridge, etc.) \_\_\_\_\_

21c. INJURED AT (CITY, TOWNSHIP, OR LOCATION) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME OF INJURY A.M. \_\_\_\_\_ P.M. \_\_\_\_\_  
 21e. INJURY OCCURRED WHILE AT  NOT WHILE WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22a. Upon medical investigation I find this death was caused as stated above. **Yes**  
 22b. Upon official investigation I find the person described died as stated above. **Yes**

23. DISPOSITION: BURIAL - REMOVAL - CREMATION Date **11-4-1963**  
 CEMETERY **Asumption**  
 LOCATION **Bloom Cook Illinois**

24. FUNERAL DIRECTOR **Samuel L. Andelman, M.D.**  
 SIGNATURE *Samuel L. Andelman*  
 ADDRESS **244 E. 138th St., Chicago, Illinois**  
 Number **F-6210**

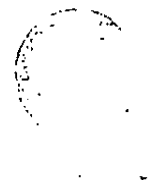
25. Received for filing on **NOV 3 1963**  
 AUTHORITY **Illinois**  
 LOCAL REGISTRAR **Samuel L. Andelman, M.D.**

NOVEMBER 4, 1963

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO } SS

I, Samuel L. Andelman, M.D., Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago; that the accompanying certificate on this sheet is a true copy of a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID  
Only When Original BLUE  
SEAL And BLUE SIGNATURE  
Are Affixed.



LOCAL REGISTRAR

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