

UNOFFICIAL COPY



DECEASED JOINT TENANCY AFFIDAVIT

THIS INSTRUMENT PREPARED
BY AND MAIL TO:

Elizabeth A. Hambrick-Stowe
Lillig & Thorsness, Ltd.
1900 Spring Road, Suite 200
Oak Brook, IL 60523

Doc#: 1101310061 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 01/13/2011 10:39 AM Pg: 1 of 3

This space for recorder's use only

SCOTT F. WHITE, being duly sworn states, as follows:

That he resides at 1304 Gamon Road, Wheaton, Illinois 60189-6444.

That he was acquainted with EMMONS G. CLINITE, deceased, who at the time of his death was one of the owners of the land in Cook County, Illinois, described as:

Lot Seventy-one (71) in the First Addition to Lynwood, being a Subdivision in the North West Quarter (N.W. 1/4) of South East Quarter (S.E. 1/4) and in the South West Quarter (S.W. 1/4) of said South East Quarter (S.E. 1/4) of Section 5 (5), Township Thirty-seven (37) North, Range Thirteen (13), East of the Third Principal Meridian, according to the plat recorded April 25, 1941, as Document 12667300, in Cook County, Illinois.

Permanent Index No.: 24-05-420-011-0000

Property Address: 9213 Mayfield Avenue, Oak Lawn, Illinois 60453-1528

That the deceased died November 4, 1966, as evidenced by a copy of death certificate of the deceased attached hereto.

That the deceased died:

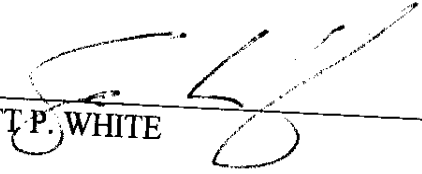
Leaving no Last Will & Testament.

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 IRC Section 2010 applicable exclusion amount for 1966,

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Affiant makes this affidavit for the purpose of inducing any duly licensed title insurance company to issue its Title Insurance Policy describing the above mentioned property.


SCOTT P. WHITE

SWORN AND SUBSCRIBED to before
me this 24 day of December, 2010.


NOTARY PUBLIC



Property of Cook County Clerk's Office

ORIGINAL

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FILL IN WITH TYPEWRITER OR LEGIBLE PRINTING
STATE OF ILLINOIS

1964 revision based on the U.S. Standard Certificate of Death

VS 200—BUREAU OF STATISTICS—ILLINOIS DEPARTMENT OF PUBLIC HEALTH

MEDICAL CERTIFICATE OF DEATH

DECEDENT'S BIRTH NO. _____ STATE FILE NUMBER _____

1 PLACE OF DEATH
a STATE **ILLINOIS** b COUNTY **COOK** REGISTRATION DISTRICT NO. **16-6** REGISTERED NUMBER **5295**

c **INSIDE** corporate limits and in City, Village, or Incorporated Town **OAK LAWN**
d **OUTSIDE** corporate limits and in Township name _____ Road District No. _____

2 USUAL RESIDENCE
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. _____

3 NAME OF HOSPITAL OR INSTITUTION **CHRIST COMMUNITY HOSPITAL**
e LENGTH OF STAY IN I. **25 YEARS**
f LENGTH OF STAY IN II. **14 DAYS**
g RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) **9213 S MAYFIELD**

4 DATE OF DEATH (MONTH) (DAY) (YEAR) **11 - 4 - 1966**
h Did decedent reside ON A FARM? YES NO

5 SEX **MALE** 6 RACE **WHITE** 7 MARRIED **MARRIED** 8 DATE OF BIRTH **6-18-93**
9 AGE (in years last birthday) **73** 10a USUAL OCCUPATION **MANAGER** 10b KIND OF BUSINESS OR INDUSTRY **BOTTLING COMPANY**
11 BIRTHPLACE (City and State or foreign country) **STERLING, ILLINOIS** 12 Citizen of what country? **U.S.A.**

13 FATHER'S FULL NAME **WILLIAM CLINITE** 14 MOTHER'S FULL MAIDEN NAME **LENA E. (UNKNOWN)**

15 Was decedent ever in U.S. Armed Forces? (Yes, no or unknown) (Give war dates of service) **YES W.W.I** 16 SOCIAL SECURITY NUMBER **██████████-2065**

17 INFORMANT SIGNATURE **PER HOSPITAL RECORDS**
18 MEDICAL CAUSE OF DEATH
PART I DEATH WAS CAUSED BY (Enter only one cause; line for (A), (B) and (C))
IMMEDIATE CAUSE (A) **Cerebral thrombosis**
Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last. **Arterio sclerosis**
due to (B) _____ due to (C) _____
INTERVAL BETWEEN ONSET AND DEATH **3 wks 1 yr.**

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION: **Coronary heart disease**

19a. DATE OF OPERATION, IF ANY _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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

21. I hereby certify that I attended the deceased from **11/4 1966** to **11/4 1966** and death occurred at **8:35 P** M. from the causes and on the date stated above, that I last saw the deceased alive
Signature **JH Gasteyer** Date **11/5/66** Illinois License No. **18948**
Address **9515 So. 53rd Ave Oak Lawn, Ill. Garden 4-026**

22. DISPOSITION: BURIAL CREMATION _____ Date **10/7/66**
CEMETERY **FAIRMOUNT**
LOCATION **WILLOW SPRINGS PALOS TWP.**

23. FUNERAL DIRECTOR **ZIMMERMANN & SANDEMAN**
SIGNATURE **Arthur Sandeman**
ADDRESS **5200 W. 95th St.** Illinois License No. **6577**
OAK LAWN, ILLINOIS.

24. Received for filing on **November 7-1966** (Signed) **John E. Hall, M.D.**
COOK COUNTY DEPT. OF PUBLIC HEALTH - CHICAGO, ILL.
LOCAL REGISTRAR

AUTHORITY F ILLINOIS

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