

# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS            )  
  ) SS.  
COUNTY OF COOK            )



That Juanita Verran duly sworn states that she resides at 4959 S. Knox Ave. Chicago, Illinois.

Doc#: 1429419069 Fee: \$60.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 10/21/2014 11:29 AM Pg: 1 of 2

That Marshall Verran who, at the time of his death, was one of the owners of the land at 4959 S. Knox Ave. Chicago, Illinois legally described as follows:

LOT 60 IN BARTLETT'S RESUBDIVISION OF CERTAIN LOTS IN FREDERICK H. BARTLETT'S CENTERFIELD, A SUBDIVISION IN THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 10, TOWNSHIP 38 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MEIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N: 19-10-116-020-0000

That the deceased died February 29, 2001 as evidenced by a certified copy of death certificate of the deceased attached hereto. That the deceased died without leaving a Last Will & Testament.

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 Six Hundred Thousand dollars and 00/100 (\$600,000.00).

Affiant makes this affidavit for that purpose of inducing a Licensed Title Company to issue an owner's policy for the above-referenced property.

*Juanita Verran*  
\_\_\_\_\_  
Juanita Verran

1454053 1/2  
Old Republic National Title  
Insurance Company  
20 S Clark Street Ste 2000  
Chicago IL 60603

Subscribed and sworn to before me this 13th day of October, 2014

*[Signature]*  
\_\_\_\_\_  
Notary Public



This Document prepared by Michael J. Laird & Associates 6808 West Archer Ave. Chicago, Il. 60638  
Return Document to: Michael J. Laird & Associates 6808 West Archer Ave. Chicago, Il. 60638

# UNOFFICIAL COPY

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS

## MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**

STATE FILE NUMBER

601842

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

**FEB 5 2001**

I, JOHN L. WILHELM M.D., LOCAL 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 FOR 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 OBTAINANCE OF SAID LAW AND ORDINANCES.

*John L. Wilhelm, MD*  
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

1. DECEASED-NAME <b>MARSHALL VERRAN</b>	SEX <b>2. MALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>3. FEBRUARY 02, 2001</b>
4. COUNTY OF DEATH <b>COOK</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>5d. OCTOBER 14, 1928</b>	IF HOSP. OR INST. INDICATE D.O.A. OR OTHER, RM, INPATIENT (SPECIFY) <b>6c. INPATIENT</b>
5a. AGE-LAST BIRTHDAY (YRS) <b>72</b>	UNDER 1 DAY HOURS MIN. <b>5b.</b>	8c. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <b>9. NO</b>
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER <b>CHICAGO</b>	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>HOLY CROSS HOSPITAL</b>	10. KIND OF BUSINESS OR INDUSTRY <b>11a. Pipe Fitter</b>
6b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>8a. Married</b>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>8b. Juanita Andrews</b>	11b. CONSTRUCTION <b>12. College (1-4 or 5+)</b>
7. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) <b>12. College (1-4 or 5+)</b>	13a. CITY, TOWN, TWP, OR ROAD DISTRICT NO. <b>13a. Chicago</b>
8. RESIDENCE (STREET AND NUMBER) <b>13a. 4959 S. Knox</b>	INSIDE CITY (YES/NO) <b>13b. Yes</b>	13c. COUNTY <b>13d. Cook</b>
9. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>14a. white</b>	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY: <b>14b. NO</b>	14c. MOTHER-NAME FIRST MIDDLE LAST <b>Bertha Stroh</b>
10. FATHER-NAME FIRST MIDDLE LAST <b>William Verran</b>	15. RELATIONSHIP <b>17b. wife</b>	17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>17c. 4959 S. Knox Chicago, IL 60632</b>
11. INFORMANT'S NAME (TYPE OR PRINT) <b>17a. Juanita Verran</b>	18. PART I. Immediate Cause (Final disease or condition resulting in death) <b>(a) Atherosclerotic Heart Disease</b>	18. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. <b>(b) Peripheral Arteritis</b> <b>(c) Diabetic Mellitus - skull vessel</b>
12. DATE OF OPERATION, IF ANY <b>20b. 1-26-01</b>	MAJOR FINDINGS OF OPERATION <b>19a. NO</b>	19b. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>20c. YES <input type="checkbox"/> NO <input type="checkbox"/></b>
13. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER/LIVE ON <b>21a. 2-1-01</b>	21c. DATE SIGNED <b>10:05 A.M.</b>	21d. HOURS OF DEATH <b>2-2-2001</b>
14. NAME AND ADDRESS OF CERTIFIER <b>PITU G. PUNJABI, M.D.</b>	22a. ILLINOIS LICENSE NUMBER <b>036053482</b>	22b. ILLINOIS LICENSE NUMBER <b>036053482</b>
15. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER <b>John J. Zarzycki</b>	23. BIRTHAL, CREMATION, REMOVAL (SPECIFY) <b>24a. Burial</b>	23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <b>John J. Zarzycki</b>
16. CEMETERY OR CREMATORY-NAME <b>24b. Evergreen Cemetery</b>	24c. LOCATION <b>Evergreen Park, IL</b>	24d. DATE (MONTH, DAY, YEAR) <b>Feb. 2, 2001</b>
17. FUNERAL HOME <b>Zarzycki Manor Chapels, Ltd. 5088 S. Archer Chicago, IL 60632</b>	25. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-015211</b>	25. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>FFB 05 2001</b>
18. FUNERAL DIRECTOR'S SIGNATURE <i>Claudette Zarzycki</i>	26a. LOCAL REGISTRAR'S SIGNATURE <i>John L. Wilhelm, M.D.</i>	26b. DATE (MONTH, DAY, YEAR) <b>FFB 05 2001</b>