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143/0164 38 001 Page 1 of 3  
2001-08-22 12:56:16  
Cook County Recorder 25.50

DECEASED JOINT TENANCY AFFIDAVIT



*Indiana*  
STATE OF ~~ILLINOIS~~  
*Lake* ) SS.  
COUNTY OF ~~COOK~~

GRACE L. HOUSTON, hereinafter referred to as the affiant deposes and states that the decedent resided at 17011 COMMUNITY, LANSING, IL 60438.

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

LOT FORTY (40) IN REAVIS ESTATES, BEING A SUBDIVISION OF THE NORTH HALF (1/2) OF THE EAST HALF (1/2) OF THE NORTHWEST QUARTER (1/4) OF THE NORTHWEST QUARTER (1/4) OF SECTION 29, TOWNSHIP 36 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS, ON FEBRUARY 16, 1965, AS DOCUMENT NUMBER 2195533.

Permanent Index No: 30-29-121-007  
Commonly Known as: 17011 COMMUNITY, LANSING, IL 60438

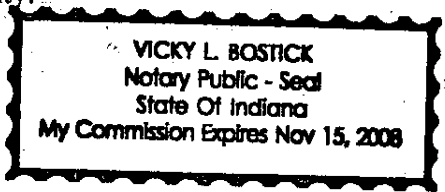
That said decedent died on NOVEMBER 10, 1985, leaving a/no last will and testament. That the total value of the estate of said decedent including his taxable interest in the above real estate is not over the sum of \$150,000.00;

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.

*Grace L. Houston*  
GRACE L. HOUSTON

Subscribed and Sworn to before me this 23<sup>rd</sup> day of Feb., 2001, in and for said State and County.



*Vicky L. Bostick*  
Notary Public

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P-3  
S-N  
M-Y

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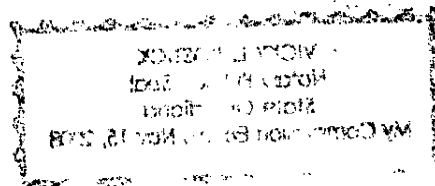
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Property of Cook County Clerk's Office

Mail To:



SCOTT R. WHEATON & ASSOCIATES  
CERTIFIED PUBLIC ACCOUNTANTS  
& ATTORNEY AT LAW  
18143 GREENWOOD AVE.  
LANSING, ILLINOIS 60438



I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and record for the decedent named in item I and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relation to the registration of births, stillbirths and deaths

DATE November 13, 1985 SIGNED Evelyn A. Kersten  
At Cook County Department of Public Health Official Title Chief Deputy Registrar  
1500 S. Maybrook Drive - Maywood IL 60153

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 1610

DECEASED—NAME Delmar R. Houston SEX Male DATE OF DEATH November 10, 1985

1. FACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) White AGE (AT DEATH) 64 UNDER 1 YEAR NO DATE OF BIRTH (MO., DAY, YEAR) February 22, 1921 COUNTY OF DEATH Cook

2. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Lansing HOSPITAL OR OTHER INSTITUTION—NAME, STREET, CITY AND STATE (IF APPLICABLE) 17011 Community St., Cook

3. STATE OF BIRTH (IF NOT U.S.A.) Illinois CITIZEN OF WHAT COUNTRY U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Grace L. McElroy

4. SOCIAL SECURITY NUMBER 343-10-9503 USUAL OCCUPATION Repairman KIND OF BUSINESS OR INDUSTRY Olson Tool Co. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) Yes WAR OR DATES OF SERVICE WW 2

5. RESIDENCE STREET AND NUMBER 17011 Community CITY, TOWN, TWP. OR ROAD DISTRICT NO. Lansing INSIDE CITY (YES/NO) Yes COUNTY Cook STATE Illinois

6. FATHER—NAME Herman Houston MOTHER—NAME Anna May

7. INFORMANT NAME (TYPE OR PRINT) Grace Houston RELATIONSHIP Wife MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) 17011 Community Lansing, Illinois 60438

8. DEATH WAS CAUSED BY: Cardiomyopathy - heart failure IMMEDIATE CAUSE Immediate

9. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A) due to or as a consequence of coronary artery disease (B) Heart Failure

10. PART II: OTHER SIGNIFICANT CONDITIONS: (A) NO (B) NO CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (C) NO

11. DATE OF OPERATION, IF ANY NO MAJOR FINDINGS OF OPERATION NO

12. (101D) (DO NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 10/15/85 WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO) YES HOUR OF DEATH 7:35 A.M.

13. TO THE BEST OF MY KNOWLEDGE, NO OTHER OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MO., DAY, YR.) November 12, 85 ILLINOIS LICENSE NUMBER 29887

14. 22a. SIGNATURE Arvind K. Gandhi (TYPE OR PRINT) Arvind K. Gandhi M.D. 9112 COLUMBIA AVE MUNSSTER, IN 46321

15. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Arvind K. Gandhi

16. BURIAL CREMATION, REMOVAL, BURIAL CEMETERY OR CREMATORY—NAME Dolton, Illinois LOCATION Dolton, Illinois CITY OR TOWN Dolton, Illinois STATE Illinois DATE 11-13-1985

17. FUNERAL HOME Rosemoor Funeral Home 17943 S. Torrence Ave. Lansing, Illinois 60438 STREET AND NUMBER OR R. F. D. 17943 S. Torrence Ave. Lansing, Illinois 60438 CITY OR TOWN Lansing, Illinois STATE Illinois DATE 11-13-1985

18. FUNERAL DIRECTOR'S SIGNATURE Evelyn A. Kersten FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 8536

19. LOCAL REGISTRAR'S SIGNATURE Evelyn A. Kersten DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) November 13, 1985

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