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Doc#: 0401540176
Eugene "Gene" Moore Fee: \$46.00
Cook County Recorder of Deeds
Date: 01/15/2004 10:22 AM Pg: 1 of 2

352567

AFFIDAVIT RE DECEASED JOINT TENANT

STATE OF ILLINOIS
COUNTY OF COOK

SS

RE: YOUR ORDER NO. 352567

Thomas L. Griffin

, being duly sworn and for the purpose of inducing

to issue the subject policy covering the hereinafter-described land, state:

1. That he resides at 9003 W. Forest Glen, Palos Park, Illinois
2. That he was acquainted with Jacqueline W. Griffin (his spouse), who died on May 8, 1992,

as evidenced by the attached certified copy of death certificate;

3. That said decedent was one of the owners of land described:

- in the subject order number;
- in the following legal description;



4. That said decedent died:

- leaving no last will and testament;
- leaving a last will and testament, a copy of which is attached;

5. That the total value of the estate of said decedent for State of Illinois inheritance tax and Federal estate tax purposes does not exceed \$ 75,000.00

TEWART TITLE OF ILLINOIS
2 N. LASALLE STREET
SUITE 1920
CHICAGO, IL 60602

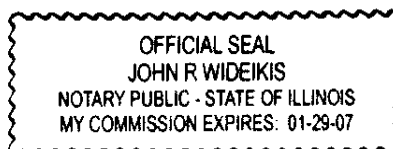
Subscribed and sworn to before

me by the said Thomas L. Griffin affiant
this 15th day of December, 2003, X8

Thomas L. Griffin
(affiant signature)

John Wideikis
Notary Public

2X8



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STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16.0
 REGISTERED NUMBER

DECEASED-NAME JACQUELINE W. GRIFFIN LAST GRIFFIN SEX FEMALE DATE OF DEATH (MONTH DAY YEAR) MAY 8, 1992

1. COUNTY OF DEATH COOK AGE LAST BIRTHDAY (YRS) 58 UNDER 1 YEAR 0 UNDER 1 DAY 0 DATE OF BIRTH (MONTH DAY YEAR) 54 JANUARY 19, 1934

4. CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER COOK HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER ONE STREET AND NUMBER) PALOS COMMUNITY HOSPITAL IF HOSP OR INST INDICATE DO A OPER EMER. ROOM

6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) PALOS HEIGHTS 6b. PALOS COMMUNITY HOSPITAL 6c. EMER. ROOM 9 6d. WASTED/EMERGED EVER IN US (SPECIFY) NO

7. CHICAGO, ILL. 8a. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED 8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) THOMAS GRIFFIN 8c. WASTED/EMERGED EVER IN US (SPECIFY) NO

10. SOCIAL SECURITY NUMBER 346-26-0597 11a. USUAL OCCUPATION SECRETARY 11b. U.S. GOVERNMENT NO 12. EDUCATION (SPECIFY ONE, HIGHEST GRADE COMPLETED) 12 13a. INSIDE CITY (YES/NO) YES 13b. COUNTY COOK

13. RESIDENCE (STREET AND NUMBER) 9003 FOREST GLEN 13b. CITY, TOWN, TWP. OR ROAD/DISTRICT NO. PALOS PARK 14. DE HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) NO

15. FATHER-NAME PETER 16. MOTHER-NAME MARY 17. MIDDLE CONNELL

18. INFORMANT NAME (TYPE OR PRINT) THOMAS GRIFFIN 19. RELATIONSHIP HUSBAND 20. MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN, STATE ZIP) 9003 FOREST GLEN, PALOS PARK, IL. 60464

18 PART I. Enter the diseases, or complications, that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Immediate Cause (Final disease or condition resulting in death) Cancer of the prostate

18 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Prostate cancer

20a. DATE OF OPERATION, IF ANY 5/1/92 20b. MAJOR FINDINGS OF OPERATION Prostate cancer

21a. UPO: DID NOT AUTOPSECT THE DECEASED AND LAST SAW HIM (VER) LIVE ON 5/1/92 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) YES 21c. HOUR OF DEATH 3:12 A. M. 21d. DATE SIGNED (MONTH DAY YEAR) 5/11/92

22a. SIGNATURE Mark A. Reiter 22b. ILLINOIS LICENSE NUMBER 02667111

22c. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER (TYPE OR PRINT)) DR. MARK REITER 10000 W. 151st ST. ORLAND PARK, IL. 22d. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

23. BURIAL CEMETERY OR CREMATORY-NAME HOLY SEPULCHRE LOCATION WORTH, ILLINOIS STATE ILLINOIS DATE (MONTH DAY YEAR) MAY 11, 1992

24. FUNERAL HOME BLAKE-LAMB FUNERAL HOME, 4727 W. 103RD ST. OAK LAWN ILLINOIS 60453

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1 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.

MAY 11 1992

Signed Mark A. Reiter Official Title Chief Deputy Registrar
 1500 S. York Drive Maywood, Illinois 60153

At County Department of Public Health
 At County Department of Public Health
 1500 S. York Drive Maywood, Illinois 60153

Illinois Department of Public Health—Division of Vital Records
 Form 10-1992 (Rev. 5/89)