

UNOFFICIAL COPY



CHICAGO TITLE AND TRUST COMPANY

111 WEST WASHINGTON STREET · CHICAGO, ILLINOIS
AREA CODE 312 332-7700



0603315137

DECEASED JOINT TENANCY AFFIDAVIT Doc#: 0603315137 Fee: \$26.50

Eugene "Gene" Moore
Cook County Recorder of Deeds

Guarantee No: _____ Date: 02/02/2006 12:09 PM Pg: 1 of 2

STATE OF ILLINOIS }
COUNTY OF COOK } ss.

ALICE A. FELDES

_____ being duly sworn
states that she resides at 4500 N. Mulligan
Chicago in the City of

That she was acquainted with STANLEY A. FELDES, her husband
deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois,
described as:

Lot Nine (9) (except the North 1.28 feet thereof) in Block Eight
(8) in Sunnyside Meafield and Thomas Country Club addition to
Chicago being a Subdivision of the North Twenty (20) acres of
the South Sixty (60) acres of the Northwest Quarter (NW 1/4) of
Section seventeen (17), Township Forty (40) North, Range Thirteen
(13), East of the Third Principal Meridian, in Cook County,
Illinois

That the deceased died February 27, 1957, 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 which is attached hereto to be filed in the Unproven Will Box 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 Cook 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 (\$25,000.00) dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title and Trust Company to issue its **Title Insurance Policy**, describing the above mentioned property.

Subscribed and sworn to before me by the said

ALICE A. FELDES

this 7th day of November, A.D. 1978

[Signature]
Notary Public

[Signature]
Alice A. Felde (affiant's signature)

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CITY OF CHICAGO—BOARD OF HEALTH

OFFICE OF THE PRESIDENT



STATE OF ILLINOIS }
COUNTY OF COOK } SS
CITY OF CHICAGO }

I, Herman N. Bundesen, M. D.,
Registrar of Vital Statistics of the
City of Chicago, do hereby certify
that I am the keeper of the records
of births, stillbirths and deaths of
the City of Chicago by virtue of the
laws of the State of Illinois and the
ordinances of the City of Chicago;
that the accompanying certificate on
this sheet is a true copy of a record
kept by me in pursuance of said
laws and ordinances.

This Certified Copy VALID
Only When Original BLUE
SEAL AND BLUE SIGNATURE
Are Affixed.

MAR. 6, 1957

RECEIVED BY THE BOARD OF HEALTH, CHICAGO, ILL. MAR. 10, 1957

STATE OF ILLINOIS		CITY OF CHICAGO		10903	
CORONER'S CERTIFICATE OF DEATH					
1. PLACE OF DEATH COUNTY: COOK		2. USUAL RESIDENCE (Where deceased lived, if different, residence before admission, if any) COUNTY: ILLINOIS			
3. DEATH REST PLACE OUTSIDE city limits and in... TOWNSHIP: CITY, VILLAGE, OR TOWN: CHICAGO		4. DEATH REST PLACE OUTSIDE city limits and in... TOWNSHIP: CITY, VILLAGE, OR TOWN: CHICAGO		5. MONTH OF RESIDENCE AT 26 or 24 12 YRS.	
6. NAME OF HOSPITAL OR INSTITUTION: NORTHWEST		7. HOURS OF DEATH: 2 HOURS		8. STREET ADDRESS: 4500 N. MULLIGAN	
9. NAME OF DECEASED: STANLEY ARMOND COLDES		10. DATE OF BIRTH: 11-2-1910		11. AGE (in years last birthday): 46	
12. SEX: MALE		13. RACE: WHITE		14. MARRIAGE STATUS: MARRIED	
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if casual): ENGINEER		16. KIND OF BUSINESS OR INDUSTRY: MACHINERY		17. BIRTHPLACE: INDIANA	
18. FATHER'S FULL NAME: UNKNOWN		19. MOTHER'S FULL MAIDEN NAME: STELLA BIGERELLI		20. SOCIAL SECURITY NUMBER: UNKNOWN	
21. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (If yes, give year or date of service): No		22. Informant a. SIGNATURE: Alice Felder		23. ADDRESS: 4500 N. Mulligan	
24. MEDICAL CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (A), (B), and (C)) IMMEDIATE CAUSE (A): COMPOUND & BASAL SKULL FRACTURE		25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION: NONE		26. AUTOPSY: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
27. ACCIDENT (specify): ACCIDENT		28. DESCRIBE HOW INJURY OCCURRED (Specify NATURE of injury under MEDICAL CAUSE, item 18): DRIVER OF AUTO IN COLLISION WITH ANOTHER AUTO			
29. TIME OF INJURY: 5:25 AM 2-26-1957		30. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.): STREET			
31. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input checked="" type="checkbox"/>		32. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.): STREET		33. INJURED AT (CITY, TOWNSHIP, OR LOCATION) (COUNTY) (STATE): CHICAGO COOK ILLINOIS	
34. Upon medical investigation I find this death was caused as stated above. DATE: 2-27-1957		35. W. A. CLOHISEY M. D. CORONER'S PHYSICIAN		36. Upon official investigation I find the person described died as stated above. SIGNED: Stanley E. Felder, George R. Thompson, Mortuary	
37. DISPOSITION: BURIAL-REMOVAL-CREMATATION (DATE): MARCH 5		38. FIRM NAME: George R. Thompson Mortuary			
39. CEMETERY: St. Joseph's		40. ADDRESS: 1000-1010 East 79th St. Chicago, Ill.			
41. LOCATION: R.I. Y. P. JR. C. R. Y. C.		42. SIGNATURE: [Signature] NUMBER: 273			
43. Received for filing on: FEB 28 1957		(Signed) Herman N. Bundesen		LOCAL REGISTRAR	

VS & R 202-1957 (Revised 1-1-57) U.S. Standard Certificate of Death

FILL IN WITH TYPEWRITER OR LEGIBLE PRINTING

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