UNOFFICIAL COPY

Affidavit of Surviving Joint Tenant

State of Illinois)
) SS.
County of Cook)



Doc#: 0411017063 Eugene "Gene" Moore Fee: \$26.50 Cook County Recorder of Deeds Date: 04/19/2004 10:08 AM Pg: 1 of 2

(Reserved for Recorder's Use Only)

Edward Vanderbilt, Jr. being first duly sworn, upon oath deposes and says:

That he resides at 1410 - 186th Street in the Village of Lansing and that he is one of the parties who took title, not in tenancy in common, but in joint tenancy, to real estate situated in said Cook County, Illinois, described as follows:

THE SOUTH 200 FEET OF THE EAST 164 FEET OF BLOCK 13 IN MORTONS SUBDIVISION OF THE EAST HALF OF THE SOUTH EAST QUARTER OF SECTION 35, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. 29-35-428-007-0000

Affiant states that Margaret Vanderbilt, one of the said owners in joint tenancy, died intestate, in the Village of Lansing in the State of Illinois as is confirmed by a certified copy of death certificate of the deceased attached hereto.

Affiant states that the remaining joint tenant has not changed his marital status since the death of the decedant joint tenant.

Liverally Vanderber

Affiant

Subscribed and sworn to before me, a notary public, this 27th day of January,

OFFICIAL SEAL
JEREST PLEAMIREZ
WOLAND STORE STORE STORE
WY OUT HE TOP STORE STORE STORE
WY OUT HE TOP STORE STORE STORE STORE
WY OUT HE TOP STORE ST

