



# Chicago Title Insurance Company

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF \_\_\_\_\_

} ss.

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

JOHN ELLSWORTH GOMPPER being duly sworn  
states that I reside at 143 HAY ST. PARK FOREST, ILL in the City of  
60466

That I was acquainted with ALICE T. GOMPPER  
deceased who, at the time of HER death, was one of the owners of the land in COOK  
County, Illinois, described as:

LOT 32, Block 1 in the Lincolnwood Subdivision being  
a part of the South East Quarter of Section 24, Township  
35 NORTH, RANGE 13, East of the THIRD PRINCIPAL  
MERIDIAN, IN COOK COUNTY, ILLINOIS.  
# 31-27-441-032-0000 HCO Co.

87219971

That the deceased died DECEMBER 3, 1986, 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 \_\_\_\_\_ 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.

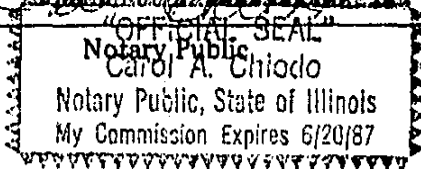
Subscribed and sworn to before me by the said

JOHN ELLSWORTH GOMPPER

this 13th day of APRIL, A.D. 19 87

[Signature]

[Signature]  
(affiant's signature)



# UNOFFICIAL COPY



Property of Cook County Clerk's Office

400

# UNOFFICIAL COPY

REGISTRATION DISTRICT NO. <b>16.32</b>		STATE OF ILLINOIS <b>2 1 9 9 7</b>	
REGISTERED NUMBER <b>4</b>		MEDICAL CERTIFICATE OF DEATH	
DECEASED—NAME 1. <b>ALICE GOMPPER</b>		SEX <b>2. FEMALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>3. DECEMBER 31, 1986</b>
RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)) <b>WHITE</b>	ORIGIN OR DESCENT <b>American</b>	AGE—(YRS.   Mths.   Ds.) <b>50. 62</b>	COUNTY OF DEATH <b>7b. COOK</b>
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>70. CHICAGO HEIGHTS</b>		HOSPITAL OR OTHER INSTITUTION—NAME, UP, NOT IN EITHER, GIVE STREET AND NUMBER <b>72. ST JAMES HOSPITAL MEDICAL CENTER</b>	
STATE OF BIRTH (IF NOT U.S.A. NAME COUNTRY) <b>WISCONSIN</b>	CITIZEN OF WHAT COUNTRY <b>U S A</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>10. MARRIED</b>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>11. JOHN</b>
SOCIAL SECURITY NUMBER <b>398 18 4777</b>	USUAL OCCUPATION <b>Homemaker</b>	KIND OF BUSINESS OR INDUSTRY <b>13a. Own Home</b>	WAS DECEASED EVER IN U.S. ARMED FORCES (SPECIFY YES OR NO) <b>13c. No</b>
RESIDENCE STREET AND NUMBER <b>143 HAY STREET</b>	CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>14b. PARK FOREST</b>	INSIDE CITY (YES/NO) <b>14c. Yes</b>	COUNTY STATE <b>14d. Cook ILLINOIS</b>
FATHER—NAME <b>15. Charles S. Towne</b>		MOTHER—MAIDEN NAME <b>16. Daphne McDonald</b>	
INFORMANT NAME (TYPE OR PRINT) <b>17a. MARY PETRARCA</b>	RELATIONSHIP <b>17b. MOTHER</b>	MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) <b>17c. 1423 CHICAGO ROAD, CHICAGO HEIGHTS, ILLINOIS 60411</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 (a) <b>multiple sclerosis</b> DUE TO OR AS A CONSEQUENCE OF			<b>10 yrs.</b>
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST.			
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (c)			
DATE OF OPERATION, IF ANY <b>20a.</b>	MAJOR FINDINGS OF OPERATION <b>20b.</b>	AUTOPSY (YES/NO) <b>19a. No</b>	IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? <b>19b.</b>
1 (O) (D) (D) (D) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) <b>21a. 12-12-86</b>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES OR NO) <b>21b. No</b>	HOUR OF DEATH <b>21c. 10:29 a. 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.) <b>22b. 1/2/87</b>
22a. SIGNATURE <b>Paul Ashley</b>	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>PAUL ASHLEY 333 DIXIE, Phn. 415-6041</b>		ILLINOIS LICENSE NUMBER <b>22c. 21866</b>
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)			NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
BURIAL, CREMATION, REMOVAL (SPECIFY) <b>24a. Cremation</b>	CEMETERY OR CREMATORY—NAME <b>24b. Park Crematory</b>	LOCATION <b>24c. Park Forest, Illinois</b>	DATE (MONTH, DAY, YEAR) <b>24d. 1-02-87</b>
FUNERAL HOME NAME <b>25a. Lain-Sullivan Funeral Home</b>		STREET AND NUMBER OR R. F. D. <b>50 Westwood Drive</b>	CITY OR TOWN STATE ZIP <b>Park Forest Illinois 60466</b>
FUNERAL DIRECTOR'S SIGNATURE <b>25b. Gerald Sullivan</b>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>25c. 7950</b>	
LOCAL REGISTRAR'S SIGNATURE <b>26a. John M. Costabile (el)</b>		DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>26b. Jan. 2, 1987</b>	

I HEREBY CERTIFY that the foregoing is a true and correct copy of the DEATH RECORD for the deceased in Item No. 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths, and deaths.

DATE: JAN 02 1987 SIGNED: John M Costabile  
 AT: CHICAGO HEIGHTS, IL 60411 TITLE: LOCAL REGISTRAR

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Property of Cook County Clerk's Office

DEPT-01 \$13.25  
T40003 TRAN 3601 04/26/87 15:43:00  
4929171C \*87-219971  
COOK COUNTY RECORDER

MAIL

87-219971

JOHN GOMPPER  
143 HAYST  
Mail To: PARK FOREST  
211 60466