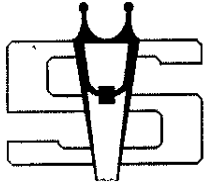


UNOFFICIAL COPY



Sanctity of Contract

Stewart Title Company of Illinois



Doc#: 0430020015
Eugene "Gene" Moore Fee: \$30.00
Cook County Recorder of Deeds
Date: 10/26/2004 09:22 AM Pg: 1 of 4

DECEASED JOINT TENANCY AFFIDAVIT

STCI File Number: 390981

STATE OF ILLINOIS)
COUNTY OF) SS.

being duly sworn states that William Jahnke resides at 1925 W. Schaumburg in the City of Schaumburg

That he was acquainted with Mary B. Jahnke deceased who, at the time of death, was one of the sworn of the land in County, Illinois, describes as:

That the deceased died April 14, 2004, 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 218,000.00 dollars.

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

Subscribed and sworn to before me by the said

this 15 day of October, A.D. 2004
Julieann Ferrarini
Notary Public

William Jahnke
(Affiant's Signature)



390981
STEWART TITLE OF ILLINOIS
2 N. LA Salle STREET
CHICAGO, IL 60602

File Number: TM152184

UNOFFICIAL COPY

LEGAL DESCRIPTION

Lot.50 in the Second Addition to Jolly Homes, being a resubdivision of the South 1/2 of Lots 53 and 54 and all of Lot 55 in Longwood Acres, being a subdivision of the Northeast 1/4, and the East 1/2 of the Northwest 1/4 and the West 1/2 of the Southeast 1/4 of Section 15, Township 37 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Commonly known as: 4244 West 108th Place
Oak Lawn IL 60453

24-15-417-007

Property of Cook County Clerk's Office

FILL IN WITH TYPEWRITER OR LEGIBLE PRINTING

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
REGISTRATION DISTRICT NO. 16.0
REGISTERED NUMBER 3843

2. USUAL RESIDENCE (Where deceased lived if institution, residence before admission.)
a. STATE ILLINOIS
b. COUNTY COOK
c. INSIDE corporate limits and in City, Village, or Incorporated Town
OAK LAWN
d. OUTSIDE corporate limits and in Township name
Road District No. 9 YEARS
e. LENGTH OF RESIDENCE AT PLACE OF DEATH 9 YEARS

3. PLACE OF DEATH
a. COUNTY COOK
b. COUNTY COOK
c. INSIDE corporate limits and in City, Village, or Incorporated Town
OAK LAWN
d. OUTSIDE corporate limits and in Township name
Road District No. 9 YEARS
e. LENGTH OF STAY IN IC OR IC 9 YEARS
f. LENGTH OF STAY IN IC 6 DAYS
g. NAME OF HOSPITAL OR INSTITUTION CHRIST COMMUNITY HOSPITAL
h. If not in hospital or institution, give Street & No. or R.F.D. and Post Office

1. 244 W. 108th PLACE
a. (FIRST) HERBERT
b. (MIDDLE) ALFRED
c. (LAST) JAHNKE
4. DATE OF DEATH 8 6 66
5. decedent reside on a farm? YES NO
6. SEX MALE
7. RACE WHITE
8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED
9. DATE OF BIRTH 10-1-21
10. AGE (in years, months, days) 44
11. BIRTHPLACE (City and state or foreign country) CHICAGO, ILLINOIS
12. Citizen of what country U.S.A.
13. FATHER'S FULL NAME ARTHUR JAHNKE
14. MOTHER'S FULL MAIDEN NAME FRIEDA MEYER

15. SOCIAL SECURITY NUMBER 352-01-4281
16. Was deceased ever in U.S. Armed Forces? (Give war or dates of service) NO
17. INFORMANT PER HOSPITAL RECORDS
a. SIGNATURE *Marion Marschke*
b. ADDRESS 4440 W. 95th ST. OAK LAWN, ILLINOIS
c. RELATIONSHIP TO DECEASED NONE
18. MEDICAL CAUSE OF DEATH
ART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (A), (B) and (C))
IMMEDIATE CAUSE (A) arteriosclerotic heart disease
due to (B) generalized arteriosclerosis
due to (C) Diabetes mellitus
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION
Diabetes mellitus
20. AUTOPSY? YES NO
INTERVAL BETWEEN ONSET AND DEATH 2 months

NOTE: If an injury was involved in this death, the Coroner must be notified.

