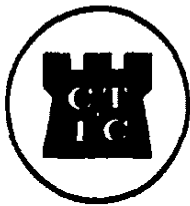


UNOFFICIAL COPY

Prepared By
Law Offices
JOHN E. McPARLAND
2915 N. Milwaukee Ave.
Chicago, Ill. 60641 777-1718



CHICAGO TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

-85-306914

STATE OF ILLINOIS
COUNTY OF COOK

} ss.

Order No. _____

ELLA SHEBER being duly sworn
states that she resides at 3501 N. Lowell Avenue in the City of
Chicago, Cook County, Illinois
That she was acquainted with Martin R. Sheber
deceased who, at the time of his death, was one of the owners of the land in Cook
County, Illinois, described as:

Lots twenty six (26) and twenty seven (27) in Block one (1) in
Subdivision of No. One Milwaukee Avenue Land Association, being a
subdivision of that portion of the West half of the North West
quarter of South East quarter of Section twenty two (22), Township
forty (40) North, Range thirteen (13), East of the Third Principal
Meridian, lying South West of Milwaukee Avenue, in COOK COUNTY,
ILLINOIS.

LOT 27 LOT 26 M

Permanent Index Numbers: 13-22-401-022-0000 and 13-22-401-023-0000
Property Address: 3501 N. Lowell Avenue, Chicago, Illinois 60641

-85-306914

That the deceased died March 20, 1962, as evidenced by a
certified copy of death certificate of the 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 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 Ten Thousand and no/100 (\$10,000.00) dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Ella Sheber

this 9th day of May, A.D. 1974
Ray A. Hallin
Notary Public

Ella Sheber
(affiant's signature)

not blank
UNOFFICIAL COPY

11/10/05



85-306914

DEPT-01 RECORDING
T#2222 TRMN 0045 12/03/05 15:03:00
#0613 # 13 * 85-306914

Property of Cook County Clerk's Office

439

-85-306914
18017

Law Offices
JOHN E. McPARLAND
3945 N. Milwaukee Ave.
Chicago, Ill. 60641 777-1718

March 23, 1961

STATE OF ILLINOIS }
COUNTY OF COOK } SS
CITY OF CHICAGO }

I, Samuel L. Andelman, 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 of 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 pursuance of said laws and ordinances.

This Certified Copy VALID
Only When Original BLUE
SEAL AND BLUE SIGNATURE
Are Affixed

Samuel L. Andelman, M.D.
LOCAL REGISTRAR

ORIGINAL STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

1. PLACE OF DEATH
a. COUNTY: COOK
b. STATE: Illinois
c. CITY, VILLAGE OR TOWN: Chicago, Illinois
d. STREET ADDRESS: 3501 N. Lovell Ave
e. DATE OF DEATH: 3/20/61
f. AGE at death: 67
g. SEX: Male
h. RACE: White
i. MARRIAGE STATUS: Married
j. SOCIAL SECURITY NUMBER: 01-3069A
k. TYPE OF DEATH: Natural

2. USUAL RESIDENCE (where deceased lived 7 or more months before death)
a. COUNTY: Cook
b. STATE: Illinois
c. CITY, VILLAGE OR TOWN: Chicago, Illinois
d. STREET ADDRESS: 3501 N. Lovell Ave
e. DATE OF DEATH: 3/20/61
f. AGE at death: 67
g. SEX: Male
h. RACE: White
i. MARRIAGE STATUS: Married
j. SOCIAL SECURITY NUMBER: 01-3069A
k. TYPE OF DEATH: Natural

3. NAME OF DECEASED: Vincent Sheber
4. SEX: Male
5. RACE: White
6. MARRIAGE STATUS: Married
7. SOCIAL SECURITY NUMBER: 01-3069A
8. TYPE OF DEATH: Natural

9. DATE OF BIRTH: 10-26-1893
10. BIRTHPLACE (City and state or foreign country): Lima, Ohio
11. MOTHER'S FULL MAIDEN NAME: Elizabeth Williams
12. INFORMANT: St. Anne's Hospital
13. ADDRESS: 8950 W. Thomas St. - Forest Park, Chicago, Ill.

14. IMMEDIATE CAUSE (as reported by physician or coroner):
a. due to (to be filled in by physician or coroner)
b. due to (to be filled in by physician or coroner)
c. due to (to be filled in by physician or coroner)

15. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART 14: None

16. INTERVAL BETWEEN ONSET AND DEATH: 36 days

17. AUTOPSY: YES NO

18. DESCRIBE CIRCUMSTANCES OF INJURY, IF ANY, WHOSE NATURE IS MENTIONED IN PART I OF PART 14 ABOVE.

19. I hereby certify that I attended the deceased from JAN 17 1961 to MAR 20 1961, that I last saw the deceased alive on MAR 17 1961 and death occurred on MAR 20 1961 from the causes and on the date stated above.

20. DATE: 3/23/61
21. SIGNATURE: *Samuel L. Andelman, M.D.*
22. ADDRESS: 54 West Hubbard Street, Chicago 10, Illinois
23. PHONE: 753-7837

24. DISPOSITION: Burial in Bohemian National Cemetery, Chicago, Illinois
25. FUNERAL HOME: Theis Funeral Home, 3517-27 N. Pulaski Road, Chicago, Illinois
26. SIGNATURE: *Samuel L. Andelman, M.D.*
27. ADDRESS: 54 West Hubbard Street, Chicago 10, Illinois
28. PHONE: 753-7837

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