

# UNOFFICIAL COPY



CHICAGO TITLE INSURANCE COMPANY  
DECEASED JOINT TENANCY AFFIDAVIT

0030335058

5727/0042 54 001 Page 1 of 3  
2003-03-11 11:05:47  
Cook County Recorder 28.50



Property of Cook County Clerk's Office

State of Illinois  
County of Cook

) ss.

Order No. \_\_\_\_\_

MARK MARSHALL

being duly sworn states

that HE resides at 1519 6th St. #506,  
the City of SANTA MONICA, CA in

That HE was acquainted with  
RONALD J. MARSHALL  
deceased who, at the time of his death, was one of the owners of the land  
in COOK County, Illinois, described as:

LOT 4 IN GUARANTEE CONSTRUCTION COMPANY'S OLIVE ROAD SUBDIVISION OF PART OF THE SOUTH WEST  
1/4 OF SECTION 32, TOWNSHIP 36 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK  
COUNTY, ILLINOIS

That the deceased died Nov. 15, 1977, as evidenced  
by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & 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 \_\_\_\_\_ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois about \_\_\_\_\_

That the total value of the estate of the deceased, including both real 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 10,000.00 dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

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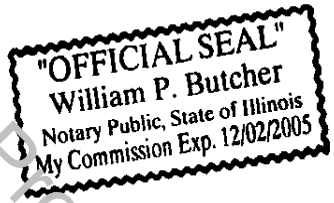
ibed and sworn to before me by the said

MARK MARSHALL

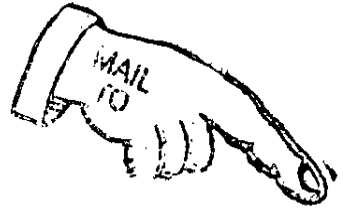
8<sup>th</sup> day of MARCH, A.D. 2003

William P. Butcher  
Notary Public

[Signature]  
(affiant's signature)



Property of Cook County Clerk's Office



MAIL TO: WM.P. BUTCHER  
2044 RIDGE  
HOMELAND IL 60430

RECORDED DISTRICT REGISTER NUMBER 303 526

UNOFFICIAL COPY CERTIFICATE OF DEATH

30335058

STATISTICAL DISTRICT

1 NAME: FIRST MIDDLE LAST 2 SEX 3A DATE OF DEATH 3B HOUR

4 RACE: WHITE, BLACK, AMERICAN INDIAN, OTHER (SPECIFY) 5 AGE 6 DECEDENT BORN 7 VETERAN OF U. S. ARMED FORCES?

8A COUNTY OF DEATH 8B LOCALITY (CHECK ONE AND SPECIFY) 8C HOSPITAL OR OTHER INSTITUTION (IF NEITHER, GIVE ADDRESS) 8D IF IN HOSPITAL (CHECK ONE) 8E IF INPATIENT, ADMISSION DATE

9 STATE OF BIRTH (COUNTRY IF NOT USA) 10 CITIZEN OF WHAT COUNTRY? 11 MARITAL STATUS (CHECK ONE) 12 SURVIVING SPOUSE (IF WIFE GIVE MAIDEN NAME)

13A USUAL OCCUPATION (EVEN IF RETIRED) 13B KIND OF BUSINESS OR INDUSTRY 13C SOCIAL SECURITY NUMBER 14 EDUCATION: INDICATE HIGHEST GRADE COMPLETED

15A STATE 15B COUNTY 15C LOCALITY (CHECK ONE AND SPECIFY) 15D IF CITY OR VILLAGE, WITHIN CITY OR VILLAGE LIMITS?

15E STREET AND NUMBER

16A NAME OF FATHER: 16B MAIDEN NAME OF MOTHER:

17A NAME OF INFORMANT: 17B MAILING ADDRESS (INCLUDE ZIP CODE)

18A BURIAL CREMATION REMOVAL 18B PLACE OF BURIAL, CREMATION OR REMOVAL 18C LOCATION (CITY OR TOWN, STATE)

19A NAME AND ADDRESS OF FUNERAL HOME 19B REGISTRATION NO.

20A NAME OF FUNERAL DIRECTOR: 20B SIGNATURE OF FUNERAL DIRECTOR 20C REGISTRATION NO.

21A SIGNATURE OF REGISTRAR 21B DATE FILED 22A BURIAL OR REMOVAL PERMIT ISSUED 22B MONTH DAY YEAR

TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY -OR- TO BE COMPLETED BY CORONER OR MEDICAL EXAMINER ONLY

A. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED

A. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED

24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER, MEDICAL EXAMINER, CORONER'S PHYSICIAN, MEDICAL DIRECTOR):

25 DEATH WAS CAUSED BY ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C). APPROXIMATE INTERVAL BETWEEN ONSET & DEATH

PART I. IMMEDIATE CAUSE (A) (B) (C)

PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)

27A SPECIFY IF ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, PENDING INVESTIGATION. 27B DATE OF INJURY 27C HOUR OF INJURY. 27D DESCRIBE HOW INJURY OCCURRED.

27E INJURY AT WORK? 27F PLACE OF INJURY, HOME, FACTORY, OFFICE BLDG., ETC. 27G LOCATION (STREET & NO., CITY OR VILLAGE, TOWN, COUNTY, STATE)

USUAL RESIDENCE WHERE DECEDENT LIVED.

Certified copy 11/17/77 Joan Spalik, Registrar

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.