



AFFIDAVIT RE DECEASED JOINT TENANT

STATE OF ILLINOIS }
COUNTY OF } SS

RE: YOUR ORDER NO. 31570057B

Property of Cook County Clerk's Office

FRANK S. DAVIS, being duly sworn and for the purpose of inducing Intercounty Title Company of Illinois to issue the subject policy covering the hereinafter described land, state:

- 1. That HE resides at 3150 ALTA St., Melrose Park, IL;
- 2. That HE was acquainted with Janet D. Davis, who died on 2/11/94.

As evidenced by the attached certified copy of death certificate.

3. That said decedent was one of the owners of land described:

- in the subject order number;
- in the following legal description:

~~see attached exhibit no. 1~~

4. That said decedent died

- leaving no last will and testament;
- leaving a last will and testament, a copy of which is attached;

5. That the total value of the estate of said decedent for State of Illinois inheritance tax and Federal estate tax purposes not exceed \$ 90,000.00.

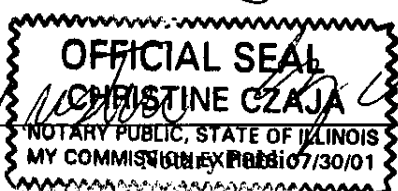
Subscribed and sworn to before

me by the said affiant
this 19th day of May, 19 99.

Frank S Davis

↓ Legal Description (affiant's signature)

Lot 199 (except the west 73.69 feet thereof)
and Lot 198 (except the west 73.69 feet thereof)
and except the east 150 feet thereof)
in Frederick H. Bartlett's Grand Farms
Unit 60 Being A Subdivision of part of the North-
West 1/4 of Section 29, Township 40 North Range 12
East of the third Principle Meridian in Cook County Ill.



12-29-103-026

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DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 22.0	STATE OF ILLINOIS	STATE FILE NUMBER	
	REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH		
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS DECEASED DECEASED B C D E PARENTS 1 2 3 CAUSE 4 5 N P CERTIFIER DISPOSITION	DECEASED-NAME FIRST MIDDLE LAST 1. JANET DAVIS		SEX 2. FEMALE	
	DATE OF DEATH (MONTH, DAY, YEAR) 3. FEBRUARY 10, 1994			
	COUNTY OF DEATH 4. DU PAGE		AGE-LAST BIRTHDAY (YRS) MOS DAYS 5a. 72	UNDER 1 YEAR UNDER 1 DAY HOURS MIN. 5b. 5c.
	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. DEC 18, 1921		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. ELMHURST	
	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. ELMHURST HOSPITAL		IF HOSPITAL OR INST. INDICATE D.O.A. OPEREMT. RM. INPATIENT (SPECIFY) 6c. INPATIENT	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. CHICAGO, ILL.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED	
	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. FRANK DAVIS		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. NO	
	SOCIAL SECURITY NUMBER 10. 355-14-0106		USUAL OCCUPATION 11a. HOUSEWIFE	
	KIND OF BUSINESS OR INDUSTRY 11b. OWN HOME		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+) 12. 12	
	RESIDENCE (STREET AND NUMBER) 13a. 3150 N. ALTA ST		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. MELROSE PARK	
INSIDE CITY (YES/NO) 13c. NO		COUNTY 13d. COOK		
STATE 13e. ILL		ZIP CODE 13f. 60164		
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. WHITE		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. NO		
FATHER-NAME FIRST MIDDLE LAST 15. FRED RIEHL		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. PEARL N/A		
INFORMANT'S NAME (TYPE OR PRINT) 17a. FRANK DAVIS		RELATIONSHIP 17b. HUSBAND		
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 3150 N. ALTA MELROSE PARK, ILL 60164				
PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Enter only one cause on each line. 18. PART I. Hypoxemic Encephalopathy		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 HRS		
Immediate Cause (Final disease or condition resulting in death) (a) Hypoxemic Encephalopathy				
DUE TO, OR AS A CONSEQUENCE OF (b) As Above				
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (c) Chronic obstructive lung disease				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Bladder Cancer, Hypertension		AUTOPSY (YES/NO) 19a. NO		
WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.				
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO X				
I (DID) (DO NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) 21a. 2-10-94		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO		
HOUR OF DEATH 21c. 10:01 A M.				
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE: [Signature]		DATE SIGNED (MONTH, DAY, YEAR) 22b. 02-11-94		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. 9722 W. GRAND, Franklton, IL 60131		ILLINOIS LICENSE NUMBER 22d. 03641510		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
BURIAL CREMATION REMOVAL (SPECIFY) 24a. BURIAL		CEMETERY OR CREMATORY-NAME 24b. GLEN OAK		
LOCATION CITY OR TOWN STATE 24c. HILLSIDE, ILL.		DATE (MONTH, DAY, YEAR) 24d. FEB 14, 1994		
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. SAX-TIEDEMANN FUNERAL HOME 9568 BELMONT AVE. FRANKLIN PARK, ILL 60131		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25b. 034-012097		
FUNERAL DIRECTOR'S SIGNATURE 25c. [Signature]		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26a. Kevin M. Sherin MD Deputy Registrar		
LOCAL REGISTRAR'S SIGNATURE 26b. FEB 11 1994				

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON VERBAL STATEMENT AND CERTIFICATE)

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

Kevin M. Sherin MD

Kevin M. Sherin, M.D.
Local Registrar

Not valid without the embossed seal of DuPage County Health Department

111 North County Farm Road Wheaton, Illinois 60187

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