



Doc#: 0335711084
Eugene "Gene" Moore Fee: \$46.00
Cook County Recorder of Deeds
Date: 12/23/2003 12:09 PM Pg: 1 of 2



Chicago Title Insurance

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

} ss.

Order No. #58 83 064

KATHLEEN M. FOX being duly sworn
states that SHE resides at 1421 S. WISCONSIN AVENUE in the City of BERWYN, ILLINOIS

That was acquainted with KENNETH R. FOX deceased who, at the time of HIS death, was one of the owners of the land in COOK County, Illinois, described as:

LOT SIX (6) IN BLOCK FORTY-SEVEN (47) IN SECOND ADDITION TO WALTER G. McINTOSH'S METROPOLITAN ELEVATED SUBDIVISION, BEING A RESUBDIVISION OF BLOCKS SIXTEEN (16), SEVENTEEN (17), FORTY-SEVEN (47) TO FIFTY TWO (52) IN SUBDIVISION OF SECTION NINETEEN (19), TOWNSHIP THIRTY-NINE (39) NORTH, RANGE THIRTEEN (13), EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT THE SOUTH THREE-HUNDRED (300) ACRES), IN COOK COUNTY, ILLINOIS.

Common address: 1421 S. Wisconsin
Berwyn, Illinois 60402

P.I.N.# 16-19-117-026-0000

That the deceased died September 10, 2003, 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 Cook 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 twenty-five thousand & no/100 (\$25,000.00) 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.

Subscribed and sworn to before me by the said

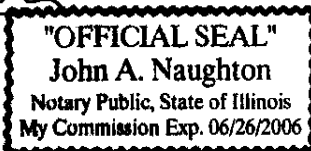
KATHLEEN M. FOX

C.T.I./W
A 00191603 1/2

this 10th day of October A.D. 19 2003

John A. Naughton
Notary Public

Kathleen M. Fox
(affiant's signature)



BOX 333-CP

UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record for the person named and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths, and deaths.

DATE: SEP 16 2003

SIGNED: Robert C. Recheaus

AT: BERWYN, ILLINOIS

OFFICIAL TITLE: REGISTRAR

The original record is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of this record by the Department of Public Health or the local registrar shall be prima facie evidence in all courts and places of the facts therein.

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2/2
A06191603
C.T.I./M

DECEASED'S BIRTH NO. _____
REGISTRATION DISTRICT NO. 16.21
REGISTERED NUMBER 612
STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
DECEASED'S BIRTH NO. _____

DECEASED-NAME: Kenneth R. Fox FIRST MIDDLE LAST
SEX: Male
DATE OF DEATH: September 21, 1945 (MONTH, DAY, YEAR)
REGISTERED NUMBER: 612
COUNTY OF DEATH: Cook
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Berwyn
AGE AT LAST BIRTHDAY: 57 (YRS, MOS, DAYS)
HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 1412 S. Wisconsin

BIRTH-PLACE (CITY AND STATE OR FOREIGN COUNTRY): Berwyn, IL
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
NAME OF SURVIVOR (S), COUSE (MAIDEN NAME, IF WIFE): Kathleen nee Vondra
SOCIAL SECURITY NUMBER: 360-36-2665
USUAL OCCUPATION: Electrician
KIND OF BUSINESS, LESSOR OR INDUSTRY: Self-Employed
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): Elementary/secondary (0-12) College (1-4) 5+1

RESIDENCE (STREET AND NUMBER): 1412 S. Wisconsin
CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Berwyn
INSIDE CITY (YES/NO): Yes
COUNTY: Cook
STATE: Illinois
ZIP CODE: 60402
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): White
CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Berwyn
OF HISPANIC ORIGIN? (SPECIFY OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): No

FATHER-NAME: Herman FIRST MIDDLE LAST
RELATIONSHIP: Wife
MOTHER-NAME: Charlotte FIRST MIDDLE LAST
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 1412 S. Wisconsin Berwyn, IL 60402

INFORMANT'S NAME (TYPE OR PRINT): Kathleen Fox
17a. Enter the disease, s, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.
1 hour
1 hour

18. PART I. Immediate Cause (Final disease or condition resulting in death): Myocardial Infarction
18. PART II. Other contributing conditions contributing to death but not resulting in the underlying cause given in PART I.
Core pulmonate
COPD / SLEEP APNEA

19. DATE OF OPERATION, IF ANY: _____ MAJOR FINDINGS OF OPERATION: _____
20. WAS OPERATOR OR MEDICAL EXAMINER (NOTIFIED)? (YES/NO): Yes
21. DATE SIGNED: 9/16/03
22. ILLINOIS LICENSE NUMBER: 036078071

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
21b. I (DID) (OR MAY) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: 9/16/03
21c. HOUR OF DEATH: 6:17 PM
21d. DATE SIGNED: 9/16/03

22. SIGNATURE: Kathleen Fox
22a. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): Kathleen Fox, 114 West St, Suite 110, Oak Park, IL
22b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): _____

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation
23a. CEMETERY OR CREMATORY-NAME: The Lakes Crematory
23b. LOCATION: Lake Villa, Illinois
23c. CITY OR TOWN: Lake Villa, Illinois
23d. STATE: _____
23e. DATE: 9/15/2003

24. FUNERAL HOME: Joseph Nosek & Sons Funeral Home 6716 W. 16th St Berwyn, IL 60402
24a. STREET AND NUMBER OR R.F.D.: _____
24b. CITY OR TOWN: _____
24c. STATE: _____
24d. ZIP: _____

25. FUNERAL DIRECTOR'S SIGNATURE: Frank Nosek Jr
25a. NAME: _____
25b. STREET AND NUMBER OR R.F.D.: _____
25c. CITY OR TOWN: _____
25d. STATE: _____
25e. DATE: SEP 16 2003
25f. ILLINOIS LICENSE NUMBER: 14402
25g. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): _____
25h. (BASED ON 1989 U.S. STANDARD CERTIFICATE)