

UNOFFICIAL O

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2001-03-27 08:16:46

Cook County Recorder

25.50

STEWART TITLE COMPANY 2 N. LaSALLE STREET SUITE 1920 CHICAGO, IL 60602



Sanctity of Contract

Stewart Title Company of Illinois



	DECEASED JOINT T	TENANCY AFFIDAV	ΙΤ	
STATE OF ILLINOIS) FOUNTY OF (00) SS.		STCI I	File Number: 135147	
W Rubertha H1	11	(10)	12 C T 1/1	d etc.
being duly sworn states that	NE	resides at 93	13 S. Emerald in t	he City of
That was acquainted with sworn of the land in County, Illinois, described		de	ceased who, at the time of	death, was one of the
See AH	ached			
_	04			
	(C.		
That the deceased died 3- 10 · attached hereto.	- 93	, is evidenced by	a certified copy of death ce	rtificate of the deceased
That the deceased died: Leaving no Las	st Will & Testament.	m		
 Leaving a Last Will & Testament a cop Probate Division of the Circuit Court of 	fCounty, Illin	ois.		
♦ Leaving a Last Will & Testament whic about		Will Box of the Probate	Division of the Circuit Cou	irt of County, Illinois
That the total value of the estate of the decetenancy at the time of the death of the decea	ased, including both real and p sed, does not exceed the sum	personal property owner	d by the deceased either inc	dividually or in joint dollars.
Affiant makes this affidavit for the purpose property.	of inducing Stewart Title Con	npany to issue its Title I	nsurance Policy., describin	ig the above mentioned
Subscribed and sworn to before me by the s	aid			
undersunul				
this 16, day of Mary, A.D.	+ 700 1.	10		
Turkesley Delan Notary Public	\mathcal{J} λ	Mufurtha Mant's Signature)	- Hill	

File Number: Assoc. File No: 101013

GUARANTY COMPANY HEREIN CALLED THE COMPANY

COMMITMENT - LEGAL DESCRIPTION

Subdivision o.
Township 37 Nort.

Sold - 369 - 001 Lot 43 in Block 8 in Brouse's Subdivision of the North 40 acres of the South 95 acres of the West 110 acres of the Southwest 1/4 of Section 4, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

AAATZ103A

WRCH 33 <u> 266T</u>

DATE

STILLBIRTHS AND DEATHS. DANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, PERSON IN ITEM #1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCOR-I HEREBY CERTIFY THAT THE FOREGOING 1S A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE

	Laren okazantzak	ESS FOR A P AND A	····	and the same of		,										. ــــــــــــــــــــــــــــــــــــ	-								•
YOZAA (MBY. 2703)	26a. > COOL REGISTIPAT S SIGNATURE	25b. VOL.	25a. Doty Nash, Ltd	H300	23.	MAURO FAES	22a. SIGNATURE >	AND LAST SAW HIMMER ALIVE ON 21a. TO THE BEST OF MY KNOW! FDGE "SE TH	20a.	ng contribu	STATING THE UNDERLYING CAUSE LAST. (c)	CONDITIONS, IF ANY WHICH GIVE RISE TO (b)	disease or condition (a)		17a Rubertha Hill	15. Howard	ois zpco	1 2 8	10423-48-4690		etvergreen Park	4. COOK CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER	1. WILLIE	227	REGISTRATION 16:33
unnois Department of Public Hearth—Division of		I Want	8620 South Stony Island	CEMETERY OF CREMATORY - NAME LOCATIV 24b. 24c. 24c.	(ТҮРЕ ОЯ РЯШТ)	HI	Mucht	MARCH 01, 1993 PLOCCUBREDATT THE TIME DATE AND PLACE AND DUE TO THE CAUSE OF STATED. THOSE CAUSE OF STATED.	֡֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	ing to death but not re-usurg . The underlying cause given in PART I.	SEQUENCE CF		(a) DILATED CARDIOMYOFATHY	Erner the diseases, or complications that caused the death, D. no enter shock, or heart failure. List only one cause on each line.	RELATIONSHIP 178/11dow		NACE WHITE BLACK MERICAN NDWN TE USPECT BLACK 146 THE LACK	tab. Chicago		WIDOWED, DEVER MARHED, WIDOWED, DEVORCED (SPECIFY) 8a. Married 8a. Married 8b.Rubertha Howa USUA OCCUPATION KINDOFRISINESS OF INDUST.			C.	MEDICAL CERT	STATE OF ILLINOIS
Of Vital Flecords (BASEC	DATE FLEDBYLO	FUNERAL DIRECTOR'S ILLIN	Chicago, Illinois	LOCATION CITYORITOWN STATE WOrth Illinois		ILLINOIS 60602		MEDICAL 7 (YESMO)		AUTOPSY 198. NO	-			enter the mode of dying, such as cardiac or respiratory arrest,	9213 S. Emerald Chic	THE LAMA FIRST MIDDLE Jessie	NC PECIFY	ی ۔	Elemen, 19/500 ndag (0:12)	LG LANDENNAME & MILE.	10	HOSPITAL OR OTHER INSTITUTION NAME (FROT METHER GIVE STREET MONIMARE) HOSPITAL OR OTHER INSTITUTION NAME (FROT METHER GIVE STREET MONIMARE) Fraction Fraction	Male 3 March	ATE OF DEATH	
NSED ON 1989 U.S. STANDAND CERTIFICATE)	MARCH 12, 1993	ILL INOIS LICENSE NUMBER	STATE 60617 21P	24d 3/15/93	J 5€	22d. 36-48028	MARCH 11, 1993	21c. 10:33 A. M.	THREE MONTHS? 20C. YES NO	WERE AUTOPSY FROMUS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY (YES-HO) 19b.			YEARS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	icago, III.	(MAIDEN) LAST Grant	NOCRYES-IFYES, SPECIFY CUBAM, MEXICAN, PLERTORICAN, etc.) SPECIFY:	Cook 13d.	College (1-4 or 5 +)	WASDICEASED EVER IN U.S. APMED FONCES? (YES/NO) 9. IVO	6c. D.O.A.	PHOSE OR MIST INDICATE DOA	1 10, 1993		STATE FILE