

DECEASED JOINT TENANCY
AFFIDAVIT



COMMITMENT NO: 200-1690

DATE: 3/17/00

STATE OF ILLINOIS)
COUNTY OF Cook) SS

Susan Miedema, BEING FIRST DULY SWORN, FOR THE PURPOSE OF INDUCING STEWART TITLE INSURANCE COMPANY TO ISSUE ITS TITLE INSURANCE POLICY COVERING THE LAND DESCRIBED IN THE ABOVE CAPTIONED COMMITMENT DEPOSES AND SAYS:

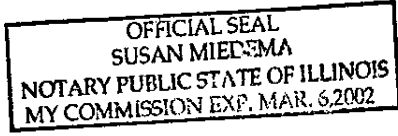
1. THAT HE/SHE RESIDES AT: 1826 1/2 13th Ave Broadview IL 60155
2. THAT HE/SHE WAS ACQUAINTED WITH JOHN HALL, WHO DIED ON Dec 16, 1999, AS EVIDENCED BY THE ATTACHED COPY OF THE DEATH CERTIFICATE.
3. THAT SAID DECEDENT WAS ONE OF THE OWNERS OF THE LAND DESCRIBED IN THE ABOVE CAPTIONED COMMITMENT.
4. THAT SAID DECEDENT DIED:
 LEAVING NO LAST WILL AND TESTAMENT.
 LEAVING A LAST WILL AND TESTAMENT.
5. THAT THE TOTAL VALUE OF SAID DECEDENT'S ESTATE FOR ESTATE TAX PURPOSES DOES NOT EXCEED \$ 100,000.

X *Marijane Johnson*
AFFIANT'S SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS 17th DAY OF March, 192000

Susan Miedema
NOTARY PUBLIC

AMERITITLE, INC.
18220 HARWOOD AVENUE
HOMWOOD, IL 60430



Box 64

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UNOFFICIAL COPY of a Death Record

00202888

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>16.92</u>	STATE OF ILLINOIS		STATE FILE NUMBER	
	REGISTERED NUMBER <u>1670</u>	MEDICAL CERTIFICATE OF DEATH			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS DECEASED CAUSE CERTIFIER DISPOSITION	DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
	1. <u>JOHN FRANK HALL</u>		2. <u>MALE</u>	3. <u>DECEMBER 16, 1998</u>	
	COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR	DATE OF BIRTH (MONTH, DAY, YEAR)
	4. <u>COOK</u>		5a. <u>56</u>	5b. <u>MO. DAYS</u>	5c. <u>HOURS MIN.</u>
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		6c. <u>EMER. ROOM</u>
	6a. <u>PROVISO TOWNSHIP</u>		6b. <u>LOYOLA HOSPITAL</u>		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
	7. <u>GREENWOOD, MS</u>		8a. <u>WIDOWED</u>	8b. <u>NONE</u>	
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
	10. <u>428-44-5630</u>		11a. <u>MAINTENANCE</u>	11b. <u>BROOKFIELD 700</u>	12. <u>12TH</u> Elementary/Secondary (0-12) College (1-4 or 5+)
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	
13a. <u>1826 1/2 SOUTH 13TH AVENUE</u>		13b. <u>BROADVIEW</u>		13c. <u>YES</u>	
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	13d. <u>COOK</u>	
13e. <u>ILLINOIS</u>		13f. <u>60153</u>	14a. <u>BLACK</u>	OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST			
15. <u>CLIFTON HALL</u>		16. <u>MELINDIE GORDON</u>			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		
17a. <u>ROBERT CONGTON</u>		17b. <u>NEPHEW</u>	17c. <u>1826 1/2 SOUTH 13TH AVENUE, MAYWOOD, IL 60153</u>		
18. 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. List only one cause on each line.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Immediate Cause (Final disease or condition resulting in death)		(a) <u>CARDIOVASCULAR DISEASE</u>		<u>1800</u>	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF			
		(c) DUE TO, OR AS A CONSEQUENCE OF			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
<u>HYPERTENSION</u>		19a. <u>NO</u>		19b. <u>NO</u>	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	
20a. <u>NONE</u>		20b. <u>N/A</u>		20c. <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>	
(I) (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
21a. <u>9/17/98</u>		21b. <u>NO</u>		21c. <u>6:15 AM</u> M.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR)			
22a. SIGNATURE <u>Ramon Melvan</u>		22b. <u>12/16/98</u>		ILLINOIS LICENSE NUMBER	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22c. <u>36-51033</u>			
22c. <u>R. P. MELVAN MD 344 SHORWOOD CAMP IL 60153</u>		22d. <u>36-51033</u>		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		23.			
23.		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME	
24a. <u>CREMATION</u>		24b. <u>OAKRIDGE ABBEY</u>		LOCATION CITY OR TOWN STATE	
FUNERAL HOME		24c. <u>HILLSIDE, IL</u>		DATE (MONTH, DAY, YEAR)	
24a. <u>WALLACE FUNERAL HOME 2020 W. ROOSEVELT RD. BROADVIEW, IL 60153</u>		24d. <u>12-22-98</u>			
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25b. <u>Vernon Wallace</u>		25c. <u>34-9351</u>			
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
26a. <u>Dick J. Billib</u>		26b. <u>Broadview, Illinois 60153</u>		<u>December 17, 1998</u>	

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE DEC 17 1998 SIGNED Dick J. Billib
 AT BROADVIEW, ILLINOIS 60153, Illinois OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.

UNOFFICIAL COPY

LOT 34 IN BLOCK 1 IN WESTERN ADDITION, SECTION 15, TOWNSHIP 39
NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK
COUNTY, ILLINOIS. P.I.N. #15-15-403-036

00202888

Property of Cook County Clerk's Office