Notary Public

Matunal Bank of Wincos attrifust Department
3256 Ridge Sit.
Zansing Winnes 10438

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JAN 2 1 2004

STATE OF ILLINOS OFFI C DANT ORR, County Clerk County of Cook

1, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

Nand On

| | | | · · · · · · · · · · · · · · · · · · · | | | <u> </u> | |
|---|---|--|---------------------------------------|------------------------------------|---|---|--|
| DECEDENT'S BIRTH NO. | REGISTRATION DISTRICT NO. 16.0 | STATE OF ILLINOIS | | | STATE FILE NUMBER | | |
| | REGISTERED NUMBER | MEDICAL (| CERTIFICATE | OF DEATH | | | |
| Type or Print in | DECEAS CO-N IME | FIRST MIDDLE | LAST | SEX DATEO | FDEATH (MONTH, DA | Y, YEAR) | |
| PERMANENT INK See Funeral Directors, | 1. Mar | garet A. V | anderbilt | 2Female 3. Ja | | | |
| Hospital, or Physicians Handbook for | Physicians COUNTY OF DE ATH AGE-LAST UNDER 1 VEAR UNDER 1 DAY DATE OF | | | | | IRTH (MONTH, DAY, YEAR) | |
| INSTRUCTIONS | | | | | | | |
| | CITY, TOWN, TWP, OR ROAL DISTRIC | | | TINEITHER, GIVE STREET AND NUMB | | | |
| | 6a. Lansing | | | | OP/EMER. RM, | NST, INDICATE D.O.A. , INPATIENT (SPECIFY) | |
| | BIRTHPLACE (CITY AND STATE OF | 6b. Tristate Manor Nursing & Rehab 6c. Inpaitent MARRIED, NEVER MARRIED. NAME OF SURVIVING SPOUSE (MAIDENNAME, IF WIFE) WAS DECEMBER MM, INPATIENT (SPECIF | | | | | |
| DECEASED | FOREIGN COUNTRY) 7. Lansing, IL | WIDOWED, DIVORCED (SPECIFY) | 8b.Edward Va | | AF | AS DECEASED EVER IN U.S RMED FORCES? (YES/NO | |
| В | SOCIAL SECURITY NUMBER | USUA_OCCUPATION | KIND OF BUSINESS OR INI | | 9. | | |
| C | 10. 314-20-0509 | 11Office mgr. | | Elementos/Cosendos-/ | CIFY ONLY HIGHEST GRAD 0-12) College (1- | /ECOMPLETED) -4 or 5 +) | |
| D | BESIDENCE (STREET AND NI MEED) | | | | | | |
| _ | | | | (YES/NO) | | | |
| □ | 13a.1410 186th S | | | _{13c} | ⊇S 13d. | Cook | |
| | J211 00 | INFIAN at LOD CHEV | MERICAN OF HISPANIC | ORIGIN? (SPECIFY NO OR YES-IFY | ES, SPECIFY CUBAN, MEX | KAN, PUERTO RICAN, etc.) | |
| 5 | | 0438 14a White | 14b. ₹ NC | YES SPECIFY | ' : | | |
| PARENTS | | MIDDLE LAST | MOTHER-NA | ME FIRST MIDDLE | (M/ | AIDEN) LAST | |
| | 15. William | Domm | er 16. | Catherine | Hanniga | .n | |
| | INFORMANT'S NAME (TYPEORPRINT) | 1 | RELATION SHIP MAILIN | GADORESS (STREET AND NO. OR | R.F.D., CITY OR TOWN, ST | TATE, ZIP) | |
| 1 | 17a. Edward Vand | erbilt | | | | 60438 | |
| 2 | 17a. Edward Vanderbilt 17b. Husband 17c. 1410 186th St. Lansing IL 18. PARTI. Enter the diseases, or complications that caused the death. Do note to the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. | | | | | | |
| 3 | Immediate Cause (Final | O O | each line. | | BET | TWEEN ONSET AND DEATH | |
| | disease or condition resulting in death) | Wyles | Nens | The same | | | |
| | DU | ETO, OR AS CONSEQUENCE OF | | 0. | | | |
| | CONDITIONS, IF ANY WHICH GIVE RISE TO (b) | | | | | - | |
| CAUSE | IMMÉDIATE CAUSE (a) STATING THE UNDERLYING DUE TO, OR AS A CONSEQUENCE OF | | | | | | |
| | CAUSE LAST. (c) | | | Bearly 199 | * | | |
| 4 | PART II. Other significant conditions contrib | | cause given in PARTA | A JTOP | | FINDINGS AVAILABLE PRIOR TO | |
| 5 | | Theriarsion | (1 2 1/2) | A JTOP (ET0) | 2) COMPLETION OF | CAUSE OF DEATH? (YESINO) | |
| N | DATE OF OPERATION, IF ANY | MAJOR FINDINGS OF OPERATION | 1 8 % | 1 | F TEMALE, WAS THERE A | PREGNANCY IN PAST | |
| | 20a. | 20b. | | | HREEMONTHS? | | |
| | I (DID) (DIDMET) ATTEND THE DECEA AND LAST SAW HIM/HER ALIVE ON | SED (MONTH, DAY, YEAR) | | WAS CORONER OR MEDICAL | THOUR OF DEATH | 46.1 | |
| | 21a. | 17-70-0 | | EXAMINER NOTIFIED? (YESNO) 21b. NO | 21c. 10:50 | ъ., | |
| - 1 | TO THE BEST OF MY KNOWLEDGE, DE | ATH DCCURRED AT THE TIME, DAT | E AND PLACE AND DUE TO THE | CAUSE(S) STATED. | D. a. T. D. a. | P. M. (MONTH, DAY, YEAR) | |
| CEDITITIED | 22a. SIGNATURE > | | nus | | 22b. | 1-20-04 | |
| | NAME AND ADDRESS OF CERTIFIER | (TYPE OR PRINT) | TT C | 0.400 | ILLINOIS LICENSE N | • | |
| | _{22c.} Bruce Parisi | , MD 1851 Sib. | IL 6 lev Blvd. Ca | 0409 lumet City | 1 | | |
| | 22c. Bruce Parisi, MD 1851 Sibley Blvd. Calumet City, NAME OF ATTENDING PHYSICIANIFOTHER THANCERTIFIER (TYPE OR PRINT) | | | | 22d. 0360666 ~ | | |
| Ļ | 23. | | | | DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. | | |
| | | TERY OR CREMATORY-NAME | LOCATION | CITY OR TOWN STATE | | MONTH DAY VEAD | |
| | | Oakridge Ceme | ery 24c Lans | ing, Illinoi: | _ _ ` | (MONTH BAX YEAR) | |
| DISPOSITION | FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN | | | | | | |
| | 25a Schroeder-Lauer Funeral Home 3227 Ridge Rd. Langing II 60439 | | | | | | |
| | OUTUVE DIVECTOR 2 SIGNATORE | | | | PI'S ILLINOIS LICENSE NUI | | |
| | 25b. W Willia | in ('Kyma | _ | | 1-0/22/8 | | |
| Į. | OCAL REGISTRAR'S SIGNATURA | 1) | | DATE FILED BY LOC | ALREGISTRAR (MONTH F | DAY, YEAR! | |
| <u>_</u> | 26a. Naud N. | wr >n | | 26b. JAI | N 2 1 2004 | , | |
| V | R200 (Rev. 5/89) | Illinois Department of Public | : Health-Division of Vital Recor | 1200. 9 71 | (RASED ON 1990 H S CTA | 11/2.00 | |