



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

ss.

Order No. _____

FRANK F. ZID

being duly sworn

states that HE resides at 2653 S. SPAULDING AVE in the City of CHICAGO - ILL. 60623

That HE was acquainted with ALICE UHER

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

LOT THIRTY-THREE (33) IN PINKERT AND WITTKE'S SUBDIVISION OF THE WEST HALF (W 1/2) OF BLOCK ONE (1) OF STEEL'S SUBDIVISION OF THE SOUTH EAST QUARTER (SE 1/4) AND THE EAST HALF (E 1/2) OF THE SOUTH WEST QUARTER (SW 1/4) OF SECTION TWENTY SIX (26), TOWNSHIP THIRTY-NINE (39) NORTH, RANGE THIRTEEN (13) EAST OF THE THIRD PRINCIPAL MERIDIAN, COOK COUNTY, ILLINOIS PERMANENT INDEX NUMBER - 16-26-406-027-0000 HCOM

That the deceased died SEPTEMBER 4 1972, 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 _____

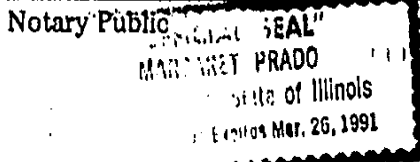
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of ONE THOUSAND dollars.

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 24 day of March, A.D. 19 88

Margaret Prado



Frank F. Zid
(affiant's signature)

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Property of Cook County Clerk's Office

MAR-30-88 13009 88130584 - A - Rec

13.00

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UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named on item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Statistics Act.

DATE SEPTEMBER 6 1972

SIGNED E. Palatnik DEPUTY REGISTRAR

AT BERWYN, Illinois.

OFFICIAL TITLE Palatnik REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield, County Clerk and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be considered as prima facie evidence of the facts therein stated.

U.S. 2011 (1968) BUREAU OF STATISTICS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD, ILLINOIS

REGISTRATION NO. <u>16-2-1</u>		STATE OF ILLINOIS	
DISTRICT NO. <u>904</u>		MEDICAL CERTIFICATE OF DEATH	
DECEASED—NAME <u>Mice</u>		88130584	
1. RACE <u>White</u>	2. AGE—LAST BIRTHDAY <u>50</u>	3. UNDER 1 YEAR <u>Other</u>	4. SEX <u>Female</u>
5. MARRIAGE STATUS <u>Never</u>	6. DATE OF BIRTH <u>May 27, 1919</u>	7. DATE OF DEATH <u>September 4, 1972</u>	8. PLACE OF DEATH <u>Cook</u>
9. CITIZENSHIP <u>United States</u>	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED	11. NAME OF SURVIVING SPOUSE <u>Robert J Uher</u>	12. WAR OF DATES OF SERVICE
13. SOCIAL SECURITY NUMBER <u>12318-05-8728</u>	14. US. VETERAN <u>No</u>	15. HOSPITAL OR OTHER INSTITUTION-NAME <u>MacNeal Memorial Hospital</u>	16. DATE OF DEATH
17. RESIDENCE <u>Illinois</u>	18. CITY, TOWN, TWP. OR ROAD DISTRICT NO. <u>Cook</u>	19. STREET AND NUMBER <u>447 Shenstone Road</u>	20. COUNTY
21. FATHER—NAME <u>Frank</u>	22. MOTHER—MAIDEN NAME <u>Anne</u>	23. CITY, TOWN, TWP. OR ROAD DISTRICT NO. <u>Piperside</u>	24. COUNTY
25. INFORMANT'S SIGNATURE <u>Maurice Rose</u>	26. RELATION TO DECEASED <u>Son</u>	27. MAILING ADDRESS <u>3240 S Oak Park Ave., Berwyn Ill 60402</u>	28. CITY OR TOWN, STATE, ZIP
29. DEATH WAS CAUSED BY: <u>Barium Versa Emboli</u>	30. IMMEDIATE CAUSE <u>Barium Versa Emboli</u>	31. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	32. ILLINOIS LICENSE NUMBER
33. CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE IN STATING THE UNDERLYING CAUSE LAST: <u>88130584</u>	34. PART II: OTHER SIGNIFICANT CONDITIONS, (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I)	35. AUTOPSY (YES/NO) <u>No</u>	36. YES, WAS FINDING CONFIRMED BY DETERMINATION CAUSE
37. DATE OF OPERATION, IF ANY: <u>9/17/72</u>	38. MAJOR FINDINGS OF OPERATION	39. HOUR OF DEATH <u>10:45 A.M.</u>	40. ILLINOIS LICENSE NUMBER <u>36-37505</u>
41. I ATTENDED THE DECEASED FROM: <u>9/17/72</u>	42. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE AS THE TIME AND PLACE AND FROM THE CAUSE(S) STATED	43. SIGNATURE <u>James C. Olsoski</u>	44. DATE SIGNED <u>9/17/72</u>
45. SIGNATURE <u>James C. Olsoski</u>	46. STREET AND NUMBER <u>1511 W. 11th St., East</u>	47. CITY OR TOWN <u>East</u>	48. STATE <u>Ill.</u>
49. MAILING ADDRESS <u>James C. Olsoski, M.D.</u>	50. STREET AND NUMBER <u>1511 W. 11th St.</u>	51. CITY OR TOWN <u>East</u>	52. STATE <u>Ill.</u>
53. BUREAL OF STATISTICS, REMOVAL REQUEST	54. CEMETERY OR CREMATORY—NAME <u>Woodlawn</u>	55. ADDRESS <u>Forest Park Ill</u>	56. CITY OR TOWN <u>Bert</u>
57. FUNERAL HOME <u>Woodlawn</u>	58. NAME <u>Forest Park Ill</u>	59. CITY OR TOWN <u>Bert</u>	60. STATE <u>Ill.</u>
61. SURVIVOR'S SIGNATURE <u>Sophy Sols</u>	62. FUNERAL DIRECTOR'S SIGNATURE <u>Sophy Sols</u>	63. DATE REC'D BY LOCAL REGISTRAR <u>Sept 6 1972</u>	64. ILLINOIS LICENSE NUMBER
65. LOCAL REGISTRAR'S SIGNATURE <u>Sophy Sols</u>	66. DATE REC'D BY LOCAL REGISTRAR <u>Sept 6 1972</u>	67. ILLINOIS LICENSE NUMBER	68. ILLINOIS LICENSE NUMBER

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Property of Cook County Clerk's Office

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