



Chicago Title Insurance Company

86417150

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF

ss.

Order No. \_\_\_\_\_

PHYLLIS J. GALAT

being duly sworn

states that SHE resides at 7924 WEST 74TH PLACE in the City of BRIDGEVIEW, ILLINOIS

That SHE was acquainted with RICHARD J. GALAT

deceased who, at the time of HIS death, was one of the owners of the land in COOK County, Illinois, described as:

LOT 6 IN BRG'S SUBDIVISION OF THE SOUTH ONE-HALF OF THE NORTH ONE-HALF OF THE SOUTH ONE-HALF OF THE SOUTH WEST ONE-QUARTER OF THE NORTH WEST ONE-QUARTER OF SECTION TWENTY-FIVE (25), TOWNSHIP THIRTY-EIGHT (38) NORTH, RANGE TWELVE (12) EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

18-25-11-006 MS

That the deceased died SEPTEMBER 9, 1970, 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 \_\_\_\_\_ 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

this 16<sup>th</sup> day of Sept., A.D. 1970  
May I. [Signature]  
Notary Public

[Signature]  
(affiant's signature)

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# UNOFFICIAL COPY

Chicago Title Insurance Company



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UNOFFICIAL COPY FROM CHICAGO TITLE

STATE OF ILLINOIS  
COUNTY OF

Know all men by these presents that \_\_\_\_\_  
of the County of \_\_\_\_\_ State of Illinois  
do hereby certify that \_\_\_\_\_  
is the true and lawful owner of the above described  
land situated in \_\_\_\_\_ County, Illinois.

Property of Cook County Clerk's Office

86417150

86417150

and that the above described land is not subject to any  
claim or interest of any person other than the  
above named owner.

Witness my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public

UNOFFICIAL COPY

SEPT. 8, 1970

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

I, Murray C. Brown, 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 as 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.



Murray C. Brown  
LOCAL REGISTRAR

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH 626362

REGISTRATION DISTRICT NO. 1610

STATE NO.

DECEASED—NAME <b>RICHARD J. GALAT</b>		SEX <b>MALE</b>	DATE OF DEATH <b>9/7/70</b>
RACE <b>White</b>		DATE OF BIRTH <b>1/19/38</b>	PLACE OF DEATH <b>Cook</b>
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>Chicago</b>		(IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7b. PLACE OF BIRTH <b>Chicago</b>		7c. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>Phyllis Zacker</b>	
8. CITIZENSHIP <b>U.S.A.</b>		11. U.S. WAR VETERAN (YES/NO) <b>No</b>	
9. SOCIAL SECURITY NUMBER <b>338-30-0643</b>		13c. WAR OR DATES OF SERVICE <b>None</b>	
10. USUAL OCCUPATION <b>Manager</b>		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>14c. no</b>	
11. RESIDENCE <b>Illinois</b>		14d. no	
12. FATHER—NAME <b>John Galat</b>		14e. MOTHER—MAIDEN NAME <b>Lottie Galat</b>	
13. INFORMANT SIGNATURE <i>[Signature]</i>		16. RELATIONSHIP <b>Med/Red</b>	
14. ADDRESS <b>Hennrotin Hospital</b>		17b. 111 W. Oak St., Chgo., Ill. 60610	
15. DEATH WAS CAUSED BY: <b>1. Cerebral hemorrhage</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
2. <b>Hypertension, bulging aorta</b>		<b>3 days</b>	
3. <b>Hypertension, myocardial infarct</b>		<b>years</b>	
18. DATE OF OPERATION, IF ANY <b>9/4/70</b>		19a. AUTOPSY (YES/NO) <b>No</b>	
19b. MAJOR FINDINGS OF OPERATION <b>1. Cerebral hemorrhage</b>		19c. HOUR OF DEATH <b>5:45A.</b>	
20. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.			
SIGNATURE <b>Dr. Charles Gianasi M.D.</b>		DATE SIGNED <b>9/7/70</b>	
MAILING ADDRESS—CERTIFIER <b>55 E. Washington St. Chicago Ill.</b>		ILLINOIS LICENSE NUMBER <b>26260</b>	
FUNERAL HOME <b>Ridge Funeral Home 6620-28 W. Wacker Ave. Chicago Ill.</b>		STATE <b>Illinois</b>	
FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		DATE <b>9-10-70</b>	
LOCAL REGISTRAR SIGNATURE <i>[Signature]</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>4041</b>	

CHICAGO BOARD OF HEALTH  
Chicago Civic Center, Room 105  
Concourse Level, Chicago 60602

DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  
**SEP 8 1970**

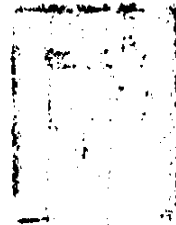
ILLINOIS DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL RECORDS  
(BASED ON 1968 U.S. STANDARD CERTIFICATE)

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UNOFFICIAL COPY

7924 West 74th Pl  
Bridgeland, IL 60455

Property of Cook County Clerk's Office



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DEPT-01 RECORDING 12.25  
T#1111 TRAN 0379 09/16/86 11:41:00  
#0928 # C \*-86-417150  
COOK COUNTY RECORDER

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