



# CHICAGO TITLE INSURANCE COMPANY

P.O. BOX 827, WHEATON, IL 60189-0827



**UNOFFICIAL COPY**

## DECEASED JOINT TENANCY AFFIDAVIT

①

Order No.: 020000258

*etc*

STATE OF ILLINOIS }  
COUNTY OF COOK }

ss.

SHARON GILKERSON

being duly sworn states that SHE resides at 1748 N. NEWPORT AVENUE  
in the City of CHICAGO, IL 60657

*PIA*

*[Handwritten initials]*

That SHE was acquainted with HELEN L. SCHROEDER deceased who, at the time of death, was one of the owners of the land in COOK County, Illinois, described as: LOT 19 IN BLOCK 2 IN GROSS NORTH ADDITION TO CHICAGO IN THE SOUTH EAST 1/4 OF SECTION 19, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS P.I.N. 14-19-413-010-0000

*mailto:pupby Liberty Bk for Savings  
7111 W. Foster Ave.  
Chicago IL 60657*

3093/0033 05 001 Page 1 of 2  
2000-05-03 10:25:23  
Cook County Recorder 43.00

00311586

3093/0033 05 001 Page 1 of 2  
2000-05-03 10:25:23  
Cook County Recorder 43.00

That the deceased died OCTOBER 10, 1995, as evidenced by a certified copy of death certificate of the deceased attached hereto.

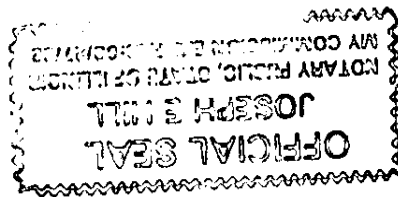
That the deceased died:

- 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 \_\_\_\_\_ dollars.

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

Subscribed and sworn to before me by the said



SHARON Gilkerson

this 28TH day of APRIL, A.D. 2000

Notary Public

(Affiant's Signature)

**BOX 333-CT**

REGISTRATION DISTRICT NO. **10.10**  
 REGISTERED NUMBER

STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER  
**C19354**

1. DECEASED-NAME: **COOK Helen** FIRST MIDDLE LAST  
 2. COUNTY OF DEATH: **Helean** I. I. Schroeder  
 3. SEX: **Female** DATE OF DEATH: **October 10, 1995**  
 4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago** HOSPITAL OR OTHER INSTITUTION: **88. Ravenswood Hospital Medical Center**  
 5. AGE LAST BIRTHDAY: **77** UNDER 1 YEAR: **5d.** 1-11 MONTHS: **77** 12 MONTHS: **77** DATE OF BIRTH: **April 16, 1918**  
 6a. RESIDENCE (STREET AND NUMBER): **1748 W. Newport Ave. 1st Fl. Chicago** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Chicago**  
 6b. MARITAL STATUS: **Widowed** NAME OF SURVIVING SPOUSE: **N/A**  
 7. SOCIAL SECURITY NUMBER: **340-14-9721** USUAL OCCUPATION: **11a. Salesperson** KIND OF BUSINESS OR INDUSTRY: **11b. Retail**  
 8. EDUCATION (SPECIFY OR HIGHEST GRADE COMPLETED): **8**  
 9. HAD DECESSARY WITH APPEARED(S)? (YES/NO): **9. No**  
 10. DECEASED'S USUAL RESIDENCE: **11c. Chicago** COUNTY: **COOK**  
 11. DECEASED'S USUAL RESIDENCE: **11d. No** COUNTY: **COOK**  
 12. DECEASED'S USUAL RESIDENCE: **11e. No** COUNTY: **COOK**  
 13. DECEASED'S USUAL RESIDENCE: **11f. No** COUNTY: **COOK**  
 14. DECEASED'S USUAL RESIDENCE: **11g. No** COUNTY: **COOK**  
 15. DECEASED'S USUAL RESIDENCE: **11h. No** COUNTY: **COOK**  
 16. DECEASED'S USUAL RESIDENCE: **11i. No** COUNTY: **COOK**  
 17. DECEASED'S USUAL RESIDENCE: **11j. No** COUNTY: **COOK**  
 18. DECEASED'S USUAL RESIDENCE: **11k. No** COUNTY: **COOK**  
 19. DECEASED'S USUAL RESIDENCE: **11l. No** COUNTY: **COOK**  
 20. DECEASED'S USUAL RESIDENCE: **11m. No** COUNTY: **COOK**  
 21. DECEASED'S USUAL RESIDENCE: **11n. No** COUNTY: **COOK**  
 22. DECEASED'S USUAL RESIDENCE: **11o. No** COUNTY: **COOK**  
 23. DECEASED'S USUAL RESIDENCE: **11p. No** COUNTY: **COOK**  
 24. DECEASED'S USUAL RESIDENCE: **11q. No** COUNTY: **COOK**  
 25. DECEASED'S USUAL RESIDENCE: **11r. No** COUNTY: **COOK**  
 26. DECEASED'S USUAL RESIDENCE: **11s. No** COUNTY: **COOK**  
 27. DECEASED'S USUAL RESIDENCE: **11t. No** COUNTY: **COOK**  
 28. DECEASED'S USUAL RESIDENCE: **11u. No** COUNTY: **COOK**  
 29. DECEASED'S USUAL RESIDENCE: **11v. No** COUNTY: **COOK**  
 30. DECEASED'S USUAL RESIDENCE: **11w. No** COUNTY: **COOK**  
 31. DECEASED'S USUAL RESIDENCE: **11x. No** COUNTY: **COOK**  
 32. DECEASED'S USUAL RESIDENCE: **11y. No** COUNTY: **COOK**  
 33. DECEASED'S USUAL RESIDENCE: **11z. No** COUNTY: **COOK**

2. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.  
 (a) **Cardiovascular disease of the heart**  
 (b) **due to atherosclerosis of the coronary arteries**  
 (c) **due to atherosclerosis of the coronary arteries**  
 (d) **due to atherosclerosis of the coronary arteries**  
 (e) **due to atherosclerosis of the coronary arteries**

21. SIGNATURE: **[Signature]** TYPE OR PRINT  
 22. NAME AND ADDRESS OF CERTIFIER: **Dr. Norbert Nadler, M.D., 1945 W. Wilson, Chicago, IL 60640**  
 23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: **[Blank]** (TYPE OR PRINT)  
 24. GENERAL CREATION, REMOVAL (SPECIFY): **24a. Park Crematory** LOCATION: **24c. Romeoville, Illinois** STATE: **ILLINOIS**  
 25. GENERAL CREATION, REMOVAL (SPECIFY): **25a. Cremation Society of Illinois, 6471 N. Northwest Hwy, Chicago, IL 60631** LOCATION: **25c. Romeoville, Illinois** STATE: **ILLINOIS**  
 26. FURNERAL HOME: **26a. [Blank]** STREET AND NUMBER OR A.F.D. **26c. Romeoville, Illinois** CITY OR TOWN: **26e. [Blank]** STATE: **ILLINOIS**  
 27. FURNERAL HOME: **27a. [Blank]** STREET AND NUMBER OR A.F.D. **27c. Romeoville, Illinois** CITY OR TOWN: **27e. [Blank]** STATE: **ILLINOIS**

28. FURNERAL HOME: **28a. [Blank]** STREET AND NUMBER OR A.F.D. **28c. Romeoville, Illinois** CITY OR TOWN: **28e. [Blank]** STATE: **ILLINOIS**  
 29. FURNERAL HOME: **29a. [Blank]** STREET AND NUMBER OR A.F.D. **29c. Romeoville, Illinois** CITY OR TOWN: **29e. [Blank]** STATE: **ILLINOIS**  
 30. FURNERAL HOME: **30a. [Blank]** STREET AND NUMBER OR A.F.D. **30c. Romeoville, Illinois** CITY OR TOWN: **30e. [Blank]** STATE: **ILLINOIS**  
 31. FURNERAL HOME: **31a. [Blank]** STREET AND NUMBER OR A.F.D. **31c. Romeoville, Illinois** CITY OR TOWN: **31e. [Blank]** STATE: **ILLINOIS**  
 32. FURNERAL HOME: **32a. [Blank]** STREET AND NUMBER OR A.F.D. **32c. Romeoville, Illinois** CITY OR TOWN: **32e. [Blank]** STATE: **ILLINOIS**  
 33. FURNERAL HOME: **33a. [Blank]** STREET AND NUMBER OR A.F.D. **33c. Romeoville, Illinois** CITY OR TOWN: **33e. [Blank]** STATE: **ILLINOIS**  
 34. FURNERAL HOME: **34a. [Blank]** STREET AND NUMBER OR A.F.D. **34c. Romeoville, Illinois** CITY OR TOWN: **34e. [Blank]** STATE: **ILLINOIS**  
 35. FURNERAL HOME: **35a. [Blank]** STREET AND NUMBER OR A.F.D. **35c. Romeoville, Illinois** CITY OR TOWN: **35e. [Blank]** STATE: **ILLINOIS**  
 36. FURNERAL HOME: **36a. [Blank]** STREET AND NUMBER OR A.F.D. **36c. Romeoville, Illinois** CITY OR TOWN: **36e. [Blank]** STATE: **ILLINOIS**  
 37. FURNERAL HOME: **37a. [Blank]** STREET AND NUMBER OR A.F.D. **37c. Romeoville, Illinois** CITY OR TOWN: **37e. [Blank]** STATE: **ILLINOIS**  
 38. FURNERAL HOME: **38a. [Blank]** STREET AND NUMBER OR A.F.D. **38c. Romeoville, Illinois** CITY OR TOWN: **38e. [Blank]** STATE: **ILLINOIS**  
 39. FURNERAL HOME: **39a. [Blank]** STREET AND NUMBER OR A.F.D. **39c. Romeoville, Illinois** CITY OR TOWN: **39e. [Blank]** STATE: **ILLINOIS**  
 40. FURNERAL HOME: **40a. [Blank]** STREET AND NUMBER OR A.F.D. **40c. Romeoville, Illinois** CITY OR TOWN: **40e. [Blank]** STATE: **ILLINOIS**

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO  
**OCT 13 1995**  
 I, SHERICK LYNE RSW, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.  
 THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.  
 DEPARTMENT OF HEALTH - CITY OF CHICAGO