



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

} ss.

Order No. _____

Mabel Voss

being duly sworn

states that she resides at 1141 Leavitt, Unit 114 in the City of Evanston

That she was acquainted with Theodore Voss

deceased who, at the time of his death, was one of the owners of the land in Cook

County, Illinois, described as: UNIT NO. 114 AS DELINEATED ON THE SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE: LOT 1 IN RESUBDIVISION OF LOTS 1 TO 8, BEOTH INCLUSIVE, OF SUBDIVISION OF SOUTH 300 FEET OF LOT 1, IN BLOCK 2 IN WELLS & NELLEGARS SUBDIVISION OF THE NORTH 17 1/2 ACRES WEST OF ILLINOIS CENTRAL RAILROAD COMPANY OF THE NORTH EAST 1/4 OF SECTION 12, TOWNSHIP 35 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT 'A' TO THE DECLARATION OF CONDOMINIUM OWNERSHIP MADE BY AMERICAN NATIONAL BANK OF CHICAGO, AS TRUSTEE UNDER TRUST AGREEMENT DATED JANUARY 10, 1972 AND KNOWN AS TRUST NUMBER 76407 RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY ILLINOIS AS DOCUMENT 22628042 AND AMENDED BY DOCUMENT 22639249; TOGETHER WITH AN UNDIVIDED 2.183 PER CENT INTEREST IN SAID PARCEL (EXCEPTING FROM THE PARCEL ALL THE PROPERTY & SPACE COMPRISING ALL OF THE UNITS THEREOF AS DEFINED & SET FORTH IN SAID DECLARATION*

That the deceased died October 25, 1988, as evidenced by a certified copy of death certificate of the deceased attached hereto.

*SURVEY IN COOK COUNTY, ILLINOIS

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 November 21, 1988

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 Eighty Thosuang & 00/100 -- (\$280,000) dollars.

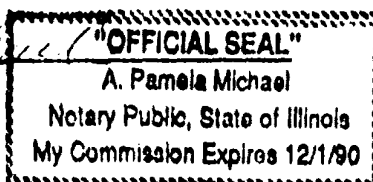
Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Mabel Voss

this 5th day of December, A.D. 1988

A. Pamela Michael
Notary Public



Mabel Voss
(affiant's signature)

-88-571167

UNOFFICIAL COPY

88571167

11/17/88

Property of Cook County Clerk's Office

DEPT-01 TRAN 6508 12/12/88 09:53:00 \$13.25
T#1111 # 49899 * 88-571167
COOK COUNTY RECORDER



L. Walberg
P.O. Box 160
So. Holland,
Ill. 60473

UNOFFICIAL COPY

-88-571167
STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 1634
REGISTERED NUMBER

DECEASED - NAME Theodore F. Voss

SEX Male DATE OF DEATH - MONTH, DAY, YEAR October 25, 1988

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Dutch

RACE - (PRINT IN BOX, SPECIFY) White AGE - LAST BIRTHDAY (MO., DAY, YEAR) 79 HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN TEMP. OR STREET AND NUMBER) Ingalls Memorial Hospital

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Harvey CITIZEN OF WHAT COUNTRY U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married

STATE OF BIRTH - IF NOT IN U.S.A. Illinois USUAL OCCUPATION Foreman KIND OF BUSINESS OR INDUSTRY Soap Industry

SOCIAL SECURITY NUMBER 320-01-7000 CITY, TOWN, TWP. OR ROAD DISTRICT NO. Flossmoor YES/NO Yes COUNTY Cook STATE Ill

RESIDENCE STREET AND NUMBER 1141 Leavitt CITY, TOWN, TWP. OR ROAD DISTRICT NO. Flossmoor YES/NO Yes COUNTY Cook STATE Ill

FATHER - NAME Henry Voss MOTHER - MAIDEN NAME Henrietta Gouwens

PREDECESSANT NAME (TYPE OR PRINT) Margaret Maxwell RELATIONSHIP None MAILING ADDRESS STREET AND NO. OR R.D. CITY OR TOWN, STATE, ZIP One Ingalls Dr., Harvey, IL 60426

DEATH WAS CAUSED BY Advanced cerebrovascular insufficiency with multiple cerebrovascular accidents

CONDITIONS, IF ANY, WHICH GAVE RISE TO STARTING THE UNDERLYING CAUSE LAST Arteriosclerotic cardiovascular heart disease

PART II OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH OR NOT RELATED TO CAUSE GIVEN IN PART I (a) Arteriosclerotic cardiovascular heart disease

DATE OF OPERATION, IF ANY None I.D. OR FINGERPRINTS OF OPERATION

1 (DO) (OR SIGN) ATTEND THE EXAMINED None MONTH, DAY, YEAR None WAS CONSUMER OR MEDICAL EXAMINER NOTIFIED? YES/NO NO HOUR OR DEATH 8:15 P.

21a TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED None MONTH, DAY, YEAR None DATE SIGNED - MONTH, DAY, YEAR Oct. 27, 1988

22a SIGNATURE [Signature] (TYPE OR PRINT) Alvin St. Paredes, M.D., 71 West 156th Street, Harvey, IL 60426 ILLINOIS LICENSE NUMBER 36-35534

22b NAME OF HOSPITAL, PHYSICIAN, IF OTHER THAN CENTER None (TYPE OR PRINT) None

23a NAME, CREATION, REMOVAL (SPECIFY) Burial CEMETERY OR CREMATORIUM - NAME Homewood Memorial CITY OR TOWN Homewood, Illinois

23b NAME Jerome Jimmy Funeral Home STREET AND NUMBER OR R.F.D. 16774 Dixie Hwy. Hazel Crest, Ill. 60429 CITY OR TOWN Hazel Crest, Ill. STATE Ill. DATE Oct 28, 1988

24a LOCAL REGISTRAR'S SIGNATURE [Signature] DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) Oct 28, 1988

24b LOCAL REGISTRAR'S SIGNATURE [Signature] DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) Oct 28, 1988

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25i LOCAL REGISTRAR'S SIGNATURE [Signature] DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) Oct 28, 1988

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE PERSON NAMED THEREIN 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.

DATED Oct 27, 1988
AT HARVEY, ILLINOIS.
SIGNED [Signature]
LOCAL REGISTRAR

Illinois Department of Public Health - Office of Vital Records

UNOFFICIAL COPY

Property of Cook County Clerk's Office

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L. Walberg
P.O. Box 160
So. Holland,
Ill. 60473