



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF

ss.

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

AUGUSTA W. SABO

being duly sworn

states that I resides at 6514 WINDSOR AV. in the City of

BERWYN, ILL. 60402

That I was acquainted with JOHN F. SABO

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

LOT FOUR (4) IN BLOCK FOUR (4) IN BOLEN'S RESUBDIVISION OF WOODS SUBDIVISION OF BLOCKS TWO (2) AND FIFTEEN (15) IN LAVERGNE A SUBDIVISION OF PART OF SECTION THIRTY-ONE (31), TOWNSHIP THIRTY-NINE (39) NORTH, RANGE THIRTEEN (13), EAST OF THE THIRD PRINCIPAL MERIDIAN.

That the deceased died AUGUST 17, 1987, as evidenced by a certified copy of death certificate of the deceased attached hereto

That the deceased died:

16-31-213-004 BBO  
M.

- 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.

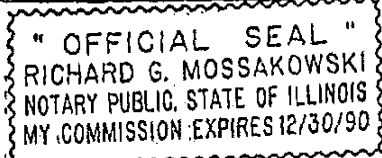
Subscribed and sworn to before me by the said

this 20th day of August, A.D. 19 87

Richard G. Mossakowski

Notary Public

Augusta W. Sabo  
(Affiant's signature)



87-462248

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811018

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DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <b>16.0F</b>	STATE OF ILLINOIS	STATE FILE NUMBER			
REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>				
Type or Print in PERMANENT INK See Funeral Directors, Mortal, or Physicians Handbook for INSTRUCTIONS  DECEASED  CAUSE  CERTIFIER  DISPOSITION	DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
	1. <b>JOHN F SABO</b>		2. <b>M</b>	3. <b>AUG 1, 1987</b>		
	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)		ORIGIN OR DESCENT	AGE (MONTHS, YEARS) UNDER YEAR UNDER 1 DAY	DATE OF BIRTH (MO., DAY, YEAR)	COUNTY OF DEATH
	4a. <b>White</b>		8a. <b>Hungaria</b>	8b. <b>82</b>	6. <b>June 24, 1905</b>	7a. <b>Cook</b>
	7a. <b>La Grange Park</b>		7c. <b>FAIRVIEW HEALTH CARE CENTER.</b>		7d. <b>In Patient</b>	
	STATE OF BIRTH (IF NOT IN U.S.A. NAME OF COUNTRY)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
	8. <b>Hungary</b>		9. <b>U. S. A.</b>	10. <b>Married</b>	11. <b>Augusta Weinert</b>	
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)	WAR OR DATES OF SERVICE
	12. <b>340 05 0931</b>		13a. <b>Storekeeper</b>	13b. <b>Telephone</b>	13c. <b>Yes</b>	13d. <b>WWII, Korea</b>
	RESIDENCE STREET AND NUMBER		CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY	STATE
14a. <b>6514 Windsor</b>		14b. <b>Berwyn</b>	14c. <b>Yes</b>	14d. <b>Cook</b>	14e. <b>Illinois</b>	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST				
15. <b>John Sabo</b>		16. <b>Karolyn Unknown</b>				
INFORMANT NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)			
17a. <b>KATHLEEN PATTAGLIA RN</b>		17b. <b>House</b>	17c. <b>701 N LAGRANGE RD LA GRANGE, ILL 60525</b>			
18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART I. IMMEDIATE CAUSE						
10. <b>Cardiopulmonary Arrest</b>					<b>1 min</b>	
DO NOT WRITE IN THESE SPACES						
11. <b>Metastatic Bladder Cancer</b>					<b>6 months</b>	
PART II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a))						
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)	IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?	
20a.		20b.		19a. <b>N</b>	19b. <b>N</b>	
1 (C1D) (C1D NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)		WAS CORNER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO)	HOUR OF DEATH	
21a. <b>July 22, 1987</b>				21b. <b>N</b>	21c. <b>9:50 P.M.</b>	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				DATE SIGNED (MO., DAY, YR.)		
22a. SIGNATURE <b>Brad S. Wanner</b>				22b. <b>8/3/87</b>		
NAME AND ADDRESS OF CERTIFIER				ILLINOIS LICENSE NUMBER		
22c. <b>BRAD S. WANNER 37405 ORCHARD AVE BERWYN, ILL 60402</b>				22d. <b>036-0694300</b>		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORNER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME	LOCATION	CITY, TOWN, STATE	DATE (MONTH, DAY, YEAR)	
24a. <b>Burial</b>		24b. <b>Acacia Park</b>	24c. <b>Chicago, Illinois</b>	24d. <b>August 4, 1987</b>		
FUNERAL HOME		NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP				
25a. <b>Abram and Son Home for Funerals</b>		6910 Windsor Ave. Berwyn, IL 60402				
FUNERAL DIRECTOR'S SIGNATURE				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
25b. <b>Frank Harris</b>				25c. <b>6783</b>		
LOCAL REGISTRAR'S SIGNATURE				DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
26a. <b>KAREN L. SCOTT, M.D. Elaine M. Ronovsky</b>				26b. <b>AUG 03 1987</b>		
REGISTRAR						

I HEREBY CERTIFY that the foregoing is a true and correct copy of the death record for the decedent named at Item 1 and that this record was established and filed with the local Registrar of Registrations District No. 16.0F in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths, and deaths.

DATE: **AUG 03 1987** SIGNED Elaine M. Ronovsky  
 AT LA GRANGE, ILLINOIS OFFICIAL TITLE: SUB REGISTRAR

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-87-461818

5.00 MAIL

Property of Cook County Clerk's Office

6514 Wacker Dr  
Beverly, IL  
60402

DEPT-01 \$13.25  
140003 TRAN 6160 08/20/87 11:26:00  
49012 MC \*-87-461818  
COOK COUNTY RECORDER