

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

FILE NUMBER:

0011116912

State of Illinois)
County of Cook) ss

9222/0024 44 001 Page 1 of 3
2001-11-28 10:05:56
Cook County Recorder 47.50

Gertrude C. Chandler, being duly sworn states 30
that she resides at 9713 West River St in the City of Schiller Park



That the undersigned was acquainted with Joseph H. Chandler, deceased, who, at the time of his/her death, was one of the owners of the real estate described in the title insurance commitment reference above, commonly known as 9713 West River Street.

The deceased died on 9/26/01, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:
 Leaving no Last Will and Testament.
 Leaving a Last Will and 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 _____.
 Leaving a Last Will and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____.

That the total value of the estate of the deceased, including both real estate 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 \$750,000.00.

Affiant makes this affidavit for that purpose of inducing O'Connor Title and its underwriter(s) to issue its Title Insurance Policy, describing the above mentioned property.

Gertrude C. Chandler
Affiant's Signature

Sworn and subscribed this 20th day of November, 2001



[Signature]
Notary Signature

O'Connor Title Services, Inc.

1330-076

UNOFFICIAL COPY

Property of Cook County Clerk's Office

O'Connor Title
Services, Inc.

_____ #

UNOFFICIAL COPY

Legal Description: Lot 2 (except the East 11'40 feet thereof) and the East 22.80 feet of Lot 3 in Block 11 in Fairview Heights being a Subdivison in the East Fractional Half of the Southeast quarter of Section 9, Township 40 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois

PIN# - 12 094 230 52 0000

Property of Cook County Clerk's Office



001116912

MEDICAL CERTIFICATE OF DEATH

615043

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
D0144116912
SEP 27 2001

SEP 27 2001

JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILL BIRTHS 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 ORDINANCE OF SAID LAW AND ORDINANCES.

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER

DECEASED-NAME: JOSEPH CHANDLER
FIRST MIDDLE LAST: JOSEPH CHANDLER
SEX: 2 MALE
DATE OF DEATH: 26 SEPTEMBER 2001

1. COUNTY OF DEATH: COOK
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: CHICAGO
AGE-LAST BIRTHDAY (YRS): 84
MOS. DAYS: 5d
HOURS: 17, MIN: 19, SEC: 16
DATE OF BIRTH: 17, 1916
IF HOSP. OR INST. OPERATOR, INDICATE D.O.A. (SPECIFY): INPATIENT

6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): CHICAGO, IL
7. SOCIAL SECURITY NUMBER: 10323-14-6564
8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
8b. RESURRECTION MEDICAL CENTER
NAME OF SURVIVING SPOUSE (MARRIEN NAME, IF WIFE): Gertrude Steinhouse
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): Yes

10. RESIDENCE (STREET AND NUMBER): 9713 W. River Street
CITY, TOWN, TWP. OR ROAD DISTRICT NO.: CHICAGO
11. INSIDE CITY (YES/NO): Yes
12. COUNTY: Cook

13. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): WHITE
14. OF HISpanic ORIGIN? (SPECIFY NONE OR YES, IF YES, SPECIFY CUBAN, MEXICAN, etc.): No
15. MOTHER-NAME FIRST MIDDLE LAST: Mabel Brand

16. MARRIAGE ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 9713 W. River St, Schiller Park, IL
17. RELATIONSHIP: Wife
18. MARRIAGE DATE: 27 SEPTEMBER 2001

19. IMMEDIATE CAUSE (Final disease or condition resulting in death): SEPTIC
(a) SEPTIC DUE TO OR AS A CONSEQUENCE OF
(b) BILATERAL PNEUMONIA DUE TO OR AS A CONSEQUENCE OF
(c) RESPIRATORY FAILURE

20. DATE OF OPERATION, IF ANY: 25 SEPTEMBER 2001
MAJOR FINDINGS OF OPERATION: BILATERAL PNEUMONIA

21. HOUR OF DEATH: 2:10 A.M.
DATE SIGNED: 26 SEPTEMBER 2001

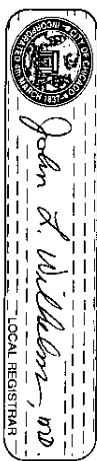
22. SIGNATURE: SARWAR HUSAIN MD
NAME AND ADDRESS OF CERTIFIER: 7447 W. MCGOTT CHICAGO, IL 60631

23. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): CHICAGO, IL
CITY OR TOWN: Hillside, Illinois
STATE: Illinois
DATE: 24 Sept. 2001

24. CEMETERY OR CREMATORY-NAME: Oakridge
CITY OR TOWN: Hillside, Illinois
STATE: Illinois
DATE: 24 Sept. 2001

25. ABBEY HARBOUR FUNERAL SERVICE 206 W. IRVING PARK RD; ITASCA, IL 60143
FURNAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 34-11526

26. LOCAL REGISTRAR'S SIGNATURE: John L. Wilhelm, M.D.
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): SEP 27 2001



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.