I hereby certify that I attended the deceased from June 1, 1966, to Aug 6, 1966, and death occurred at 6:00 P.M. from the causes and on the date stated above.
Signature: Dale J. Kuntz, M.D. Date: 8-7-66
Address: 251 E Chicago Ave., Chicago, Ill. Phone: Whi 3-7631
DISPOSITION: BURIAL - XXXXXXXXXXXX Date: 8/10/66
CEMETERY: Cedar Park
LOCATION: 12540 S. Halsted, Chicago, Ill.
Funeral Home: Blake-Lamb Funeral Home
Signature: W. J. Lambert, Jr.
Address: 4727 W. 103rd, Illinois
Cook County Dept. of Public Health - Chicago
Received for filing on August 9, 1966
John B. Hall, M.D. Local Registrar

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 3 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 12 1966 SIGNED *Janet Person*

At COOK COUNTY DEPARTMENT OF PUBLIC HEALTH OFFICIAL TITLE Chief Deputy Registrar
1425 South Racine Avenue, Chicago, Illinois 60608

UNOFFICIAL COPY

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

UNOFFICIAL COPY

APR 15 2004

I, 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.

David Orr
COUNTY CLERK

DECEASED'S BIRTH NO. 16.0
REGISTRATION DISTRICT NO. 16.0
STATE OF ILLINOIS
STATE FILE NUMBER
MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS
DECEASED-NAME FIRST MARY MIDDLE B. LAST Jahnke SEX 2 Female DATE OF DEATH (MONTH, DAY, YEAR) April 14, 2004
COUNTY OF DEATH Cook AGE-LAST BIRTHDAY (YRS) 85 UNDER 1 YEAR MOS. 5b UNDER 1 DAY HOURS 5d DATE OF BIRTH (MONTH, DAY, YEAR) November 6, 1918
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Oak Lawn HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 4244 W. 108th Place
6a. 6b. 6c.

DECEASED BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, IL MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed NAME OF SURVIVING SPOUSE (IF ADDRESS, GIVE ADDRESS) None
7. 8a. 8b. 8c.
SOCIAL SECURITY NUMBER 324-03-7865 USUAL OCCUPATION 11a. Reservations KIND OF BUSINESS OR OCCUPATION 11b. Airlines
10. 11a. 11b. 12. EDUCATION (SPECIFY ON Y.HIGHEST GRADE COMPLETED) Elementary/Secondary (9-12) College (13-16) (17-21) (22-24) (25-29) (30-34) (35-39) (40-44) (45-49) (50-54) (55-59) (60-64) (65-69) (70-74) (75-79) (80-84) (85-89) (90-94) (95-99) (100-104) (105-109) (110-114) (115-119) (120-124) (125-129) (130-134) (135-139) (140-144) (145-149) (150-154) (155-159) (160-164) (165-169) (170-174) (175-179) (180-184) (185-189) (190-194) (195-199) (200-204) (205-209) (210-214) (215-219) (220-224) (225-229) (230-234) (235-239) (240-244) (245-249) (250-254) (255-259) (260-264) (265-269) (270-274) (275-279) (280-284) (285-289) (290-294) (295-299) (300-304) (305-309) (310-314) (315-319) (320-324) (325-329) (330-334) (335-339) (340-344) (345-349) (350-354) (355-359) (360-364) (365-369) (370-374) (375-379) (380-384) (385-389) (390-394) (395-399) (400-404) (405-409) (410-414) (415-419) (420-424) (425-429) (430-434) (435-439) (440-444) (445-449) (450-454) (455-459) (460-464) (465-469) (470-474) (475-479) (480-484) 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