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Doc#: 0613649118 Fee: \$30.00
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Cook County Recorder of Deeds
Date: 05/16/2006 03:07 PM Pg: 1 of 4

**COVER SHEET
FOR RECORDING**

Property of Cook County Clerk's Office

0070003

47
84

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DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF DUPAGE

Robert N. Murray and Virginia H. Murray being duly sworn states that they resides at 275 Dulles Road, Des Plaines, IL 60016 if residence is otherwise:

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

That the deceased died 9/28/87 as evidenced by a certified copy of death certificate of the deceased attached hereto.

007000's

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

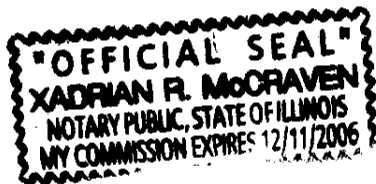
- Leaving no Last Will & Testament
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproved will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Probate 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 _____ N/A _____ dollars.

X [Signature]
Robert N. Murray

X Virginia H. Murray
Virginia H. Murray

Subscribed and sworn to before me by the said ROBERT N & VIRGINIA H. MURRAY this 23rd day of March, A.D. 2006
[Signature] March 23, 2006
Notary Public DATE



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1/8-

STATE OF ILLINOIS
County of Cook

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DAVID ORR, County Clerk

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

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER: **87-053267**

DECEDENT'S BIRTH NO. _____ REGISTRATION DISTRICT NO. **160**
REGISTERED NUMBER _____

DECEASED - NAME: **ERNEST HANSON** SEX: **Male** DATE OF DEATH - (MONTH, DAY, YEAR): **Sept. 28, 1987**

RACE: **White** ORIGIN OR DESCENT: **Swedish** AGE - LAST BIRTHDAY (YES): **84** UNDER 1 YEAR: **NO** UNDER 1 DAY: **NO** DATE OF BIRTH - (MO, DAY, YEAR): **Apr. 14, 1903** COUNTY OF DEATH: **Cook**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **DesPlaines** HOSPITAL OR OTHER INSTITUTION - NAME IF NOT IN EITHER, GIVE STREET AND NUMBER: **Ballard Nursing Home** IF HOSP. OR INST. INDICATE DISEASE OPERER, INPATIENT (SPECIFY): **Inpatient**

STATE OF BIRTH - IF NOT U.S.A. NAME COUNTRY: **Sweden** CITIZEN OF WHAT COUNTRY: **USA** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Widowed** NAME OF SURVIVING SPOUSE - (MARRIAGE NAME IF WORK): _____

SOCIAL SECURITY NUMBER: **12-347 10 6142** USUAL OCCUPATION: **Carpenter** KIND OF BUSINESS OR INDUSTRY: **Construction** WAS DECEASED EVER IN U.S. ARMED FORCES? YES / NO: **No** WAR OR DATES OF SERVICE: _____

RESIDENCE - STREET AND NUMBER: **14a 275 W. Dulles** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **14b DesPlaines** INSIDE CITY? YES / NO: **Yes** COUNTY: **Cook** STATE: **Illinois**

FATHER - NAME: **August Hansson** MOTHER - MAIDEN NAME: **Alfreda Andersson**

INFORMANT NAME (TYPE OR PRINT): **Virginia Murray** RELATIONSHIP: **Daughter** MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP): **275 W. Dulles, DesPlaines, Illinois 60016**

DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PREVALENT FOR (a), (b), AND (c))
PART I. IMMEDIATE CAUSE:
(a) **CARDIORESPIRATORY FAILURE** (b) **PULMONARY CONGESTION** (c) **MYOCARDIAL INFARCTION**

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST:
(a) **WEEKS** (b) **WEEKS** (c) **WEEKS**

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) _____

DATE OF OPERATION, IF ANY: _____ MAJOR FINDINGS OR OPERATION: _____

IF (X) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **9-21-87** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? YES / NO: **No** HOUR OF DEATH: _____

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
22a. SIGNATURE: *Peter Keifer MD* DATE SIGNED - (MONTH, DAY, YEAR): **9-28-87**
22b. NAME AND ADDRESS OF CERTIFIER: **Peter Keifer M.D., 1792 E. Oakton, DesPlaines, Illinois 60018** ILLINOIS LICENSE NUMBER: **59034**

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: _____ NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): **24a Cremation** CEMETERY OR CREMATORY - NAME: **24b Oakridge** LOCATION: **24c Hillside** CITY OR TOWN: **Illinois** DATE: **Sept. 29, 1987**

25a. FRIEDRICH'S Funeral Home, Inc., 320 W. Central Rd., Mt. Prospect, Illinois 60056
FURNERAL HOME: **FRIEDRICH'S** NAME: _____ STREET AND NUMBER OR R.F.D.: _____ CITY OR TOWN: _____ STATE: _____

25b. LOCAL REGISTRAR: **KEVIN SCOTT, M.D.** REGISTRAR: *Collie Thompson* FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **6367**

25c. DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **SEP 20 1987**

25d. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF VITAL RECORDS (BASED ON 1978 U.S. STANDARD)

Type or Print in PERMANENT INK See Funeral Director, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED

CAUSE

CERTIFIER

DISPOSITION

CORR. 76 PER 76 10-20-87

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ACAPS #: 106031506663000

ATC FILE #: 0070003

Customer Name: Robert and Virginia Murray

LEGAL DESCRIPTION

LOT 125 IN BRENTWOOD IN DES PLAINES, UNIT NO. 3, BEING A
RESUBDIVISION OF PARTS OF LOTS 8 AND 14, OWNER'S SUBDIVISION
OF SECTION 13, TOWNSHIP 41 NORTH, RANGE 11, EAST OF THE 3RD
PRINCIPAL MERIDIAN, ACCORDING TO PLAT THEREOF REGISTERED IN
THE OFFICE OF REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS, ON
SEPTEMBER 25, 1961 AS DOCUMENT 1999491.

P.I.N. #: 08-13-409-015-0000

AMERICAN TITLE CORPORATION

1540 N. Old Rand Rd, Wauconda, IL. 60084 ♦ Phone: (847) 487-9200 Fax: (847) 487-9753

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