



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

} ss.

Order No. _____

Lorna B. Mc Lean

being duly sworn

states that she resides at 6948 W. Wellington in the City of Chicago

That she was acquainted with David A. Mc Lean

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

Lot Two (2) in Braun's Resubdivision of the East Sixty (60) feet of Lot One Hundred Forty - four (144) in Montclare Gardens Subdivision of the East Half (1/2) of the North West Quarter (1/4) of Section Thirty (30), Township Forty (40) North, Range Thirteen (13), East of the Third Principal Meridian in Cook County, Illinois.

That the deceased died December 18, 1936, 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 \$80,000.00 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.

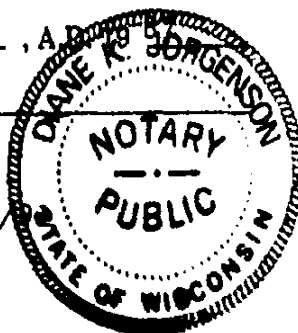
Subscribed and sworn to before me by the said

Lorna B. McLean

this 7th day of August, A.D. 1957

Diane K. Jorgenson
Notary Public, WI

Diane K. Jorgenson
My Commission expires: 4/28/1958
FORM 3703



Lorna B. McLean
(affiant's signature)

P.E.N. # 13-30-114-031-0000
DBO N 5/7

UNOFFICIAL COPY

STATE OF ILLINOIS
COUNTY OF COOK



IN SENATE, JANUARY 11, 1900.

RECEIVED BY THE
COUNTY CLERK

TO THE HONORABLE CLERK OF THE SENATE,
STATE OF ILLINOIS,
SPEAKER OF THE SENATE,
SANGAMON COUNTY, ILLINOIS.

FOR THE PURPOSES OF THE
ACT OF MARCH 1, 1897,
AS AMENDED BY THE ACT OF
MARCH 1, 1898, AND THE ACT OF
MARCH 1, 1899.

THE FOLLOWING IS A TRUE AND
CORRECT COPY OF THE
ACT OF THE SENATE,
PASSED JANUARY 11, 1900.

AND THE HOUSE OF REPRESENTATIVES,
PASSED JANUARY 11, 1900.

AND THE GOVERNOR HAS
SIGNED THE SAME.

IN WITNESS WHEREOF,
I HAVE HEREUNTO SET
MY HAND AND SEAL
AT SPRINGFIELD, ILLINOIS,
THIS 11TH DAY OF JANUARY, 1900.

CLERK OF THE SENATE

CLERK OF THE HOUSE OF REPRESENTATIVES

GOVERNOR

COMMISSIONER OF LANDS

Property of Cook County Clerk's Office

87453954

UNOFFICIAL COPY

January 5 1987

STATE OF ILLINOIS
COUNTY OF COOK SS
CITY OF CHICAGO

I, LOWME - 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.

87453954



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

REGISTRATION DISTRICT NO. 16.10

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH 625668

REGISTRATION DISTRICT NO. 16.10

REGISTERED NUMBER 16.10

DECEASED NAME FIRST MIDDLE LAST DAVID A. McLEAN

SEX MALE

DATE OF DEATH (MONTH, DAY, YEAR) 2 DECEMBER 15, 1986

1. DATE OF BIRTH (MONTH, DAY, YEAR) 6 APRIL 2, 1899

COUNTY OF BIRTH COOK

2. RACE White

3. HOSPITAL OR OTHER INSTITUTION (NAME, ADDRESS, CITY, STATE, ZIP, OR ROAD DISTRICT NUMBER) 6948 W. Wellington Chicago

4. CITIZENSHIP U.S.A.

5. MARRIAGE STATUS (SPECIFY) Married

6. NAME OF SURVIVING SPOUSE (Maiden Name, if wife) Lorna Dishman

7. SOCIAL SECURITY NUMBER 561 20 0967 A

8. USUAL OCCUPATION Sales

9. CITY, TOWN, VILLAGE OR ROAD DISTRICT NO. Chicago

10. STATE Illinois

11. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

(a) Cardio respiration arrest

(b) atherosclerotic heart disease

(c) pneumonia

12. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

(a) 6 minutes

(b) years

13. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH NOT RELATED TO CAUSE OF DEATH (TYPE OR PRINT) PNEUMONIA

14. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

15. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Stella Mahoney 6948 W. Wellington, Chicago, Illinois

16. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Howard Einhorn, M.D. 675 W. North Ave. Melrose Park, Ill.

17. FUNERAL HOME (NAME, ADDRESS, CITY, STATE, ZIP) Cremona 246. Montrose Chicago, Illinois

18. CEMETERY OR CREMATORY (NAME, ADDRESS, CITY, STATE, ZIP) Cremona 246. Montrose Chicago, Illinois

19. DATE (MONTH, DAY, YEAR) 24 Dec., 22, 1986

20. ILLINOIS LICENSE NUMBER 36-56302

21. SIGNATURE (TYPE OR PRINT) Joseph D. Roth

22. SIGNATURE (TYPE OR PRINT) Joseph D. Roth

23. SIGNATURE (TYPE OR PRINT) Joseph D. Roth

24. DATE RECD. BY (LOCAL REGISTRAR) (MONTH, DAY, YEAR) DEC 22 1986

25. (BASED ON 1978 U.S. STANDARD CERTIFICATE)

UNOFFICIAL COPY

Property of Cook County Clerk's Office

DEPT-01 \$13.00
T80003 TRAN 5749 08/17/87 09:46:00
#7586 * C * -87-453954
COOK COUNTY RECORDER

13.00

1-87-453954

WRECALL

PROPERTY OF DEPT...