



0030469672

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF

} ss.

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

\_\_\_\_\_ being duly sworn  
states that DORIS F. Beach ~~1909~~ 10618 S. Calumet  
resides at \_\_\_\_\_ in the City of

CHICAGO, ILLINOIS

That DORIS F. Beach  
was acquainted with LAWRENCE BEACH

deceased who, at the time of his death, was one of the owners of the land in COOK  
County, Illinois, described as: Lot 3 is the east 15 feet of lot 4 in Kester  
brothers subdivision of lots 27, 28, 29, 30, 31, 32 & 33 in  
sub block 2 in subdivision of out lot 33 in the  
school trustee's subdivision of section 14, Township  
38 North, Range 14 East of the Third principal  
meridian, in Cook County, Illinois

That the deceased died Dec 20, 1980, 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 \$100,000 dollars.

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

Subscribed and sworn to before me by the said

this 23 day of March, A.D. 2003

Legretta Moultry

Doris F. Beach

(Affiant's Signature)





UNOFFICIAL COPY

0030469672

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Loretta R. Wade

19609 OAKWOOD AVE

Lynwood, Ill. 60411

Property of Cook County Clerk's Office

DATE 12-15-80  
 REGISTRATION DISTRICT NO. 16.10  
 REGISTERED NUMBER

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

STATE OF ILLINOIS  
 STATE NUMS

DECEASED NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH
LAURENCE	BEACH		BEACH	MALE	3. Dec 1980
1. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.)	2. AGE (MONTHS, YEARS)	3. SEX	4. DATE OF BIRTH (MO., DAY, YEAR)	5. HOSPITAL OR OTHER INSTITUTION (NAME IF NOT IN CITY, GIVE STREET AND NUMBER)	6. NAME OF SURVIVING SPOUSE (GIVE STREET AND NUMBER)
BLACK	54		AUG 15 1926	PRESBYTERIAN - ST. LUKE'S	
7. STATE OF BIRTH (IF NOT IN ILLINOIS, GIVE STATE)	8. CITIZENSHIP	9. U.S. A.	10. MARRIED	11. NAME OF SURVIVING SPOUSE (GIVE STREET AND NUMBER)	
CHICAGO	U.S. A.		MARRIED		
12. SOCIAL SECURITY NUMBER	13. OCCUPATION	14. KIND OF BUSINESS OR INDUSTRY	15. U.S. WAR VETERAN	16. W	
349 16 6893	MACHINIST	BOOK BINDER	YES		
17. RESIDENCE STREET AND NUMBER	18. CITY, TOWN, TWP. OR ROAD DISTRICT NO.	19. INSIDE CITY	20. COUNTY	21. ZIP CODE	
10618 S. CALUMET RD.	CHICAGO	YES	COOK		
22. FATHER NAME	23. FIRST	24. MIDDLE	25. LAST	26. MO. HER	27. MAR. OR NAME
LORENZO	LORENZO		BEACH	16	MARGIE
28. DECEASED'S SIGNATURE	29. RELATIONSHIP	30. MAILING ADDRESS (STREET AND NO. OR R.F.D.)	31. CITY AND STATE	32. ZIP CODE	
Doris A. Beach	WIDOW	10618 S. CALUMET RD.	CHICAGO, ILL.		
33. PART I. DEATH WAS CAUSED BY (IMMEDIATE CAUSE)	34. (a) DUE TO OR AS A CONSEQUENCE OF	35. (b) DUE TO OR AS A CONSEQUENCE OF	36. (c) PART II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I.)	37. AUTOPSY (YES/NO)	
18. ASTERIOSEPTIC CARDIOVASCULAR DISEASE				19. NO	
20. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY)	21. DATE OF INJURY (MONTH, DAY, YEAR)	22. HOUR	23. HOW INJURY OCCURRED (ENTER NATURE AND EXTENT)	24. 19a. ALI	
20a. Not listed	20b. 20c. M. 20d.				
25. INJURY AT WORK	26. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OR BUSINESS, ETC. (SPECIFY))	27. LOCATION	28. (CITY, VIL. OR TOWN) OR TWP. OR RD. DIST. NO.		
20e. 20f.	20g.				
29. I CERTIFY THAT IN MY OPINION, BASED UPON MY INVESTIGATION AND/OR THE INFORMATION THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT	30. THE DECEASED WAS PRONOUNCED DEAD ON (MONTH, DAY, YEAR)	31. DATE SIGNED	32. SIGNATURE	33. DATE	
21a. 21b. December 10, 1980			Y. Kowalecki, M.D.	December	
34. MEDICAL EXAMINER'S SIGNATURE	35. DATE SIGNED	36. NAME	37. ADDRESS	38. CITY, STATE, ZIP CODE	
Robert J. ...			Y. Kowalecki, M.D.	Chicago, Ill.	
39. FUNERAL HOME	40. NAME	41. ADDRESS	42. CITY, STATE, ZIP CODE	43. STATE	44. DATE
CARTER FUNERAL CHAPEL	2100 East 75th Street	Chicago, Ill.			
45. FUNERAL DIRECTOR'S SIGNATURE	46. NAME	47. ADDRESS	48. CITY, STATE, ZIP CODE	49. STATE	50. DATE
51. LOCAL REGISTRAR'S SIGNATURE	52. NAME	53. ADDRESS	54. CITY, STATE, ZIP CODE	55. STATE	56. DATE
57. DATE RECD BY LOCAL REGISTRAR	58. NAME	59. ADDRESS	60. CITY, STATE, ZIP CODE	61. STATE	62. DATE
59. 55C					
60. 55C					
61. 55C					
62. 55C					