

UNOFFICIAL COPY

0010012510

3334/0018 30 001 Page 1 of 2

2001-01-05 10:27:20

Cook County Recorder 23.50



0010012510

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS.
COUNTY OF C O O K)

PAUL E. RENTNER, hereinafter referred to as the affiant deposes and states that the decedent resided at 1428 E. 146TH STREET, DOLTON, ILLINOIS 60419.

That the decedent, DOLORES E. RENTNER, at the time of his/her death was one of the owners of the property in Cook County, Illinois, legally described as follows:

LOT 9 IN PASQUINELLI'S MEADOW LANE BEING A SUBDIVISION OF PART OF THE EAST 1/2 OF THE SOUTH EAST 1/4 OF SECTION 2, TOWNSHIP 36 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No: 29-02-432-039
Commonly Known as: 1428 E. 146TH STREET, DOLTON, ILLINOIS 60419

That said decedent died on 5/24/1993, leaving a/no last will and testament.

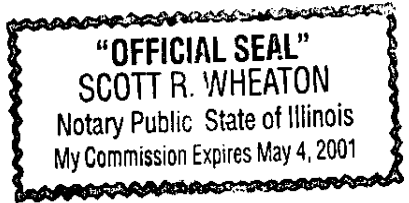
That the total value of the estate of said decedent including his taxable interest in the above real estate is not over the sum of \$150,000.00;

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 any TITLE SERVICES COMPANY to issue its Policy of Title Insurance on the above described property.

Handwritten signature of Paul E. Rentner
PAUL E. RENTNER

Subscribed and Sworn to before me this 15 day of Dec, 2000, in and for said State and County.



Handwritten signature of Notary Public
Notary Public

DECEDENT'S BIRTH NO.

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.51
REGISTERED NUMBER 294

Type or Print in PERMANENT INK See Funeral Directors, Hospital or Physicians Handbook for INSTRUCTIONS

1. COUNTY OF DEATH DOLORES
 2. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Blue Island
 3. AGE-LAST BIRTHDAY (YRS) 64
 4. SEX FEMALE
 5. DATE OF BIRTH (MONTH, DAY, YEAR) MAY 24, 1993
 6. HOSPITAL OR OTHER INSTITUTION (NAME IF NOT IN EITHER, GIVE STREET AND NUMBER) St. Francis Hospital
 7. INPATIENT/OUTPATIENT Inpatient

8. NAME OF SURVIVING SPOUSE (MARRIAGE OR COMMON-LAW MARRIAGE) Paul E. Rentner
 9. DECEASED EVER IN U.S. ARMED FORCES? YES/NO No
 10. SOCIAL SECURITY NUMBER 10-357-22-5376
 11. USUAL OCCUPATION Housewife
 12. EDUCATION (HIGHEST GRADE COMPLETED) 12 YRS
 13. RESIDENCE (STREET AND NUMBER) 1428 E. 146th Street
 14. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Dolton
 15. STATE Illinois
 16. ZIP CODE 60419
 17. RACE (WHITE, BLACK, AMERICAN INDIAN, OR SPECIFY) White
 18. HISPANIC ORIGIN? YES/NO No

19. FATHER-NAME FIRST MIDDLE LAST Russell H. Penrod
 20. MOTHER-NAME FIRST MIDDLE LAST Opal Jarnell
 21. MAILING ADDRESS (STREET AND NO OR P.O. BOX) 1428 E. 146th St. Dolton, IL 60419

22. IMMEDIATE CAUSE (FATAL DISEASE OR CONDITION RESULTING IN DEATH) *Arteriosclerotic changes of heart and brain*
 23. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST *(b) cerebral embolism (c) cerebral aneurysm*
 24. DATE OF OPERATION, IF ANY
 25. MAJOR FINDINGS OF OPERATION
 26. AUTOPSY YES/NO No
 27. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO CORRECTION OF CAUSE OF DEATH? YES/NO No
 28. HOURS OF DEATH 5:37 P.M.
 29. DATE SIGNED 5/25/93

30. NAME AND ADDRESS OF CERTIFIER *DR. EUGENE C. SCHERRER, 13826S LINCOLN DOLTON, IL 60419*
 31. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)
 32. ILLINOIS LICENSE NUMBER 220-036037015

33. FUNERAL CREMATION, REMOVAL (SPECIFY) Burial
 34. CEMETERY OR CREMATORY-NAME Cedard Park
 35. LOCATION Chicago Illinois
 36. STREET AND NUMBER OR R.F.D. 240 Cedar Park
 37. CITY OR TOWN Chicago Illinois
 38. STATE Illinois
 39. DATE (MONTH, DAY, YEAR) May 26, 1993

40. FUNERAL DIRECTOR'S SIGNATURE
 41. LOCAL REGISTRAR'S SIGNATURE
 42. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) May 25, 1993
 43. ILLINOIS LICENSE NUMBER 8690

26a. (Rev. 5/89) Illinois Department of Public Health - Division of Vital Records

I HEREBY CERTIFY THAT THE foregoing is a true and correct copy of the DEATH RECORD for the decedent named at ITEM 1 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 MAY-25 1993 SIGNED [Signature] AT BLUE ISLAND ILLINOIS. OFFICIAL TITLE, LOCAL REGISTRAR

UNOFFICIAL COPY

Property of Cook County Clerk's Office

STANDARD
JAN 13