# **UNOFFICIAL COPY**

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#### DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS COUNTY OF	ss.	Order No.	
John T. Shaw	, 		being duly sworn
states that he resides at	7717 W. State Road		in the City of
Burbank		<b>- •</b>	
That he was acquaint	ted withJohn Hill		
deceased who, at the time of his County, Illinois, described a	4 - 0	owners of the land in	Cook
Lot 20 in Block 25 in West 79th Street Subd of Blocks 24, 25, par Keystone Addition to of the East 2 of the Township 38 North, Rai Principal Meridian, in Principal Meridian, in the deceased died	tof 27 and all of F Chicago, being a Sub Southwest & of Sections 13, East of the n Cook Councy, Illing April 19, 1986	ubdivision Block 28 in odivision ion 28, Third nois.	, as evidenced by a
That the deceased died:		C,	•
X Leaving no Last Will &	· Testament.	0	
Leaving a Last Will &	Testament a copy of whi	ich is attached heret >. 7 the Probate Division ty, Illinois.	he original of the unproven of the Circuit Court of
Leaving a Last Will Division of the Circui	& Testament which was it Court of	s filed in the Unprove	n Will Bax of the Probate County, Illinois about
That the total value of the the deceased either individually exceed the sum ofFifty T	or in joint tenancy at	neluding both real and the time of the death	personal property owned by of the deceased, abes not dollars.
Affiant makes this affidavit its Title Insurance Policy, describ			Insurance Company to issue
Subscribed and swom to be	fore me by the said		
John T. Shaw			
this 29 day of Sep?	Contra A.D. 198	<u>b</u> />	John T. Shaw
Notary Pub	lic		sifiant's signature)

FORM 3703

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death 86444826 record for the decedent named in item I and that this record was filed in my office in accordance with the provisions established of the relating to the registration of births, stillbirths APRIL 22,1986 Date At Cook County Department of Public Health Official 1500 S. Maybrook Drive, Maywood, Illinois 60153 Title Chief Registrar NAME AND A ORESS OF CENTIFIER CONDITIONS, IF ANY, WHICH GIVE BISE TO IMPEDIATE CAUSE (a) STATING THE UNDER-VR200 HEV. 5/82 OCYL BEGISTANTS SIGNATURE REMOVAL CREMATION, NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT). TO THE BEST OF MENDWLEDGE, DEATH OCCUPATED ATTHE TIME, DATE AND PLACE AND OUR TO THE CAUSCIS! STATED FUNERAL DIRECTOR'S SIGNATURE FUNERAL HOME I (010) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIMMER . LEVE ON DATE OF OPERATION, IF ANY PART II. OTHER SIGNIFICANT COMO ONS. common companied painted from mily SOCIAL SECURITY NUMBER RESIDENCE STREET AND NUMBER . ENGLAND **b. PALOS HEIGHTS** WHITE IN BRITISH BRITISH DECEASED-WAME REGISTERED LTING CAUSE LAST. INFORMANT MAME STYPE OR PRINTS FATHER-KAME RACE-(WHITE BLACK AMERICAN OR GIN OR DESCENT REGISTRATION DISTRICT NO. TATE OF BIRTHIN HOT NULLA 332-42-0509 JUDI A. NILSON 7717 STATE ROAD Lawn Funeral Marry 32 HAMLET COLZ DEATH WAS CAUSED BY Σ e.e (THOMAS) 07 30g DUE TO ON AS A CONSEQUENT OF 246. JENY JEVICHME CEMETERY OR CREMATORY-NAME Home, Ltd. 7909 State Road Burbank, WAJOR FINDINGS OF OPERATION 9. ENGLAND USUAL OCCUPATION CITIZEN OF WHAT COUNTRY Adexo Cirrornance, of ding 195h Evergreen Illinois Department of Public Health - Office of Vital Records SALESMAN HILL ADMIN DESM MEDICAL CERTIFICATE OF ASE HOLD TENS LINGER | HERE | HOURS | DAY DATE OF BIRTHIMO..DAY.YEAR! Q STACET AND NUMBER OF B. F. D. CITY, TOWN, TWB, OR ROAD DISTUC . NO NEED CITY BURBANK HOSPITAL OR OTHER INSTITUTION - MARE U. AND T. IL SELFER. SIVE 1. K. S. C. S. J. DONTH.DAY.YEARS PALOS COMMUNITY HOSPITA Wininany TENTER ONLY GNE CAUSE PER LINE FOR (a), (b), AND (c) KIND OF BUSINESS OR IN JUSTRY WIDOWED, DIVORCED '5 LL' + 1 STATE OF ILLINOIS Och Herry 24c. LOCATION CARSONS MOTHER-MAIDEN NAME has refly cioning Evergreen PArk, Illinois 24April 23, BALUS AVENUETS, MCCAROHY RODGES WAS CONONER OF MEDICAL EXAMINER MOTIFIED? (SPECIFY YES OR NO) NO CIFY OR FOWN Ž will YES Cara comment your XES trach 6. JANUARY 4, 1921 MALE NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR WEDICAL EXAMINER MUST BE NOTIFIED, IN-60113 22 36-426 14 Malignapil Illinois 60459 MAS DECEASED EVER IN U.S. NAME OF SURVIVING SPOUSE IMAIDEN NAME, IF WITE! DEATH EQUATE DATE SEC D. AN LOCAL REGISTRAR (MONTH, DA FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER (BASED ON 1978 U.S. STANDARD CERTIFICATE) 15819 BAPRIL 19, PRITCHARD HIVE OF DEATH HOUR OF BEATH 5:25 P.M. 8 Sahan 190 IF PEMALE, WAS THERE A PREG. NAMEY IN PAST THREE MONTHS? 22b JOC. YES [] Med DATE SIGNED (NO. P. ILLINOIS TICENSE NUMBER DATE (MONTH, DAY, TEAR) COUNTY OF DEATH OP EMEN HALLE PATTENT BOINTS AD STAND BO BYM. 1986 2 0 SIGNAL IN DESERVATION CAUSE RETACEN ONSET AND DEATH 8 Teting MONTH, DAT, YEAR! Tolar INPATIENT ILLINOIS 12-51

1986 Ž

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