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JOINT TENANCY AFFIDAVIT

87198053

STATE OF ILLINOIS }
COUNTY OF COOK } SS

DATE: [illegible]

ELLEN A. SHROTH----------, hereinafter referred to as the affiant deposes and states that the affiant resides at 4811 South Laflin Avenue----------in the City of Chicago, Illinois----------; That the decedent at the time of his/her death was one of the owners of the property in Cook County, Illinois, legally described as follows:

Lot 44 in the Resubdivision of Block 2 in Kay's Addition to Chicago, a Subdivision of the Northwest 1/4 of the Northwest 1/4 of the Northwest 1/4 and the South 1/2 of the Northwest 1/4 of the Northwest 1/4 of Section 8, Township 38 North, Range 14, East of the Third Principal Meridian.

Address Of Property: 4811 South Laflin Avenue
Chicago, Illinois 60609

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Permanent Tax Index No. 20-08-110-005.

Name of Decedent THOMAS J. SHROTH, SR., a/k/a THOMAS J. SHROTH.

That said decedent died on August 3rd, 1986, leaving no last will and testament. That the total value of the estate of said decedent including his/her taxable interest in the above real estate is $15,000.00. That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full. That this affidavit is made to clear the chain of title of the above described real property and establish title in the surviving owner(s).

Signature [illegible]

SUBSCRIBED AND SWORN TO before me this [illegible] day of [illegible], 19 87, a Notary Public in and for said State and County.

[illegible]
Notary Public

This Instrument Prepared By:
ALAN J. BERNICK
Attorney-at-Law
5500 South Sawyer Avenue
Chicago, Illinois 60629
(312) 434-4500

"OFFICIAL SEAL"
Alan J. Bernick
Notary Public, State of Illinois
My Commission Expires Apr 4 1990

Property of Cook County Clerk's Office

STATE OF ILLINOIS

STATE FILE NUMBER 616075

REGISTRATION DISTRICT NO. 10.10

REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

1. DECEDENT'S NAME — FIRST: THOMAS MIDDLE: J LAST: SHROTH
2. SEX: MALE
3. DATE OF DEATH (MONTH, DAY, YEAR): AUG. 8 1986
4. SOCIAL SECURITY NUMBER: 356-32-7810
5a. RACE: WHITE
5b. CITIZEN OF WHAT COUNTRY: U.S.A.
5c. AGE: 9-25
6. DATE OF BIRTH (MONTH, DAY, YEAR): MAY 18 1941
7a. COUNTY OF DEATH: Cook
7b. CITY, TOWN, OR VILLAGE: Chicago
8a. HOSPITAL OR OTHER INSTITUTION: ST ANNE HOSPITAL
8b. IF HOSPITAL OR INSTITUTION, WAS DEATH IN EMERGENCY ROOM OR OUTPATIENT SERVICE? NO
8c. IF DEATH OCCURRED IN HOME, GIVE STREET ADDRESS: DOA
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
11. NAME OF SURVIVING SPOUSE (MAIDEN NAME OF WIFE): ELLEN McKEE
12. USUAL OCCUPATION: STEREO AND SOUND
13. KIND OF BUSINESS OR INDUSTRY: CITY OF CHICAGO
14. WAS DECEASED EVER IN THE ARMED FORCES? (SPECIFY YES OR NO): NO
15. WAR OR DATES OF WAR: NONE
16. RESIDENCE — STREET AND NUMBER: 7811 S. LAFLIN ST
17. CITY, TOWN, TWP. OR VILLAGE: CHICAGO
18. INSIDE CITY LIMITS: YES
19. COUNTY: COOK
20. STATE: ILLINOIS
21. FATHER'S NAME — FIRST: JOSEPH LAST: SHROTH
22. MOTHER'S MAIDEN NAME — FIRST: HELEN LAST: GACA
23. INFORMANT'S NAME (TYPE OR PRINT): ELLEN SHROTH
24. RELATIONSHIP: WIFE
25. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE): 7811 S. LAFLIN ST. CHICAGO, ILL.

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

(a) IMMEDIATE CAUSE: Cardiopulmonary Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Minutes
(b) DUE TO OR AS A CONSEQUENCE OF: Heart Failure — Minutes
(c) DUE TO OR AS A CONSEQUENCE OF: Cardiomyopathy — Months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I: Severe Cardiomyopathy with congestive heart failure

27. AUTOPSY (YES OR NO): NO
28. WAS OPERATION PERFORMED FOR ANY OF THE CONDITIONS IN ITEM 26? (YES OR NO): NO
29. DATE OF OPERATION, IF ANY:
30. MAJOR FINDINGS OF OPERATION:
31. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? (YES OR NO): NO
32. DID YOU NOT ATTEND THE DECEASED? (YES OR NO): YES
33. LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): 7-28-86
34. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO): YES
35. HOUR OF DEATH: 11:50 A.M.
36. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
37. DATE SIGNED (MONTH, DAY, YEAR): 8-9-86
38. SIGNATURE: Richard J. Kaiser
39. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): 3316 S. Ashland Ave. Dr. Richard J. Kaiser
40. ILLINOIS LICENSE NUMBER: 036-050038
41. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):
42. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
43. BURIAL, CREMATION, REMOVAL: BURIAL
44. CEMETERY OR CREMATORY — NAME: RESURRECTION
45. LOCATION — CITY OR TOWN: JUSTICE — STATE: Illinois
46. DATE (MONTH, DAY, YEAR): AUG. 11, 1986
47. FUNERAL HOME — NAME: BRODA FUNERAL HOME — STREET AND NUMBER OR R.F.D.: 1734 W. 48TH — CITY OR TOWN: CHICAGO — STATE: Illinois — ZIP: 60609
48. FUNERAL DIRECTOR'S SIGNATURE: Stanley R. Broda
49. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 4797
50. LOCAL REGISTRAR'S SIGNATURE: Lonnie C. Edwards, M.D., MPA
51. DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR): AUG 9 1986

VH 200 REV. 6/82 — Illinois Department of Public Health · Office of Vital Records — (BASED ON 1978 U.S. STANDARD CERTIFICATE)

87198053

AUG 12, 1986

STATE OF ILLINOIS
COUNTY OF COOK SS
CITY OF CHICAGO

I, LONNIE 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.

LOCAL REGISTRAR

DEPARTMENT OF HEALTH CITY OF CHICAGO

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

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MAIL

13.00

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MAIL TO

BERNICK & BERNICK, ATTORNEYS
5500 SOUTH SAWYER AVENUE
PHONES: 434-4500 CHICAGO 60629