

UNOFFICIAL COPY

TICOR TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois

Commitment Number: 100899

County of DuPage

SS.

Agnes A. Viles
50th Ave. Oak Lawn, IL

being duly sworn states that he/she resides at 8920 S.
That he/she was acquainted with Reid O. Viles, deceased who, at the
time of his/her death, was one of the owners of the land in COOK County, Illinois described as follows:

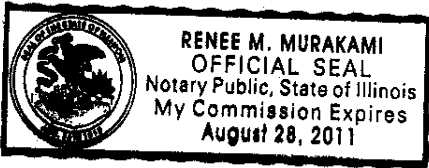
(See Attached Legal Description Rider)

That the deceased died on 1/24/1954, as evidenced by a certified copy of the death certificate of said 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 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 \$
Affiant makes this affidavit for that purpose of inducing Tigor Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.



(SEAL)

Agnes A. Viles

SUBSCRIBED and SWORN to before me on 11/21/07

Renee M. Murakami

Notary Public

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Doc#: 0733808237 Fee: \$50.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 12/04/2007 12:40 PM Pg: 1 of 3

TICOR TITLE

40f3
10f3
200512857
TICOR TITLE

30

21

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File No.: 100899

EXHIBIT A

Lot 6 in Block 3 in Lawn Heights Subdivision unit no. 3, being a subdivision of the East 2/10 of Lot 1 in the subdivision of the West ½ of the North East ¼ and the North West ¼ of Section 4, Township 37 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois.

Property of Cook County Clerk's Office

UNOFFICIAL COPY

"THE SIGNATURES OF THE PARTIES EXECUTING THIS DOCUMENT ARE COPIES AND ARE NOT ORIGINAL SIGNATURES."

Certified Copy of a Death Record

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.92
REGISTERED NUMBER 136

1. **REID D VILES** 2 Male 3 January 24, 1984

RACE: White ORIGIN OR DESCENT: GERMAN AGE: 40 DATE OF BIRTH: May 10, 1943 COUNTY OF DEATH: Cook

7b. Proviso Township 7c. Foster G. McGaw Hospital 7d. Inpatient

8. Illinois 9. U.S.A. 10. Divorced 11. NAME OF SURVIVING SPOUSE: NONE

12. SOCIAL SECURITY NUMBER: 340 34 4475 USUAL OCCUPATION: SALES MAN RIND OF BUSINESS OR INDUSTRY: AUTO

13. RESIDENCE: 2937 W. 71st St Chicago Yes Cook Illinois

15. FATHER: RAYMOND VILES 16. MOTHER: GRACE TAPPLER

17a. Informant: Joyce F. Towfighnia 17b. Relationship: Hospital Records 17c. Mailing Address: 2160 S. 1st Av., Maywood, Illinois 60153

18. DEATH WAS CAUSED BY:
PART I. IMMEDIATE CAUSE
18a. PNEUMONIA 24 HRS.
18b. RECURRENT CANCER OF TONGUE (LOCAL AND DISTANT) 1 Y.R.
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT HELD TO CAUSE GIVEN BY PART I (a)
20a. DATE OF OPERATION, IF ANY 20b. MAJOR FINDINGS OF OPERATION
21a. DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 1/23/84
21b. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
21c. HOUR OF DEATH: 7:35 P.M.
21d. DATE SIGNED: 1/24/84

22a. SIGNATURE: John P. Hoffman, M.D.
22b. NAME AND ADDRESS OF CERTIFIER: 2160 S. 1st Ave., Maywood, Illinois 60153
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: DR. J. HOFFMAN

23. BURIAL, CREMATION, REMOVAL (SPECIFY): 24a. BYRIAL 24b. CEMETERY OR CREMATORY: EVERGREEN CEMETERY 24c. LOCATION: EVERGREEN PARK ILL 24d. DATE: 1/27/84
25a. FUNERAL HOME: MICHAEL COLETTA SONS 3240 W. 79th CHICAGO ILL 60652
25b. FUNERAL DIRECTOR'S SIGNATURE: Michael Coletta
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 7103
26a. LOCAL REGISTRAR'S SIGNATURE: [Signature] FOREST PARK ILLINOIS 60130
26b. DATE FILED, BY LOCAL REGISTRAR (MONTH, DAY, YEAR): JANUARY 25, 1984
26c. BASED ON 1978 (REV. STANDARD CERTIFICATE)

VR 200 REV. 5/82 Illinois Department of Public Health - Office of Vital Records

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at 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 FEB 2 1984 SIGNED [Signature] LOCAL REGISTRAR OF VITAL STATISTICS

AT FOREST PARK ILLINOIS 60130, Illinois. OFFICIAL TITLE

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local health officers shall be prima facie evidence in all courts and places of the facts therein stated.