



**DECEASED JOINT TENANCY AFFIDAVIT**

STATE OF ILLINOIS )  
 )  
COUNTY OF COOK )ss

Date:

Commitment No: 908300

I Jeffery S. Weiner, Sr. and Christine Weiner, being first duly sworn, for the purpose of inducing Mortgage Information Services, Inc/First American Title Insurance Company to issue its title insurance policy covering the land described in the above referenced commitment, deposes and says:

1. That we resides at 2415 Erie Street, River Grove, IL 60171.
2. That we were aquatinted with Sam Weiner, who died on 03 /26/90, 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:  X  Leaving no last will and testament.  
  Leaving a last will and testament, a copy of which is attached.
5. That the total value of said decedents estate for the State of Illinois Inheritance Tax/Estate Tax and Federal Estate Tax purposes does not exceed \$ .

Return to: 908300  
MORTGAGE INFORMATION SERVICES, INC.  
2126 NORTH 117th AVE  
OMAHA, NEBRASKA 68164

Jeffery S. Weiner  
(Affiants Signature)  
Christine Weiner  
(Affiants Signature)

Subscribed and sworn before me this 10th day of AUGUST, 2002

Joseph R. Compell  
(Notary Public Signature)



UNOFFICIAL COPY

Property of Cook County Clerk's Office

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16-35

REGISTERED NUMBER 207

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED - NAME, COUNTY OF DEATH, DATE OF DEATH, SEX, DATE OF BIRTH, DATE OF DEATH (MONTH, DAY, YEAR), MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SOCIAL SECURITY NUMBER, RESIDENCE, CITY, TOWN, TWP. OR ROAD, DISTRICT NO., RACE, WHITE, BLACK, AMERICAN INDIAN, etc (SPECIFY), MOTHER-NAME, RELATIONSHIP, MAILING ADDRESS, CITY OR TOWN, STATE, ZIP

PARENTS

15. FATHER-NAME, MIDDLE, LAST, MOTHER-NAME, FIRST, MIDDLE, LAST, RELATIONSHIP, MAILING ADDRESS, CITY OR TOWN, STATE, ZIP

CAUSE

17a. Helen Weiner, 17b. Wife, 17c. 2436 Spruce River Grove, IL 60171, 18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of death, such as cardiac or respiratory arrest. (a) Acute Respiratory Distress Syndrome 10 days (b) Acute Myocardial Infarction 3 months (c) DUE TO, OR AS A CONSEQUENCE OF

OPERATION

20a. DATE OF OPERATION, IF ANY, MAJOR FINDINGS OF OPERATION, 20b. (DID NOT ATTEND THE DECEASED AND LAST SAW HIM HER ALIVE ON), 20c. (IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?)

CERTIFIER

22a. SIGNATURE, NAME AND ADDRESS OF CERTIFIER, 22b. SIGNATURE, NAME AND ADDRESS OF PHYSICIAN (IF OTHER THAN CERTIFIER), 22c. Sheldon E. Krasnow M.D. 1 Erie Court Oak Park, IL 60302, 22d. ILLINOIS LICENSE NUMBER, 22e. DATE SIGNED

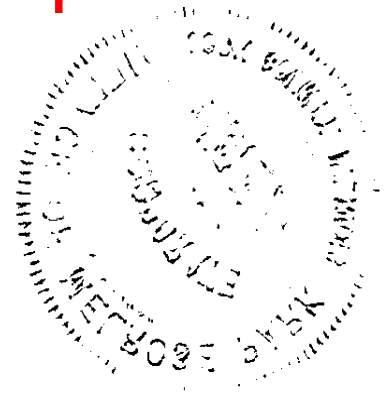
DISPOSITION

23. BURIAL CREMATION, REMOVAL (SPECIFY), 24a. Burial, 24b. Concordia, 24c. Forest Park, Illinois, 24d. March 28, 1990, 25. Peterson Funeral Home 6938 West North Avenue Chicago, Illinois 60635, 25b. Peterson's Signature, 25c. 7616, 25d. Local Registrar's Signature, 25e. March 27-1990

26a. LOCAL REGISTRAR'S SIGNATURE, 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR), 26c. 7616, 26d. March 27-1990

THE ORIGINAL RECORD OF THIS DEATH IS PERMANENTLY FILED WITH THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH - 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 IN ALL COURTS AND PLACES OF THE FACTS THEREIN STATED. UNOFFICIAL COPY. I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE DECEASED NAMED AS ITEM 1, AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS VITAL RECORDS ACT. SIGNED DATE March 27-1990 AT MELROSE PARK ILLINOIS OFFICIAL TITLE Deputy Registrar

UNOFFICIAL COPY



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