

# UNOFFICIAL COPY

87382223



## Chicago Title Insurance Company

### DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

} ss.

MARIE L. ANDERSON

being duly sworn

states that she resides at 5445 S. 72nd Court in the Village of Summit, Illinois

That I was acquainted with CLAUDE C. ANDERSON

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

Lots Twenty-four (24) and Twenty-five (25) in Block Three (3) in Chicago Title and Trust Third Addition to Summit, in the East half of the South East quarter of Section Twelve (12) Township Thirty-eight (38) North, Range Twelve, (12), East of the Third Principal Meridian, in Cook County Illinois

Commonly known as 5445 South 72nd Court, Summit, IL

P.T.N. 18-12-419-008-009

*HDO*

That the deceased died May 14, 1983, 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 Cook County, Illinois about December 12, 1986.

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 Two Hundred Seventy Five Thousand and 00/100 dollars.

Subscribed and sworn to before me by the said

MARIE L. ANDERSON

this 28th day of January, A.D. 19 87

*Charles L. Umbuhl*

Notary Public

*Marie L. Anderson*

(affiant's signature)

Prepared By and Mail To:

Howard M. Hoff  
Goldstine and Broida, Ltd.  
7660 West 62nd Place  
Summit, IL 60501



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12/15/2011

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## MEDICAL CERTIFICATE OF DEATH

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.0F	STATE OF ILLINOIS	STATE FILE NUMBER
REGISTERED NUMBER		2 3	
DECEASED - NAME 1. CLAUDE C. ANDERSON		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. May 14th, 1983
RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 4a. White		ORIGIN OR DESCENT 4b. American	AGE - LAST BIRTHDAY (YRS) 5a. 78
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 7b. La Grange		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. Community Memorial General	DATE OF BIRTH (MO., DAY, YEAR) 6. Oct. 2 1904
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) 8. Illinois		CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDDED, DIVORCED (SPECIFY) 10. Married
SOCIAL SECURITY NUMBER 12. 353 01 7903		USUAL OCCUPATION 13a. Maintenance	KIND OF BUSINESS OR INDUSTRY 13b. Chemical Co.
RESIDENCE STREET AND NUMBER 14a. 5445 S. 72nd Ct;		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 14b. Summit	INSIDE CITY (YES/NO) 14c. Yes
FATHER - NAME 15. Abner ANDERSON		MOTHER - MAIDEN NAME 16. Martha Fowler	DATE OF DEATH (MONTH, DAY, YEAR) 14d. Cook
INFORMANT'S SIGNATURE 17a. Marie L. Anderson		RELATIONSHIP 17b. wife	MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) 17c. 5445 S. 72nd Ct; Summit, Ill. 60501
DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH hours	
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST. (b) Emphysema DUE TO, OR AS A CONSEQUENCE OF years			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES/NO) 19a. No	
DATE OF OPERATION, IF ANY 20a.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>	
I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR) 21a. July 1, 1980		AND LAST SAW HIM, HER ALIVE ON (MONTH, DAY, YEAR) 21c. May 2, 1983	
SIGNATURE 22a. Patrick J. Furey M.D.		DATE SIGNED (MONTH, DAY, YEAR) 22b. May 15, 1983	
NAME AND ADDRESS OF CERTIFIER 22c. Patrick J. Furey Loyola Univ Medical Ctr		ILLINOIS LICENSE NUMBER 22d. 036 0605 200	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CITY OR TOWN 24c. Justice, Illinois	
FURNERAL HOME NAME 25a. Frank M. Foran		FURNERAL DIRECTOR'S SIGNATURE 25b. Frank M. Foran	
LOCAL REGISTRAR SIGNATURE 26a. Karen L. Baxter, MHA		DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. MAY 18 1983	

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: MAY 16 1983

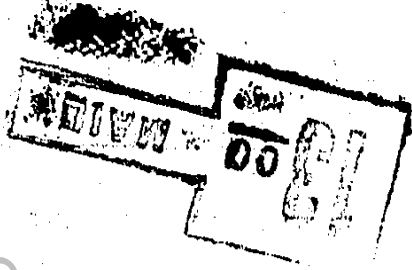
SIGNED Carol S. Muttack  
OFFICIAL TITLE: SUB REGISTRAR

AT LA GRANGE, ILLINOIS

738-2223

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Property of Cook County Clerk's Office

DEPT-01 RECORDING \$13.25  
TH#1111 TRAM 0600 07/19/07 19:23:00  
#1496 # 07-382223  
COOK COUNTY RECORDER

87382223

MAIL TO:  
GOLDSTINE AND BROIDA, LTD.  
ATTORNEYS AT LAW  
7860 WEST 62nd PLACE  
SUMMIT, ILLINOIS 60501