UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

FILE NUMBER:

	0011116912
State of Illinois) ss	9222/0024 44 001 Page 1 of 3
County of Cook)	2001-11-28 10:05:56
	Cook County Recorder 47.50
	,
Contrado C. Chandlar	being duly sworn states 3.)
Gertrude C. Chandler	
that sheresides at 9713 West River St	in the City of
	0011116912
Schiller Park	
	Chandler deceased, who, at
That the undersigned was aquainted with <u>Joseph H.</u> the time of his/her death, was one of the owners of the real estate described	in the title insurance commitment reference above,
the time of his/her death, was one of the owners of the real estate hoses when	
commonly known as 97.3 Vest River Street	
The deceased died on 9/26/01	as evidenced by a certified copy of death certificate of th
deceased attached hereto.	
necessing analytica not the	•
That the deceased died:	
x Leaving no Last Will and Testament.	
	The original of the unproven will should be filed with the
Leaving a Lass Will and Testament a copy of which is attached hereto	. The original by the property was
Clerk of the Probate Division of the Circuit Court of,	
Leaving a Last Will and Testament which was filed in the Unproven W	ill Box of the Probate Division of the Circuit Court of
Leaving a Last will and Testament which was field in the	•
0,	have a decay and either
That the total value of the estate of the deceased, including both real structure of the deceased of	e and personal property owned by the deceased control
That the total value of the estate of the acceased, including both real standard individually or in joint tenancy at the time of the death of the deceased, so	e not exceed the sum of bisologous.
of Copper T	i + Le
Affiant makes this affidavit for that purpose of inducing O'Connor Insurance Policy, describing the above mentioned property.	
	2014
Sextrude C. Chandler	Swar, and subscribed this 2017 day of
Affiant's Signature	November 2001
" La	Notary Signature
OFFICIAL SEAL	Notary Signature
HONA FLEE	
NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES:01/08/02	$\bigcup_{X_{n}^{*}}$
£	OlCansos Title
	O'Conrice Title
	Services, (no.
	# 1330-076
	#

UNOFFICIAL COPY

Property of Coot County Clert'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 Colling Clerk's Office

0011116912

FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 34-11526 (BASED ON 1989 U.S. STANDARD CERTIFICATE) AFFIXED. MULTICOLOR SIGNATURE SEAL IS

THIS CERTIFICATE COPY VALID WHEN

SITION

25a. Abbey Harbor

Funeral

Service

206

Σ

Irving Park Rd; Itasca, IL 60143

STREET AND NUMBER OR R.F.D.

240 LOCATION

Hillside,

Illinois

24dSept.29,2001

CITY OF TOWN

FUNERAL DIPE

OF SIGNATUR

LOCAL REGISTRATS SIGNATURE

3

R

Illinois Department of Public Health—Division of Vital Records

3

VR200 (Rev. 5/89)

26a. 🔻

FUNERAL HOME BURIAL, CREMATION, REMOVAL (SPECIFY) 243 BUT 1 a 1

246

CEMETERY OR CREMATORY-NAME

Oakridge

FIER

22a. SIGNATURE >

(TYPE OR PRINT)

220. SARWAR HUSAIN MD 7447 V LAIGOIT CHICAGO, II 60631 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

I (DID) (DID NOT) ATTEND THE DE

ASED

COTHE BEST OF MY KNOWLEDGE

DEATH-COURTED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

21b. YES

DATE SIGNED

2:10 AM.

LOCAL REGISTRAR

1226SEPTEMBER

26 2001

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

DATE

(MONTH, DAY, YEAR)

22d. 036-081914

IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO	AUTOPSY (KEE AUTOPSY FINDINGS AVAILABLE FROM TO (TESNO) 19a. NO. 19b.	2 DAYS	2 DAYS	2 DAYS	-21	ver St, Schiller Park,	L CORRECT CTLYOR TOWN. STATE, ZIP)	WALDEN) LAST	l	•	COUNTY COUNTY	(SPECIFY ONLY HIGHEST UMANUE COMMISSES OF THE COMMISSES O		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES:NO)	1	NUMBER) IF HOSP, OR INST, (NDICATE D.O.A. OP/EMER, RM, INPATIENT (SPECIFY)
John L. William, no.							LAW AND ORDINANCES.	SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID	ACCOMPANYING CERTIFICATE ON THIS	OF ILLINOIS AND THE ORDINANCES OF	AND DEATHS FOR THE CITY OF CHICAGO	THE RECORDS OF BIRTHS, STILLBIRTHS	THE CITY OF CHICAGO, DO HEREBY	SEGISTRAR OF VITAL STATISTICS OF		در بید در میداد در میداد د د د د د د د د د د د د د د د د د د

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

CONDITIONS, IF ANY
WHICH GIVE RISE TO
IMMEDIATE CAUSE (a)
STATING THE UNDERLYING
CAUSE LAST. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)
7. Chicago, IL SOCIAL SECURITY NUMBER RESIDENCE (STREET AND NUMBER) 10323-14-6564 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I ATE OF OPERATION, IF ANY FORMANT'S NAME (TYPE OR PRINT) e Illinois nmediate Cause (Final Gertrude Chandler Archibald JOSEPH CHICAGO Σ. River Street 131.6017<u>6</u> ZIP CODE Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiacc shock, or heart failure. List only one cause on each line. (a) SEPSIS

DUETO, OR AS A CONSEQUENCE OF (b) BILATERAL PNEUMONIA DUE TO, OR AS A CONSEQUENCE OF <u>c</u> Chandler MARRIED, NEVERMARRIED, WIDOWED, DIVORCED (SPECIFY) 11a Supervisor 8a Married NOUTAHOOGOAMS MAJOR FINDINGS OF OPERATION RESPIRATORY FAILURE MEDICAL CERTIFICATE OF DEATH (MONTH, DAY, YEAR) 14a. INDIAN, etc. AGE-LAST UNDER YEAR BIRTHDAY (YRS) MOS. DAYS 5a. 8 4 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND 6 (WHITE, BLACK, AMERICAN MIDDLE White CHANDLER RESURRECTION MEDICAL CENTE LAST CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b Schil 176 RELATIONSHIP NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) KIND OF BUSINESS OR INDUSTRY 11b United Parce Wife Gertrude OF HISPANIC ORIGIN? (SPECIFYNOORY MOTHER-NAME HOURS MIN 17c. Z S MAILING ADDRESS (STREET AN Mabel 9713 W. SEX 2 MALE WAS CORONER OR MEDICAL | HOUR OF DEATH Steinho FIRST DATE OF BIRTH (MONTH, DAY, YEAR) ☐ YES 5d October Branc Z SEPTEMBER 26, DATE OF DEATH 17, STATE FILE 1916 2001 CITY OF CHICAGO. STATE 20114116912 COUNTY OF COOK SEP 27 2001

I NO.

REGISTRATION DISTRICT NO.

NUMBER

DECEASED-NAME

REGISTERED

STATE OF ILLINOIS

54.9713

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ians tors,

COUNTY OF DEATH

COOK

ST

8 PARTI

disease or condition

(esulting in death)