

# UNOFFICIAL COPY

DECEASED JOINT  
TENANCY AFFIDAVIT



STATE OF ILLINOIS     )  
  )     SS  
COUNTY OF COOK        )

Doc#: 1220216096 Fee: \$42.00  
Eugene "Gene" Moore RHSP Fee:\$10.00  
Cook County Recorder of Deeds  
Date: 07/20/2012 02:49 PM Pg: 1 of 3

Betty L. Erickson, being first duly sworn states that she resides at 1714 Birch Street,  
Des Plaines, IL 60018.

That she was acquainted with Granville E. Erickson, deceased, who, at the time of his death  
was one of the owners of the land in Cook County, Illinois, described as:

See Attached

That the deceased died 4-12-2006, as evidenced by a certified copy of death  
certificate of the deceased attached hereto.

That the deceased died:

X 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 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 \$49,000.00 dollars.

Betty L. Erickson  
Betty L. Erickson

Subscribed and sworn to before me this 9th day of July, 2012.



Melissa Flowers  
Notary Public

# UNOFFICIAL COPY

## LEGAL DESCRIPTION

LOTS 3 AND 4 AND THE EAST ½ OF THE VACATED ALLEY LYING WEST OF AND ADJOINING IN BLOCK 4 IN WHITE STEEL CAR ADDITION TO RIVERVIEW, BEING A SUBDIVISION IN THE NORTHEAST ¼ OF THE NORTHWEST ¼ OF SECTION 28, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED OCTOBER 20, 1891 AS DOCUMENT NO. 1554522, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number (s) 09-28-113-013-0000

Address of Real Estate: 1714 Birch Street, Des Plaines, IL 60018

Property of Cook County Clerk's Office

APRIL 20, 2006

STATE OF ILLINOIS  
County of Cook

# UNOFFICIAL COPY

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

DECEASED PARENTS CAUSE CERTIFIER DISPOSITION	DECEASED'S BIRTH NO. REGISTRATION DISTRICT NO. <b>16.0</b> REGISTERED NUMBER	STATE OF ILLINOIS <b>MEDICAL CERTIFICATE OF DEATH</b>	STATE FILE NUMBER
DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR) 1. <b>Granville E. Erickson</b> 2. <b>Male</b> 3. <b>April 12, 2006</b>			
COUNTY OF DEATH AGE—LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) 4. <b>Cook</b> 5a. <b>74</b> 5b. <b>74</b> 5c. <b>74</b> 5d. <b>November 24, 1931</b>			
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) 6a. <b>Des Plaines</b> 6b. <b>1714 Birch St.</b> 6c. <b>---</b>			
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 7. <b>Chicago, IL</b> 8a. <b>Married</b> 8b. <b>Betty Reichenbach</b> 9. <b>Yes</b>			
SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 10. <b>0082</b> 11a. <b>Project Supervisor</b> 11b. <b>Construction</b> 12. <b>4</b>			
RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP, OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY 13a. <b>1714 Birch St.</b> 13b. <b>Des Plaines</b> 13c. <b>Yes</b> 13d. <b>Cook</b>			
STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 13a. <b>Illinois</b> 13f. <b>60018-</b> 14a. <b>White</b> 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
FATHER—NAME FIRST MIDDLE LAST MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST 15. <b>Granville A. Erickson</b> 16. <b>Lu Ellen Verner</b>			
INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17a. <b>Betty Erickson</b> 17b. <b>Wife</b> 17c. <b>Des Plaines, IL 60018-</b>			
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Immediate Cause (Final disease or condition resulting in death) → (a) <b>Carcinoma of Right Lung</b> 3 Months CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) _____ (c) _____			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 18a. <b>No</b> 18b. <b>No</b>			
DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20a. _____ 20b. _____ 20c. <input type="checkbox"/> YES <input type="checkbox"/> NO			
I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH 21a. <b>April 12, 2006</b> 21b. <b>No</b> 21c. <b>4:10 PM</b>			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR) 22a. SIGNATURE <i>Edwin J. Adamski Jr.</i> 22b. <b>April 13, 2006</b>			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER 22c. <b>7155 W. Howard St., Niles, IL 60714</b> 22d. <b>036-54224</b>			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. 23. _____			
BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) 24a. <b>Burial</b> 24b. <b>Mt. Emblem Cemetery</b> 24c. <b>Elmhurst IL</b> 24d. <b>04/15/2006</b>			
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. <b>Skaja Terrace Funeral Home 7812 N. Milwaukee Ave. Niles, IL 60714</b>			
FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25b. <i>Gordon J. Wojda</i> <b>Gordon J. Wojda</b> 25c. <b>034-011503</b>			
LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26a. <i>David Orr</i> 26b. <b>APR 20 2006</b>			