

UNOFFICIAL COPY

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2000-01-07 11:51:17  
Cook County Recorder 27.50



00017551

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF

ss.

Order No. \_\_\_\_\_

~~Do~~ Judith Hennes Chase

being duly sworn

states that \_\_\_\_\_ resides at 5751 N. Drake, Chicago, Ill in the City of \_\_\_\_\_

That \_\_\_\_\_ was acquainted with Marvin Swantburg deceased who, at the time of \_\_\_\_\_ death, was one of the owners of the land in Chicago, Cook County, Illinois, described as:

COOK COUNTY  
RECORDER  
EUGENE "GENE" MOORE  
ROLLING MEADOWS

That the deceased died 8/27/99, 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 \_\_\_\_\_

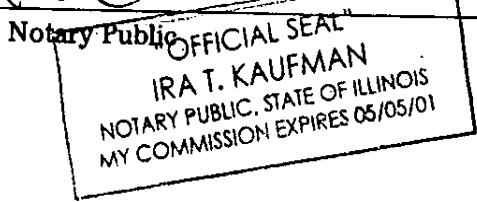
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of One Hundred Thousand (\$100,000.00) dollars.

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

Subscribed and sworn to before me by the said

this 15 day of Dec, A.D. 1999

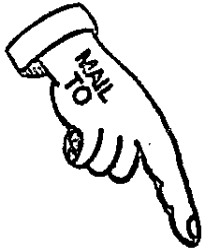
*[Signature]*



Judith Hennes Chase  
(affiant's signature)

*[Handwritten initials]*

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Prepared by & Mail to:

Jan T. Kauter

1201 Old Meigs Rd

Buffalo Grove, IL 60089

Property of Cook County Clerk's Office

STATE FILE NUMBER  
**644463**

**MEDICAL CERTIFICATE OF DEATH**

REGISTRATION DISTRICT NO. <b>6.10</b>	STATE OF ILLINOIS
REGISTERED NUMBER	NUMBER
DECEASED-NAME <b>Marvin Swartzburgh</b>	SEX <b>Male</b>
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>Chicago</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>3 August 27, 1999</b>
AGE-LAST BIRTHDAY (YRS) <b>58</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>July 29, 1941</b>
HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>Swedish Covenant Hospital</b>	IF HOS. OR INST. INDICATE D.O.A. (OPENER, PRI. INPATIENT (SPECIFY)) <b>Inpatient</b>
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Never Married</b>	ARMED FORCES? (YES/NO) <b>Yes</b>
USUAL OCCUPATION <b>Proprietor</b>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) <b>College (14 or 5+)</b>
CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>Chicago</b>	COUNTY <b>Cook</b>
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>White</b>	INSIDE CITY (YES/NO) <b>Yes</b>
FATHER-NAME FIRST MIDDLE LAST <b>George Swartzburgh Estelle Gilza</b>	MOTHER-NAME FIRST MIDDLE LAST <b>Estelle Gilza</b>
INFORMANT'S NAME (TYPE OR PRINT) <b>Linda Gotstedt</b>	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>5145 N. California, Chicago, IL 60625</b>
18. PART I: Immediate Cause (Final disease or condition resulting in death) <b>(a) Ventricular Arrhythmia</b> DUE TO, OR AS A CONSEQUENCE OF <b>(b) Diffuse Terminal Carcinomatosis of Liver</b> DUE TO, OR AS A CONSEQUENCE OF <b>(c)</b>	PERIOD OF TIME BETWEEN ONSET OF DISEASE AND DEATH <b>minutes</b>
19. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. <b>Diabetes Mellitus I</b>	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) <b>no</b>
DATE OF OPERATION, IF ANY <b>August 26, 1999</b>	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>no</b>
(1)(D) (DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON) <b>did</b>	HOUR OF DEATH <b>5:15 A. M.</b>
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE SAME DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	DATE SIGNED (MONTH, DAY, YEAR) <b>August 27, 1999</b>
NAME AND ADDRESS OF CERTIFIER <b>Sidney R. Cruz, M.D. 5300 W. Devon Chicago, IL 60646</b>	ILLINOIS LICENSE NUMBER <b>036-044115</b>
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
CEMETERY OR CREMATORY-NAME (TYPE OR PRINT) <b>Montrose Cemetery</b>	DATE (MONTH, DAY, YEAR) <b>24 Aug. 31, 1999</b>
STREET AND NUMBER OR R.F.D. <b>1300 W. Devon Avenue; Chicago, Illinois 60660</b>	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-11770</b>
FUNERAL DIRECTOR'S SIGNATURE <b>Sidney R. Cruz</b>	DATE FILED (MONTH, DAY, YEAR) <b>AUG 30 1999</b>
LOCAL REGISTRAR'S SIGNATURE <b>Shirley Lynn Ryan</b>	REGISTRAR (MONTH, DAY, YEAR)

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

DEC 3 1999

I, **SHIRLEY LYNE, RSM, 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 FOR 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 OBTAINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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LOT 36 (EXCEPT THE NORTH 48 FEET THEREOF) AND ALL OF LOT 35 IN BLOCK 67 IN W. F. KAISER AND COMPANY'S BRYN MAWR AVENUE ADDITION TO ARCADIA TERRACE BEING A SUBDIVISION OF THAT PART OF THE SOUTH WEST 1/4 OF SECTION 1 AND OF THE SOUTH 1/2 OF THE SOUTH EAST 1/4 OF SECTION 2 LYING WEST OF THE WESTERLY LINE OF RIGHT OF WAY OF NORTH SHORE CHANNEL OF SANITARY DISTRICT OF CHICAGO (EXCEPT STREETS HERETOFORE DEDICATED IN TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS