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Record Title Agency of Illinois, Inc.

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

ss.

Order No. 042571

Frederic R. Schuller & CeCelia A. Schuller

being duly sworn

states that they resides at 1224 W. Draper in the City of Chicago

That they were acquainted with Louise M. Schmidt

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

The West 38 feet of East 262 feet of the North 60.15 feet of Lot 2 in County Clerk's Division of Block 43 in Sheffields Addition to Chicago in Section 29 and Section 30 Township 40 north, Range 14 East of the third principal meridian, in Cook County, Illinois.

Also known as: 1224 W. Draper, Chicago, Il. 60614 #14-29-315-049 80.

PLEASE FILL IN BELOW

That the deceased died on Oct 19, 1985, 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 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 Oct 22, 1985

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 Record Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said F. SCHULLER 5460-2562-9161 & SCHULLER 5460-1224-0873

this 5th day of March, A.D. 1986
Notary Public

Frederic R. Schuller
CeCelia A. Schuller (affiant's signature)

CeCelia A. Schuller

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REGISTRATION NO. 16.10

MEDICAL CERTIFICATE OF DEATH

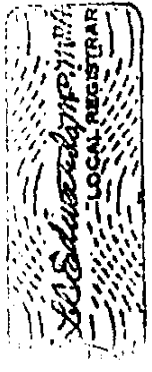
STATE OF ILLINOIS 620658

October 23, 1985

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO SS

L. LOMAX, C. EDWARDS M.D. M.P.A. 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.

86113552



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

1. **DECEASED - NAME** Louise M. Schmidt **SEX** Female **DATE OF DEATH** October 17, 1985 **CITY, STATE, COUNTY** Chicago, Illinois, Cook

2. **DATE OF BIRTH** Sept. 6, 1902 **AGE** 78 **PLACE OF BIRTH** Illinois, D.O.A.

3. **CITIZENSHIP** U.S.A. **USUAL OCCUPATION** Assembler **INDUSTRY** Factory **TYPE OF BUSINESS OR INDUSTRY** Widowed

4. **RESIDENCE** 1224 W. Draper St. **CITY, STATE, COUNTY** Chicago, Illinois, Cook **MOTHER - MAIDEN NAME** Engelbrecht

5. **FATHER - NAME** Joseph Engelbrecht **RELATIONSHIP** Daughter **ADDRESS** 1224 W. Draper St., Chicago, Ill. 60614

6. **DEATH WAS CAUSED BY** Cardiac Arrest **CHRONIC CONGESTIVE HEART FAILURE** Yes **DEATH WAS CAUSED BY** Chronic Congestive Heart Failure

7. **MAJOR FINDINGS OF OPERATION** Cardiac Arrest

8. **DATE OF OPERATION** Oct. 7, 1985 **MAJOR FINDINGS OF OPERATION** Chronic Congestive Heart Failure

9. **SIGNATURE AND ADDRESS OF CERTIFIER** Jay H. Kleiman, M.D. 205 N. Lincoln Ave., Chicago, Ill. 60614

10. **DATE OF DEATH** Oct. 17, 1985 **HOUR OF DEATH** 7:20 P. M.

11. **PLACE OF DEATH** Ewald Funeral Home 2501-03 N. Southport Ave., Chicago, Illinois 60614

12. **SIGNATURE OF LOCAL REGISTRAR** L. Lomax, C. Edwards, M.D. M.P.A.

13. **DATE OF DEATH** OCT 20 1985

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Property of Cook County Clerk's Office

DEPT-04 RECORDING 149.00
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#4514 # D *-04-113552

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