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AMERICAN TITLE CORP.  
27990 CONVERSE ROAD  
SLAND LAKE, IL 60042

Doc#: 0408249197  
Eugene "Gene" Moore Fee: \$50.00  
Cook County Recorder of Deeds  
Date: 03/22/2004 03:32 PM Pg: 1 of 3

DECEASED JOINT TENANCY AFF

STATE OF ILLINOIS  
COUNTY OF COOK

Order No

Ardith T. Claussen being duly sworn states that he/she resides at 1912 W 91st Bridgeview if residence is otherwise: IL 600455

That he/she was acquainted with John T. Claussen, deceased who, at the time of his/her death, was one of the owners of the land in Cook County, IL, described as:

SEE ATTACHED LEGAL DESCRIPTION

0037369

That the deceased died 1-6-86 as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died: (please check which one applies)

- Leaving no Last Will & Testament
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproved 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 admitted in the Probate Division of the Circuit Court of \_\_\_\_\_ County IL. On or 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 NA dollars.

Affiants make this affidavit for that purpose of inducing AMERICAN TITLE CORPORATION to issue its Title Insurance Policy, describing the above-mentioned property.

X Ardith T. Claussen  
Affiant

Subscribed and sworn to before me by the said Ardith T. Claussen this 3rd day of March, A.D. 2004

[Signature]  
Notary Public

3/3/04 DATE



B-721

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STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 1633  
 REGISTERED NUMBER 19  
 DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. JOHN K. CLAUSSEN 2. MALE 3. JANUARY 6, 1986  
 RACE (WHITE, BLACK, AMERICAN INDIAN, NATIVE, OTHER) (SPECIFY) 4b. AMERICAN 5a. 51 5b. 5c. JULY 14, 1934 7a. COOK COUNTY OF DEATH

4c. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION—STREET AND NUMBER, GIVE STREET AND NO. IF IN CITY 5d. EVERGREEN PARK 7c. LITTLE COMPANY OF MARY HOSPITAL 7d. INPATIENT

6. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 7e. ARDITH TOOMEY 7f. INPATIENT

8. SOCIAL SECURITY NUMBER 9. U.S.A. 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, RE-MARRIED 11. ARDITH TOOMEY 12. 354-26-7042 13. ACCOUNTANT 13a. I.C. INDUSTRIES 13b. YES 14. COOK COUNTY 14a. ILLINOIS STATE

15. RESIDENCE STREET AND NUMBER 15a. 6912 WEST 91ST ST 15b. BRIDGEVIEW 15c. YES 15d. COOK COUNTY 15e. LORETTA BOOZAN 15f. ILLINOIS STATE

16. FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16a. WILLIAM CLAUSSEN 16b. LORETTA BOOZAN

17. INFORMANT NAME (TYPE OR PRINT) 17a. BETTY MANN 17b. RELATIONSHIP HOSPITAL 17c. MAINING ADDRESS 2800 WEST 95TH STREET HOSPITAL RECORDS 17d. EVERGREEN PARK, ILLINOIS 60642

18. DEATH WAS CAUSED BY: (ENTER ONE CAUSE OR LINE FOR (a), (b), AND (c))  
 PART I. IMMEDIATE CAUSE (a) Death of Myocardial Infarction  
 (b) Myocardial Infarction  
 (c) Myocardial Infarction

19. OTHER SIGNIFICANT CONDITION (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a))  
 19a. YES  NO   
 19b. IF YES, SPECIFY NATURE AND EXTENT OF CONDITION CONTRIBUTING TO DEATH

20. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION  
 20a. YES  NO   
 20b. IF YES, SPECIFY NATURE AND EXTENT OF OPERATION

21. (a) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE (b) YES  NO   
 21a. WAS CORNER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO) 21b. YES  NO   
 21c. DATE SIGNED (MONTH, DAY, YEAR) 10:15 A. M. JANUARY 7, 1986

22. SIGNATURE OF CERTIFIER NAME AND ADDRESS (TYPE OR PRINT) 22a. Robert J. Sheehy 22b. 4950 W 95th St Evergreen Park 22c. ILLINOIS LICENSE NUMBER 0360290751

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23a. Robert J. Sheehy 23b. 4950 W 95th St Evergreen Park 23c. ILLINOIS LICENSE NUMBER 8639

24. BUREAU OF REMOVAL (SPECIFY) 24a. HOLY SEPULCHRE 24b. WORTH ILLINOIS 24c. WORTH ILLINOIS 24d. JAN. 9, 1986

25. FUNERAL HOME NAME 25a. ROBERT J. SHEEHY & SONS FUNERAL HOME, 4950 W. 79TH ST. BURBANK, ILLINOIS 60459 25b. FUNERAL DIRECTOR'S SIGNATURE 25c. 8639 25d. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) Jan 8, 1986

26. LOCAL REGISTRAR'S SIGNATURE 26a. Gail A. Massan 26b. Jan 8, 1986

VR200 REV. 5/82 Illinois Department of Public Health - Office of Vital Records (BASED ON 1978 U.S. STANDARD CERTIFICATE)

I hereby certify that the foregoing is a true and correct copy of the death record of the person 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.

Date JANUARY 20, 1986 Registrar Gail A. Massan  
 At Evergreen Park, Illinois Deputy Registrar \_\_\_\_\_

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ACAPS #: 104022305694000

ATC FILE #: 0037369

Customer Name: Ardith Claussen

## LEGAL DESCRIPTION

LOT 282 IN SOUTHFIELD A SUBDIVISION OF PART OF THE NORTH WEST 1/2 AND PART OF THE NORTH 1/2 OF THE SOUTH WEST 1/4 OF SECTION 6, TOWNSHIP 37 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN #: 24-06-119-030

Property of Cook County Clerk's Office

*AMERICAN TITLE CORPORATION*

*27990 Converse Road, Island Lake, IL. 60042 ♦ Phone: (847) 487-9200 Fax: (847) 487-9753*

*[www.americantitlecorp.com](http://www.americantitlecorp.com)*